

# **TEXAS HOSPITAL INPATIENT DISCHARGE DATA**

## **RESEARCH DATA FILE (RDF)**

### **USER MANUAL - 2022 to Present**

#### **Center for Health Statistics**

### **Texas Health Care Information Collection**

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#### **BACKGROUND**

The Texas Health Care Information Council (THCIC) was created by <a href="Chapter 108">Chapter 108</a> of the Texas Health and Safety Code (HSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data. 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 collection and release of hospital discharge data.

### **INPATIENT RESEARCH DATA FILE (RDF)**

Health and Safety Code §108.011(k) of the HSC permits DSHS to disclose data collected under this chapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under HSC, §108.0135. These data are provided as Research Data File (RDF) contains protected patient-level information inpatient hospital stays and shall be used only for the benefit of the public subjected to specific limitations defined by HSC, §108.0135.

The inpatient RDF includes all the variables in Inpatient Public Use Data File (PUDF) (<a href="https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm">https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm</a>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format.

The data must be imported into a software package. No software is included with the RDF. The data file has been tested with several software packages, including Microsoft Access 2010 Microsoft Excel (one quarter), SAS, R and SPSS.

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.

### PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in  $\underline{\mathsf{HSC}}$ ,  $\S108.013$ . The  $\underline{\mathsf{HSC}}$ ,  $\S108.013$  also stipulates that DSHS

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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 the <a href="HSC">HSC</a>, <a href="§108.013">§108.013</a>. In addition, under <a href="HSC">HSC</a>, <a href="§§108.013(e)">§§108.013(e)</a> and <a href="font-superind">(f)</a>, patient and/or physician information in the RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

To protect physician identities, the HSC, §§108.009(d) and 108.013(h) requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. 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 HSC, Chapter 108 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 for the purpose of verifying information supplied in the DSHS Inpatient Hospital Discharge Data sets.

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).

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

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

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

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

Health and Safety Code §108.010(c) prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the RDF are cautioned about using less than a year of data to make any hospital quality assumptions.

In the Data Use Agreement, the requestor 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 Inpatient Hospital Discharge 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 hospital stay records of patients in this data set with personally identifiable records from any other source,
- 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;

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- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Inpatient Data 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 Hospital Inpatient Discharge Research 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 necessary for 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 and that the licensee has knowledge that under HSC, §§108.014 and 108.0141 civil and criminal penalties may be assessed should the licensee or others that knowingly or negligently access or 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 RDF user has been informed that the potential for both civil and criminal penalties exists.

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

#### **DATA LIMITATIONS**

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

 Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837

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- formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000.
   Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1<sup>st</sup>) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.

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- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long-Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any RDF manual are available through the THCIC website, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

#### **HOSPITAL COMMENTS**

(Users are advised to consider hospital comments in any analysis of the data)

Included with the RDF is a separate file containing the unedited comments submitted by hospitals 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

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and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

#### **CITATION**

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

Texas Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

### **INPATIENT RDF DATA DICTIONARY**

The following information is provided:

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

Any data provided by a facility that has been determined to be invalid has been assigned the value `(accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

### **BASE DATA FILE**

| Field 1:              | RE  | CORD II                                     | D                   |           |                    |               |  |  |  |  |  |
|-----------------------|---|---|---------------------|-----------|--------------------|---------------|--|--|--|--|--|
|                       | Record Identification Number. Unique number to identify the record within the research data file. |   |                     |           |                    |               |  |  |  |  |  |
|                       | Does not match or link to PUDF (Public Use Data File) Record ID. Each claim associated with a     |   |                     |           |                    |               |  |  |  |  |  |
|                       | patient's visit generates a unique Record ID. Does match with RECORD ID in other Inpatient        |   |                     |           |                    |               |  |  |  |  |  |
|                       | RDF files.  |   |                     |           |                    |               |  |  |  |  |  |
| Length:               | 12  | 12 Type: Alphanumeric Data Source: Assigned |                     |           |                    |               |  |  |  |  |  |
| Field 2:              | PAT UNIQUE INDEX  |   |                     |           |                    |               |  |  |  |  |  |
|                       | (PU   | I) Unique                                   | identifier assigned | d to the  | e patier           | nt by THC     | CIC.A patient unique index is assigned for     |  |  |  |  |
|                       |   |   |                     |           |                    |               | e can be multiple Record IDs associated with a |  |  |  |  |
|                       |   |   | Field # 1).         |           |                    |               | •  |  |  |  |  |
| Length:               | 10  | Type:                                       | Alphanumeric        | Data      | Sour               | ee:           | Assigned                                       |  |  |  |  |
| Field 3:              | TH  | CIC_ID                                      |                     |           |                    |               | _  |  |  |  |  |
|                       | Prov  | vider ID.                                   | Unique identifier a | ssigne    | d to the           | e provider    | by THCIC.                                      |  |  |  |  |
| Length:               | 6   | Type:                                       | Alphanumeric        | Data      | Sour               | ee:           | Assigned                                       |  |  |  |  |
| Field 4:              | SPF   | C UNIT                                      | ` 1                 |           |                    |               |  |  |  |  |  |
|                       | Spe   | cialty Uni                                  | t in which most da  | ys stay   | occur              | red based     | on number of days by Type of Bill or           |  |  |  |  |
|                       |   | enue Cod                                    |                     | , ,       |                    |               | J J J1   |  |  |  |  |
| <b>Coding Scheme:</b> | C   | Coronary                                    | Care Unit           | P         | Pediatr            | ic Unit       |  |  |  |  |  |
| J                     | D   | Detoxifica                                  | ation Unit          | Y         | Psychia            | tric Unit     |  |  |  |  |  |
|                       | I   | Intensive                                   |                     | R         |                    | litation Unit |  |  |  |  |  |
|                       | Н   | Hospice U                                   | Jnit                | U         |                    | ute Care Un   |  |  |  |  |  |
|                       | N<br>B  | Nursery<br>Obstetric                        | T T 14              | S<br>D11- | Skilled<br>Acute ( | Nursing Un    | nit  |  |  |  |  |
|                       | О   | Oncology                                    |                     | Biank     | Acute              | _are          |  |  |  |  |  |
| Length:               | 1   | Type:                                       | Alphanumeric        | Data      | . Sour             | e:            | Calculated                                     |  |  |  |  |
| Field 5:              | SPE   | C UNIT                                      |                     | 2         |                    |               |  |  |  |  |  |
| Ticia o.              |   | _   | _                   | t dave    | stay oc            | curred ba     | ased on number of days by Type of Bill or      |  |  |  |  |
|                       |   | enue Cod                                    |                     | t days    | stay oc            | curred ba     | ised on number of days by Type of Bin of       |  |  |  |  |
| <b>Coding Scheme:</b> |   |   |                     |           |                    |               |  |  |  |  |  |
| Length:               | 1   | Type:                                       | Alphanumeric        | Dote      | . Sour             | ٠             | Calculated                                     |  |  |  |  |
| Field 6:              | CDL   |   |                     | Data      | Sourc              |               | Carculated                                     |  |  |  |  |
| riciu 0:              | SPT   | C_UNIT                                      | _3                  |           |                    |               |  |  |  |  |  |
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|                       | 0-  | ,   |                     | 10        |                    | P             | <b>,</b>                                       |  |  |  |  |

Specialty Unit in which 3<sup>rd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. Length: Type: Alphanumeric **Data Source:** Calculated Field 7: SPEC UNIT 4 Specialty Unit in which 4th most days stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. Length: Type: Alphanumeric **Data Source:** Calculated Field 8: SPEC UNIT 5 Specialty Unit in which 5th most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. Alphanumeric Calculated Length: Type: **Data Source:** Field 9: **ENCOUNTER INDICATOR** Indicates the number of claims used to create the encounter. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals, long term care hospitals, or psychiatric hospitals. Alphanumeric **Data Source:** Length: Type: Calculated Field 10: SEX CODE Gender of the patient as recorded at date of admission or start of care. Coding Scheme: M Male F Female U Unknown Alphanumeric **Data Source:** Claim Length: Type: Field 11: **BIRTH DATE** Birth date of the patient as recorded at date of admission or start of care. **Data Source:** Length: Alphanumeric Claim Field 12: PAT AGE GROUP Code indicating age of patient in days or years on date of discharge. Coding Scheme: 00 1-28 days 10 35-39 20 85-89 01 29-365 days 11 40-44 21 90+ 02 1-4 years 12 45-49 HIV and drug/alcohol use patients: 03 5-9 13 50-54 22 0 - 1704 10-14 14 55-59 23 18-44 05 15-17 15 24 45-64 60-64 06 18-19 16 65-69 25 65-74 75+ 07 20 - 2417 70 - 7426 08 25-29 18 75-79 Invalid 30-34 19 80-84 Alphanumeric **Data Source:** Assigned Length: Type: Field 13: PAT AGE YEARS Age of patient in years on date of discharge. Alphanumeric **Data Source:** Type: Claim Length: Field 14: PAT AGE DAYS Age of patient in days on date of discharge. Length: Type: Alphanumeric **Data Source:** Claim Field 15: RACE Code indicating the patient's race. American Indian/Eskimo/Aleut **Coding Scheme:** 1 2 Asian or Pacific Islander 2025 **Page** 

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|                       | 4   | White   |   |   |   |  |  |  |  |  |
|-----------------------|---|---|---|---|---|--|--|--|--|--|
|                       | 5   | Other   |   |   |   |  |  |  |  |  |
| Length:               | 1   | V I   | Alphanu   | meric   | Data Source:  | Clai   | m  |  |  |  |
| Field 16:             |   | ETHNICITY   |   |   |   |  |  |  |  |  |
|                       | Code indicating the Hispanic origin of the patient.   |   |   |   |   |  |  |  |  |  |
| <b>Coding Scheme:</b> |   | Hispanic Orig   |   |   |   |  |  |  |  |  |
| Longth                |   | Not of Hispan   |   | maria   | Data Sauraa   | Clai   | ···  |  |  |  |
| Length:<br>Field 17:  | 1 Type: Alphanumeric Data Source: Claim PAT ADDR CENSUS BLOCK GROUP   |   |   |   |   |  |  |  |  |  |
| riciu 17:             |   |   |   | _   | _   |  |  |  |  |  |
| Length:               | Census block group of patient street address.  14 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated                                      |   |   |   |   |  |  |  |  |  |
| Field 18:             | PAT ADDR CENSUS BLOCK   |   |   |   |   |  |  |  |  |  |
| ricia 10.             |   | us block of   |   |   |   |  |  |  |  |  |
| Length:               | 5   |   | Alphanu   |   | Data Source:  | Calc   | culated  |  |  |  |
| Field 19:             |   | CITY  | пришни  |   | Butu Source.  | Cure   | aiatea   |  |  |  |
| 11014 17.             |   | _   | ity as n  | ovided b  | y the patient.  |  |  |  |  |  |
| Length:               |   |   | Alphanu   |   | Data Source:  | Prov   | vider  |  |  |  |
| Field 20:             |   | STATE   |   |   |   |  |  |  |  |  |
| 11010 200             |   | _   | tate as r   | rovided l   | by the patient.   |  |  |  |  |  |
| Length:               | 2   |   | Alphanu   |   | Data Source:  | Prov   | /ider  |  |  |  |
| Field 21:             | PAT   |   |   |   |   |  |  |  |  |  |
|                       |   | _   | ZIP code  | as provi  | ded by the pat  | ient.  |  |  |  |  |
| Length:               | 9   |   | lphanu  | -   | Data Source:  |  | ider   |  |  |  |
| Field 22:             | PAT   | COUNTR  | RY  |   |   |  |  |  |  |  |
|                       | Coun  | try of patie  | nt's resi   | dential ac  | ldress. List ma   | intained by t  | he Interna   | tional Organization for  |  |  |
|                       | Stanc   | dardization (   | (ISO).  |   |   |  |  |  |  |  |
| <b>Coding scheme:</b> | See v   | www.ISO.or  | g for co  | mplete lis  | st.   |  |  |  |  |  |
| Length:               | 2   |   | Alphanu   | meric   | <b>Data Source:</b>   | Prov   | /ider  |  |  |  |
| Field 23:             |   | _COUNTY   |   |   |   |  |  |  |  |  |
|                       |   | code of pat   |   | •   |   |  |  |  |  |  |
| <b>Coding scheme:</b> | 001   | Anderson  | 129   | Donley  | 257   | Kaufman  | 385  | Real   |  |  |
|                       | 003<br>005  | Andrews<br>Angelina   | 131<br>133  | Duval<br>Eastland   | 259<br>261  | Kendall<br>Kenedy  | 387<br>389   | Red River<br>Reeves  |  |  |
|                       | 007   | -   | 135   | Ector   | 263   | Kent   | 391  | Refugio  |  |  |
|                       |   | Aransas   |   |   |   |  |  | Kelugio  |  |  |
|                       | 009   | Aransas<br>Archer   | 137   | Edwards   | 265   | Kerr   | 393  | Roberts  |  |  |
|                       | 011   | Archer<br>Armstrong   | 137<br>139  | Ellis   | 267   | Kimble   | 393<br>395   | Roberts<br>Robertson   |  |  |
|                       | 011<br>013  | Archer<br>Armstrong<br>Atascosa   | 137<br>139<br>141   | Ellis<br>El Paso  | 267<br>269  | Kimble<br>King   | 393<br>395<br>397  | Roberts<br>Robertson<br>Rockwall   |  |  |
|                       | 011<br>013<br>015   | Archer<br>Armstrong<br>Atascosa<br>Austin   | 137<br>139<br>141<br>143  | Ellis<br>El Paso<br>Erath   | 267<br>269<br>271   | Kimble<br>King<br>Kinney   | 393<br>395<br>397<br>399   | Roberts<br>Robertson<br>Rockwall<br>Runnels  |  |  |
|                       | 011<br>013<br>015<br>017  | Archer<br>Armstrong<br>Atascosa<br>Austin<br>Bailey   | 137<br>139<br>141<br>143<br>145   | Ellis<br>El Paso<br>Erath<br>Falls  | 267<br>269<br>271<br>273  | Kimble<br>King<br>Kinney<br>Kleberg  | 393<br>395<br>397<br>399<br>401  | Roberts<br>Robertson<br>Rockwall<br>Runnels<br>Rusk  |  |  |
|                       | 011<br>013<br>015   | Archer<br>Armstrong<br>Atascosa<br>Austin   | 137<br>139<br>141<br>143  | Ellis<br>El Paso<br>Erath   | 267<br>269<br>271   | Kimble<br>King<br>Kinney   | 393<br>395<br>397<br>399   | Roberts<br>Robertson<br>Rockwall<br>Runnels  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023   | Archer<br>Armstrong<br>Atascosa<br>Austin<br>Bailey<br>Bandera  | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151  | Ellis<br>El Paso<br>Erath<br>Falls<br>Fannin  | 267<br>269<br>271<br>273<br>275<br>283<br>277                                       | Kimble<br>King<br>Kinney<br>Kleberg<br>Knox  | 393<br>395<br>397<br>399<br>401<br>403   | Roberts Robertson Rockwall Runnels Rusk Sabine   |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025  | Archer<br>Armstrong<br>Atascosa<br>Austin<br>Bailey<br>Bandera<br>Bastrop<br>Baylor<br>Bee  | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153   | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd   | 267<br>269<br>271<br>273<br>275<br>283<br>277<br>279                                | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb  | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407   | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027   | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell   | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155  | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard   | 267<br>269<br>271<br>273<br>275<br>283<br>277<br>279<br>281                         | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas   | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409  | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba   |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029  | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar   | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155  | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bence  | 267<br>269<br>271<br>273<br>275<br>283<br>277<br>279<br>281<br>285                  | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca  | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413  | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029  | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco  | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157   | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bence Franklin   | 267 269 271 273 275 283 277 279 281 285 287   | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee  | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415   | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry   |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029  | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar   | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155  | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bence  | 267<br>269<br>271<br>273<br>275<br>283<br>277<br>279<br>281<br>285                  | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca  | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413  | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037  | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden   | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159  | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone  | 267 269 271 273 275 283 277 279 281 285 287 289 291 293                             | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone   | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417  | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford   |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037  | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria   | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159<br>161<br>163<br>165<br>167                                    | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor  | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295                         | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb  | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423   | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039   | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos  | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159<br>161<br>163<br>165<br>167                                    | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza  | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297                     | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak                                     | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425                                    | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039<br>041                                    | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster                               | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>161<br>163<br>165<br>167<br>169<br>171                             | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie                                | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299                 | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano                               | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425<br>427                             | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr                                    |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039   | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos  | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159<br>161<br>163<br>165<br>167                                    | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza  | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299                 | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak                                     | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425                                    | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell  |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039<br>041<br>043<br>045<br>047               | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown          | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>161<br>163<br>165<br>167<br>169<br>171<br>173<br>175<br>177        | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales      | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299 301 303 305     | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn           | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425<br>427<br>429<br>431<br>433        | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall        |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039<br>041<br>043<br>045<br>047<br>049<br>051 | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159<br>161<br>163<br>165<br>167<br>169<br>171<br>173<br>175<br>177 | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales Gray | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299 301 303 305 307 | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn McCulloch | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425<br>427<br>429<br>431<br>433<br>435 | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall Sutton |  |  |
|                       | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039<br>041<br>043<br>045<br>047               | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown          | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>161<br>163<br>165<br>167<br>169<br>171<br>173<br>175<br>177        | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales      | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299 301 303 305     | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn           | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425<br>427<br>429<br>431<br>433        | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall        |  |  |
| 2025                  | 011<br>013<br>015<br>017<br>019<br>021<br>023<br>025<br>027<br>029<br>031<br>033<br>035<br>037<br>039<br>041<br>043<br>045<br>047<br>049<br>051 | Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson | 137<br>139<br>141<br>143<br>145<br>147<br>149<br>151<br>153<br>155<br>157<br>159<br>161<br>163<br>165<br>167<br>169<br>171<br>173<br>175<br>177 | Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales Gray | 267 269 271 273 275 283 277 279 281 285 287 289 291 293 295 297 299 301 303 305 307 | Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn McCulloch | 393<br>395<br>397<br>399<br>401<br>403<br>405<br>407<br>409<br>411<br>413<br>415<br>417<br>419<br>421<br>423<br>425<br>427<br>429<br>431<br>433<br>435 | Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall Sutton |  |  |

| 055 | Caldwell      | 183    | Gregg      | 311          | McMullen    | 439        | Tarrant      |
|-----|---------------|--------|------------|--------------|-------------|------------|--------------|
| 057 | Calhoun       | 185    | Grimes     | 313          | Madison     | 441        | Taylor       |
| 059 | Callahan      | 187    | Guadalupe  | 315          | Marion      | 443        | Terrell      |
| 061 | Cameron       | 189    | Hale       | 317          | Martin      | 445        | Terry        |
| 063 | Camp          | 191    | Hall       | 319          | Mason       | 447        | Throckmorton |
| 065 | Carson        | 193    | Hamilton   | 321          | Matagorda   | 449        | Titus        |
| 067 | Cass          | 195    | Hansford   | 323          | Maverick    | 451        | Tom Green    |
| 069 | Castro        | 197    | Hardeman   | 325          | Medina      | 453        | Travis       |
| 071 | Chambers      | 199    | Hardin     | 327          | Menard      | 455        | Trinity      |
| 073 | Cherokee      | 201    | Harris     | 329          | Midland     | 457        | Tyler        |
| 075 | Childress     | 203    | Harrison   | 331          | Milam       | 459        | Upshur       |
| 077 | Clay          | 205    | Hartley    | 333          | Mills       | 461        | Upton        |
| 079 | Cochran       | 207    | Haskell    | 335          | Mitchell    | 463        | Uvalde       |
| 081 | Coke          | 209    | Hays       | 337          | Montague    | 465        | Val Verde    |
| 083 | Coleman       | 211    | Hemphill   | 339          | Montgomery  | 467        | Van Zandt    |
| 085 | Collin        | 213    | Henderson  | 341          | Moore       | 469        | Victoria     |
| 087 | Collingsworth | 215    | Hidalgo    | 343          | Morris      | 471        | Walker       |
| 089 | Colorado      | 217    | Hill       | 345          | Motley      | 473        | Waller       |
| 091 | Comal         | 219    | Hockley    | 347          | Nacogdoches | 475        | Ward         |
| 093 | Comanche      | 221    | Hood       | 349          | Navarro     | 477        | Washington   |
| 095 | Concho        | 223    | Hopkins    | 351          | Newton      | 479        | Webb         |
| 097 | Cooke         | 225    | Houston    | 353          | Nolan       | 481        | Wharton      |
| 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      | 233    | Hutchinson | n 361        | Orange      | 489        | Willacy      |
| 107 | Crosby        | 235    | Irion      | 363          | Palo Pinto  | 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        | 251    | Johnson    | 379          | Rains       | 507        | Zavala       |
| 125 | Dickens       | 253    | Jones      | 381          | Randall     |            |              |
| 127 | Dimmit        | 255    | Karnes     | 383          | Reagan      | •          | Invalid      |
| 2   | Type Ale      | honiii | maria I    | Data Sauraa. | Assig       | ned, based | on           |

Length: 3 Type: Alphanumeric Data Source:

Assigned, based o patient ZIP code

#### Field 24: PUBLIC HEALTH REGION

Public Health Region of patient's address.

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties

| 2025                     | Page |                              |
|--------------------------|------|------------------------------|
| www.dshs.texas.gov/THCIC | 13   | Last Updated: December, 2025 |

|                | 10<br>11 |            | , Culberson, El Paso, H             |                        |             | counties<br>Iim Wells, Kenedy, Kleberg, Live Oak, McMullen,   |
|----------------|----------|------------|-------------------------------------|------------------------|-------------|---|
|                |          | Nueces, I  | Refugio, San Patricio, S            | Starr, Webb, Willacy   | , Zapata o  | counties  |
| Length:        | 2        | Type:      | Alphanumeric                        | Data Source            |             | Assigned  |
| ield 25:       |          |            | ADMISSION                           |                        |             |   |
|                | Cod      | e indicati | ing the type of adn                 | nission                |             |   |
| Coding Scheme: | 1        | Emergen    | cy                                  |                        |             |   |
|                | 2        | Urgent     |                                     |                        |             |   |
|                | 3        | Elective   |                                     |                        |             |   |
|                | 4        | Newborn    |                                     |                        |             |   |
|                | 5        | Trauma C   |                                     |                        |             |   |
|                | 9        |            | ion not available                   | D 4 G                  |             | CI.   |
| Length:        | 1        | Type:      | Alphanumeric                        | Data Source            |             | Claim   |
| Field 26:      |          | _          | OF_ADMISSION                        |                        |             |   |
|                | Cod      |            | ing source of the a                 |                        |             |   |
| Coding Scheme: | 1        |            | lthcare Facility Point o            | f Origin (Beginning    | July 1,     |   |
| <b>.</b>       |          | 2010)      | Dhyaisian's Office                  |                        |             |   |
|                | 2        |            | Physician's Office from a hospital  |                        |             |   |
|                |          |            | from a skilled nursing:             | facility, intermediate | e care      |   |
|                | 5        |            | r assisted living facility          |                        | curc        |   |
|                | 6        |            | from another health car             |                        |             |   |
|                | 8        | Court/La   | w Enforcement                       |                        |             |   |
|                | 9        |            | ion not available                   |                        |             |   |
|                |          |            | from One distinct Unit              |                        |             |   |
|                | D        |            | Unit of the Same Hospi<br>the Payer | tal Resulting in a Se  | eparate     |   |
|                | Е        |            | from Ambulatory Surg                | ery Center             |             |   |
|                |          |            | from a Hospice Facility             |                        |             |   |
|                | F        |            | of Admission=4 (Newbo               |                        |             |   |
|                | G        |            | from a designated hosp e 7/1/2020)  | ital disaster alternat | e care site | ;   |
|                | 5        | Born insi  | de this hospital                    |                        |             |   |
|                | 6        | Born outs  | side this hospital                  |                        |             |   |
| Length:        | 1        | Type:      | Alphanumeric                        | Data Source            |             | Claim   |
| Field 27:      |          |            |                                     | Data Source            | •           | Cium  |
| rielu 27:      |          | _          | MENT_SRC                            |                        | •           |   |
|                | Coa      |            | ing the expected pr                 |                        | payme       | nt.   |
| Coding Scheme: | 09       | 1 2        | (Removed from 5010 f                | ormat, use "ZZ"        | HM          | Health Maintenance Organization                               |
| G              | 10       |            | g 2Q2012 data)<br>Certification     |                        | LI          | Liability   |
|                | 11       |            | on-federal Programs                 |                        | LM          | Liability Medical   |
|                | 12       |            | Provider Organization               | (PPO)                  | MA          | Medicare Part A   |
|                | 13       |            | Service (POS)                       | ,                      | MB          | Medicare Part B   |
|                | 14       |            | e Provider Organization             | n (EPO)                | MC          | Medicaid  |
|                | 15       | Indemnit   | y Insurance                         |                        | TV          | Title V   |
|                | 16       |            | Iaintenance Organization            | on (HMO) Medicare      | OF          | Other Federal Program   |
|                |          | Risk       | 21.34.12.1                          |                        |             | e e e e e e e e e e e e e e e e e e e                         |
|                | AM<br>BL |            | oile Medical                        |                        | VA<br>WC    | Veteran Administration Plan Workers Compensation Health Claim |
|                | СН       | CHAMP      | ss/Blue Shield                      |                        | ZZ          | Charity, Indigent or Unknown                                  |
|                | CI       |            | cial Insurance                      |                        | ~~<br>``    | Codes 09 and ZZ, combined for 2004 & 2005                     |
|                | DS       |            | y Insurance                         |                        | •           | Invalid   |
| Length:        | 2        | Type:      | Alphanumeric                        | Data Source            | •           | Claim   |
| Field 28:      |          | •••        |                                     | Data Source            | •           | Cium  |
| ieia 28:       |          | ST_PAY     | <del>-</del>                        |                        | C 1 1       |   |
|                |          |            | n Identifier (when                  |                        |             | · · · · · · · · · · · · · · · · · · ·                         |
| ength:         | 10       | Type:      | Alphanumeric                        | Data Source            |             | Claim   |
| Field 29:      | FIR      | ST_PAY     | ER_NAME                             |                        |             |   |
|                |          | _          | nary source of pay                  | ment.                  |             |   |
| Length:        | 35       | Type:      | Alphanumeric                        | Data Source            | •           | Claim   |
| Field 30:      |          |            | RY PAYMENT                          |                        | -           |   |
|                | SEC      | UNDAI      | 71_1 X 1 MID 1 1 1                  | SINC                   |             |   |
| 2025           |          |            |                                     | Page                   |             |   |
| www.dshs.texa  | s.gov    | v/THCIC    | 3                                   |                        | ast Up      | dated: December, 2025   |

|                       |            |                            | ng the expected sec                              |          | y source of pa                       | yment.  |
|-----------------------|------------|----------------------------|--|----------|--------------------------------------|---|
| Coding Scheme:        |            |                            | T_PAYMENT_SI                                     |          | Courses                              | Claim   |
| Length:<br>Field 31:  | 2<br>SEC   | Type:                      | Alphanumeric Y PAYER ID                          | Data     | Source:                              | Claim   |
| riciu 31.             |            |                            | Identifier (when in                              | nnlem    | ented by feder                       | ral government)   |
| Length:               | 10         | Type:                      | Alphanumeric                                     | _        | Source:                              | Claim   |
| Field 32:             |            |                            | Y PAYER NAM                                      |          |                                      |   |
|                       |            |                            | ndary source of pa                               |          |                                      |   |
| Length:               | 35         | Type:                      | Alphanumeric                                     | -        | Source:                              | Claim   |
| Field 33:             | ADN        | AIT_STA                    | RT_OF_CARE                                       |          |                                      |   |
|                       |            | patient w<br>YYMMDI        |  | provi    | der for inpatier                     | nt care or other start of care. Entered as  |
| Length:               | 8          | Type:                      | Alphanumeric                                     | Data     | Source:                              | Claim   |
| Field 34:             | ADN        | AIT_WE                     | EKDAY  |          |                                      |   |
|                       | Code       | e indicatir                | ng day of week pat                               | ient is  | admitted                             |   |
| <b>Coding Scheme:</b> | 1          | Monday                     |  | 5        | Friday                               |   |
|                       | 2          | Tuesday                    |  | 6        | Saturday                             |   |
|                       | 3<br>4     | Wednesday<br>Thursday      | у  | 7        | Sunday                               |   |
| Length:               | 1          | Type:                      | Alphanumeric                                     | Data     | Source:                              | Claim   |
| Field 35:             | ADN        | AIT_HO                     | UR   |          |                                      |   |
|                       | Code       | e indicatir                | ng hour during whi                               | ch the   | patient was ac                       | dmitted for inpatient care  |
| <b>Coding Scheme:</b> | 00         | 12 midnigl                 | nt-12:59 a.m.                                    | 13       | 1:00 – 1:59 p.m.                     |   |
|                       | 01         | 1:00-1:59                  |  | 14       | 2:00 – 2:59 p.m.                     |   |
|                       | 02<br>03   | 2:00 - 2:59<br>3:00 - 3:59 |  | 15<br>16 | 3:00 – 3:59 p.m.<br>4:00 – 4:59 p.m. |   |
|                       | 04         | 4:00 – 4:59                |  | 17       | 5:00 – 5:59 p.m.                     |   |
|                       | 05         | 5:00-5:59                  | a.m.   | 18       | 6:00 – 6:59 p.m.                     |   |
|                       | 06         | 6:00 - 6:59                |  | 19       | 7:00 – 7:59 p.m.                     |   |
|                       | 07<br>08   | 7:00 - 7:59<br>8:00 - 8:59 |  | 20<br>21 | 8:00 – 8:59 p.m.<br>9:00 – 9:59 p.m. |   |
|                       | 09         | 9:00 - 9:59                |  | 22       | 10:00 – 10:59 p.n.                   | m.  |
|                       | 10         | 10:00-10                   |  | 23       | 11:00 – 11:59 p.1                    |   |
|                       | 11<br>12   | 11:00 – 11<br>12 noon –    |  | 99       | Hour unknown                         |   |
| Length:               | 2          | Type:                      | Alphanumeric                                     | Data     | Source:                              | Claim   |
| Field 36:             |            |                            | OD FROM  | 2        |                                      |   |
| 11014000              |            | _                          | _  | riod re  | eflected on the                      | statement. Entered as YYYYMMDD.   |
| Length:               | _          | _                          | Alphanumeric                                     |          |                                      | Claim   |
| Field 37:             |            |                            | OD THRU  |          |                                      |   |
|                       | Endi       | ng servic                  | e date of the period                             | l refle  | cted on the sta                      | tement. Entered as YYYYMMDD.  |
| Length:               | 8          | Type:                      | Alphanumeric                                     | Data     | Source:                              | Claim   |
| Field 38:             | LEN        | GTH_O                      | F_STAY   |          |                                      |   |
|                       | _          |                            |  | _        |                                      | the period reflected on the statement   |
|                       |            |                            |  |          |                                      | care date (ADMIT_START_OF_CARE). The  |
| T 41                  |            | _                          | gth of stay is 1 day                             |          |                                      |   |
| Length:               | 4<br>D 4 T | Type:                      | Alphanumeric                                     | Data     | Source:                              | Calculated  |
| Field 39:             |            | STATU                      |  | a f th a | andina data a                        | factories for the named of some non-outed   |
| Coding Sahama         |            |                            | ig patient status as<br>I to home or self-care ( |          | -                                    | f service for the period of care reported   |
| <b>Coding Scheme:</b> | 01<br>02   | _                          | d/transferred to a short                         |          |                                      | innatient care  |
|                       | 03         |                            |  |          |                                      | th Medicare certification in anticipation of skilled care   |
|                       | 04         | _                          | d/transferred to a facilit                       |          |                                      | **  |
|                       | 05         |                            |  |          |                                      | hildren's Hospital (effective 10-1-2007)<br>home health service organization in anticipation of covered |
|                       | 06         | skilled car                |  | nuci ca  | ic of an organized                   | nome nearth service organization in anticipation of covered   |
| 2025                  |            |                            |  | Pag      | ge                                   |   |
| www.dshs.texa         | s.gov      | /THCIC                     |  | 15       |                                      | Jpdated: December, 2025   |
|                       |            |                            |  |          |                                      |   |

07 Left against medical advice 09 Admitted as inpatient to this hospital 20 2.1 Discharged/transferred to Court/Law Enforcement 30 Still patient 40 Expired at home 41 Expired in a medical facility 42 Expired, place unknown 43 Discharged/transferred to federal government operated health facility 50 Hospice-home 51 Hospice-medical facility (Certified) providing hospice level of care 61 Discharged/transferred within this institution to Medicare-approved swing bed 62 Discharged/transferred to inpatient rehabilitation facility 63 Discharged/transferred to Medicare-certified long term care hospital 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital (CAH) 66 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital 82 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care 83 Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital 85 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute 86 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission 87 (effective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital 89 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a 90 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 Hospital 91 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute 93 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission 94 (effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a 95 Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Length: Type: Alphanumeric **Data Source:** Claim **Field 40: DISCHARGE HOUR** Code indicating hour during which the patient was discharged from inpatient care 12 midnight-12:59 a.m. 13 1:00 – 1:59 p.m. Coding Scheme: 00 01 1:00 – 1:59 a.m. 14 2:00 – 2:59 p.m. 2:00 – 2:59 a.m. 15 3:00 – 3:59 p.m. 03 3:00 - 3:59 a.m.16 4:00 – 4:59 p.m. 04 4:00-4:59 a.m. 17 5:00 – 5:59 p.m. 5:00 - 5:59 a.m. 18 05 6:00 - 6:59 p.m. 06 6:00 - 6:59 a.m.19 7:00 - 7:59 p.m. 07 7:00 - 7:59 a.m.20 8:00 - 8:59 p.m. 9:00 - 9:59 p.m. 08 8:00 - 8:59 a.m.21  $9:00-9:59\ a.m.$ 09 22 10:00 - 10:59 p.m. 10 10:00 - 10:59 a.m. 23 11:00 - 11:59 p.m. Hour unknown 11 11:00 - 11:59 a.m. 12 12 noon - 12:59 p.m. 2025 **Page** Last Updated: December, 2025 www.dshs.texas.gov/THCIC 16

|  | 2  | Type:  | Alphanumeric   | D  | ata Source:  | Claim  |                          |   |
|--|--|--|--|--|--|--|--------------------------|---|
| Field 41:  | TYP  | PE_OF_E  | BILL   |  |  |  |                          |   |
|  |  |  |  | bout   | the claim data s   | ubmitted. First  | dig                      | it = type of facility. Second   |
|  | digit  | = type of  | f care. Third digit  | = se   | quence of the cla  | aim.   | Ū                        |   |
| <b>Coding Scheme:</b>  | 1st dig  | git–Type of  | Facility   | $2^{na}$   | digit–Type of Care   |  | $3^{rd}$                 | digit–Sequence of claim   |
| Ö  | 1  | Hospital   |  | 1  | Inpatient, including   | g Medicare Part A  | 0                        | Non-payment/Zero claim  |
|  | 2  | Skilled nu   | -  | 2  | Inpatient, Medicar   | e Part B only  | 1                        | Admit through discharge claim   |
|  | 3  | Home hea   |  | 3  | Outpatient   | M II D (D  | 2                        | Interim-first claim   |
|  | 4  | care-Hosp  | non-medical health   | 4  | Outpatient Other, I only   | viedicare Part B   | 3                        | Interim-continuing claim  |
|  | 5  |  | non-medical health   | 5  | Intermediate Care-   | -Level I   | 4                        | Interim-last claim  |
|  | 6  | Intermedia   | ate care   | 6  | Intermediate Care-   |  | 5                        | Late charge(s) only claim   |
|  | 7  | Clinic   | -1114  | 7  | Sub-acute inpatien   | t – Level III  | 6                        | Adjustment of prior claim (Not used<br>by Medicare)   |
|  | 8  | Special fa   | cility   | 8  | Swing bed  |  | 7<br>8                   | Replacement of prior claim<br>Void/cancel of prior claim  |
| Length:  | 3  | Type:  | Alphanumeric   | D  | ata Source:  | Claim  | Ü                        | voids carried of prior claim  |
| Field 42:  | ADN  |  | G DIAGNOSIS  |  |  |  |                          |   |
|  |  |  | _  | sific  | ation of Disease   | s- Revision 10   | - Cli                    | nical Modification) diagnosis   |
|  |  | ,  |  |  |  |  |                          | 4th, 5th, 6th and 7th digits if   |
|  |  |  | ecimal is implied  |  |  |  |                          | ,   |
| Length:  | 7  | Type:  | Alphanumeric   |  | ata Source:  | Claim  |                          |   |
| Field 43:  | PRI  |  | G CODE   |  |  |  |                          |   |
|  |  | _  | _  | sific  | ation of Disease   | s – Revision 10  | ) – (                    | Clinical Modification)  |
|  |  |  |  |  |  |  |                          | established after study to be   |
|  |  |  |  |  |  |  |                          | th, 6th and 7th digits if   |
|  |  |  | ecimal is implied  |  |  |  | ,                        | Ž   |
| Length:  | 7  | Type:  | Alphanumeric   | D  | ata Source:  | CI.  |                          |   |
|  |  | J  | Tiphanamene  | <u> </u>   | ata Source.  | Claim  |                          |   |
| Field 44:  | POA  |  | C DIAG CODE  |  | ata Source.  | Claim  |                          |   |
| Field 44:  |  | _PRINC   | C_DIAG_CODE  |  |  |  | iagr                     | nosis code was present at the   |
| Field 44:  | POA  | A_PRINC<br>- Presen  | C_DIAG_CODE  | ode i  | identifying whet   |  | iagr                     | nosis code was present at the   |
| Field 44: Coding Scheme:   | POA  | A_PRINC<br>- Presen  | C_DIAG_CODE<br>at on Admission co  | ode i  | identifying whet   |  | iagr                     | nosis code was present at the   |
|  | POA<br>time<br>Y<br>N  | PRINC<br>- Presenthe patienty Yes  | C_DIAG_CODE<br>at on Admission co  | ode i  | identifying whet   |  | iagr                     | nosis code was present at the   |
|  | POA<br>time<br>Y<br>N<br>U   | PRINC<br>- Present<br>the patient<br>Yes<br>No<br>Unknown  | C_DIAG_CODE<br>at on Admission con<br>the was admitted to  | ode i  | identifying whet   |  | oiagr                    | nosis code was present at the   |
| Coding Scheme:   | POA<br>time<br>Y<br>N<br>U<br>W  | PRINC - Presenthe patienthe patienthe yes No Unknown Clinically  | C_DIAG_CODE<br>at on Admission cont<br>on t was admitted to<br>Undetermined  | ode i  | identifying whet<br>hospital   | her Principal D  | iagr                     | nosis code was present at the   |
| Coding Scheme: Length:   | POA<br>time<br>Y<br>N<br>U<br>W  | PRINC Present the patient Yes No Unknown Clinically Type:  | C_DIAG_CODE  It on Admission cont was admitted to  Undetermined  Alphanumeric  | ode i  | identifying whet   |  | iagr                     | nosis code was present at the   |
| Coding Scheme:   | POA time Y N U W 1 OTH   | PRINC Preserthe patie Yes No Unknown Clinically Type:  I_DIAG  | C_DIAG_CODE  at on Admission count was admitted to  Undetermined Alphanumeric  CODE_1  | ode in the   | identifying whet hospital  ata Source:   | her Principal D  |                          |   |
| Coding Scheme: Length:   | POA time Y N U W 1 OTH   | A_PRINCA — Preser the patie Yes No Unknown Clinically Type: H_DIAG10-CM (  | C_DIAG_CODE  It on Admission cont was admitted to  Undetermined Alphanumeric CODE_1  International Clas  | ode in the   | identifying whet hospital  ata Source:   | her Principal D  Claim  S – Revision 10  | 0 – (                    | Clinical Modification)  |
| Coding Scheme: Length:   | POA time Y N U W 1 OTH ICD-diagn   | A_PRINCA - Presenthe patie. Yes No Unknown Clinically Type: H_DIAG10-CM ( nosis cod  | Undetermined Alphanumeric CODE_1 International Clase for a condition to  | ode in the Date of | identifying whet hospital  ata Source: cation of Disease coexists with the   | her Principal D  Claim  S – Revision 10  principal diagi   | 0 – (<br>nosi:           | Clinical Modification) s or develops subsequently   |
| Coding Scheme: Length:   | POA time Y N U W 1 OTH ICD-diagradurin   | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG 10-CM ( nosis cod ng a patie  | Undetermined Alphanumeric CODE_1 International Clase for a condition ton's treatment, inc  | ode in the Daniel  | ata Source: eation of Disease coexists with the ng the 4th, 5th, 6   | her Principal D  Claim  S – Revision 10  principal diagi   | 0 – (<br>nosi:           | Clinical Modification)  |
| Coding Scheme:  Length: Field 45:  | POA time Y N U W 1 OTH ICD-diagradurin   | A PRINC<br>A Presenthe patie<br>Yes<br>No<br>Unknown<br>Clinically<br>Type:<br>H_DIAG<br>10-CM (nosis coding a patie<br>ied follow   | Undetermined Alphanumeric CODE_1 International Clase for a condition to the condition that the condit | ode in the basis of the basis o | ata Source: eation of Disease coexists with the ing the 4th, 5th, 6th.   | her Principal D  Claim  S – Revision 10  principal diagoor the digoor the second secon | 0 – (<br>nosi:           | Clinical Modification) s or develops subsequently   |
| Coding Scheme:  Length: Field 45:  Length:   | POA time Y N U W 1 OTH ICD-diagradurir impl 7  | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third chan Alphanumeric   | ode in the basis of the basis o | ata Source: eation of Disease coexists with the ng the 4th, 5th, 6   | her Principal D  Claim  S – Revision 10  principal diagi   | 0 – (<br>nosi:           | Clinical Modification) s or develops subsequently   |
| Coding Scheme:  Length: Field 45:  | POA time Y N U W 1 OTH ICD-diagradurir impl 7 POA  | PRINC Preser the patie Yes No Unknown Clinically Type: H_DIAG 10-CM ( nosis cod ng a patie ied folloy Type: A_OTH_I  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, including the third chan Alphanumeric DIAG_CODE_1  | De D   | ata Source: eation of Disease coexists with the ng the 4th, 5th, 6 er. ata Source:   | Claim  S – Revision 10 principal diagnoth and 7th dig  | ) – (<br>nosi:<br>its if | Clinical Modification) s or develops subsequently applicable. Decimal is  |
| Coding Scheme:  Length: Field 45:  Length:   | POA time Y N U W 1 1 OTH ICD-diago durir impl 7 POA POA  | A PRINC A Presenthe patienthe patienthe yes No Unknown Clinically Type: H_DIAG -10-CM (nosis coding a patienth  | Undetermined Alphanumeric CODE_1 International Clase for a condition tont's treatment, including the third chan Alphanumeric DIAG_CODE_1 Int on Admission control of the control of the chan Alphanumeric control of the | Dissific hat colludiracte Discorde in the collusiracte Discorde in the collusion Discorde in the collusiracte Discorde Discorde in the collusiracte Discorde in the collusiracte Discorde Discorde in the collusiracte Discorde Discorde Discorde Discor | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6 cr.  ata Source:   | Claim  S – Revision 10 principal diagnoth and 7th dig  | ) – (<br>nosi:<br>its if | Clinical Modification) s or develops subsequently   |
| Coding Scheme:  Length: Field 45:  Length: Field 46:                                   | POA time Y N U W 1 OTH ICD-diagradurir impl 7 POA time   | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type: A_OTH_I A Presenthe patie  | Undetermined Alphanumeric CODE_1 International Clase for a condition ton's treatment, including the third characteristics. CIAG_CODE_1 Int on Admission cont was admitted to the condition to the | Description of the order of the | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  | Claim  S – Revision 10 principal diagnoth and 7th dig  | ) – (<br>nosi:<br>its if | Clinical Modification) s or develops subsequently applicable. Decimal is  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme:                   | POA time Y N U W 1 OTH ICD-diagradurir impl 7 POA time   | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field   | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, including the third characteristics.  CIAG_CODE_1 It on Admission cont was admitted to POA_PRINC_DI  | Description of the Description o | ata Source:  cation of Disease coexists with the ing the 4th, 5th, for.  ata Source:  identifying whet hospital.  CODE   | Claim  S – Revision 10 principal diagroth and 7th digroclaim her Oth_Diag_   | ) – (<br>nosi:<br>its if | Clinical Modification) s or develops subsequently applicable. Decimal is  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length:           | POA time Y N U W 1 OTH ICD-diagradurir impl 7 POA time Same 1  | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG 10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third chan Alphanumeric DIAG_CODE_1 International Clase for a condition to nt's treatment, incoming the third chan Alphanumeric DIAG_CODE_1 Int on Admission count was admitted to POA_PRINC_DIAL Alphanumeric  | Description of the Description o | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  | Claim  S – Revision 10 principal diagnoth and 7th dig  | ) – (<br>nosi:<br>its if | Clinical Modification) s or develops subsequently applicable. Decimal is  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme:                   | POA time Y N U W 1 1 OTH ICD-diagn durir impl 7 POA time Same 1 OTH  | A_PRINC A_Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type: A_OTH_I A_Presenthe patie e as field Type: H_DIAG Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to the streatment, incoming the third characteristic of the streatment of the streatmen | Description of the Description of the Description of the AG_Description of the Description of the AG_Description of the AG_Descripti | ata Source:  ation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE  ata Source:  | Claim  S – Revision 10 principal diagr oth and 7th digr Claim her Oth_Diag_ Claim  | O – ( nosi: its if       | Clinical Modification) s or develops subsequently applicable. Decimal is e_1 code was present at the  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length:           | POA time Y N U W 1 1 OTH ICD-diagn durir impl 7 POA time Same 1 OTH ICD-   | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM (   | Undetermined Alphanumeric CODE_1 International Classe for a condition ton's treatment, incoming the third chart Alphanumeric DIAG_CODE_1 Int on Admission cont was admitted to POA_PRINC_DI Alphanumeric CODE_2 International Classe   | Description of the description o | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6 er.  ata Source:  identifying whet hospital.  _CODE ata Source:  | Claim  S – Revision 10 principal diagooth and 7th digooth Claim her Oth_Diag_ Claim  S – Revision 10   | Onosisits if             | Clinical Modification) s or develops subsequently applicable. Decimal is e_1 code was present at the  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length:           | POA time Y N U W 1 1 OTH ICD-diagn time Same 1 OTH ICD-diagn   | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis cod   | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third characteristic on Admission of the ton Admission  | Dissification of the sification of the sificatio | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  _CODE ata Source:  cation of Disease an additional con  | Claim  S – Revision 10 principal diagr oth and 7th digr Claim  her Oth_Diag_  Claim  s – Revision 10 dition that coer  | O – (Cod                 | Clinical Modification) s or develops subsequently applicable. Decimal is  e_1 code was present at the  Clinical Modification) s with the principal diagnosis  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length:           | POA time Y N U W 1 1 OTH ICD-diagram or defined or defined to the same of the same or defined to the same or defin | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis cod ng a patie ied follow Type: A OTH_I A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis cod evelops su  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third characteristic on Admission cont was admitted to POA_PRINC_DIALPhanumeric CODE_2 International Clase that corresponds to the third characteristic of the poace | Description of the bottom of t | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE  ata Source:  cation of Disease an additional contact of the contact | Claim  S – Revision 10 principal diagr oth and 7th digr Claim  her Oth_Diag_  Claim  s – Revision 10 dition that coent including the   | O – (Cod                 | Clinical Modification) s or develops subsequently applicable. Decimal is e_1 code was present at the  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length: Field 47: | POA time Y N U W 1 1 OTH ICD-diagram or defined or defined to the same of the same or defined to the same or defin | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis codic as field Type: H_DIAG -10-CM ( nosis codic as field Type: H_DIAG -10-CM ( nosis codic as field Evelops stricts to be a codic as field Evelops to be | Undetermined Alphanumeric CODE_1 International Clase for a condition to the condition contour was admitted to the conditional condition condition to the condition condition condition conditions and conditional conditional classe that corresponds the conditional cond | Discontinuo de la contracte de | ata Source:  cation of Disease coexists with the ing the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE ata Source:  cation of Disease an additional container's treatment owing the third cleans.  | Claim  S – Revision 10 principal diagroth and 7th digrother Oth_Diag_ Claim  her Oth_Diag_ Claim  s – Revision 10 dition that coent including the haracter.  | O – (Cod                 | Clinical Modification) s or develops subsequently applicable. Decimal is  e_1 code was present at the  Clinical Modification) s with the principal diagnosis  |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length: Field 47: | POA time Y N U W 1 OTH ICD-diagram during impl 7 POA time Same 1 OTH ICD-diagram or deappli 7  | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis coding a patie ied spatie ied spatie e as field Type: H_DIAG -10-CM ( nosis codievelops staticable. Do Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third chant Alphanumeric DIAG_CODE_1 International Clase for a condition to nt's treatment, incoming the third chant Alphanumeric DIAG_CODE_1 Int on Admission cont was admitted to POA_PRINC_DIAL Alphanumeric CODE_2 International Clase that corresponds absequently during the community of the comm | Discontinuo de la contracte de | ata Source:  cation of Disease coexists with the ng the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE  ata Source:  cation of Disease an additional contact of the contact | Claim  S – Revision 10 principal diagr oth and 7th digr Claim  her Oth_Diag_  Claim  s – Revision 10 dition that coent including the   | O – (Cod                 | Clinical Modification) s or develops subsequently rapplicable. Decimal is  e_1 code was present at the  Clinical Modification) s with the principal diagnosis |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length: Field 47: | POA time Y N U W 1 OTH ICD-diagram during impl 7 POA time Same 1 OTH ICD-diagram or deappli 7  | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis coding a patie ied spatie ied spatie e as field Type: H_DIAG -10-CM ( nosis codievelops staticable. Do Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to the condition contour was admitted to the conditional condition condition to the condition condition condition conditions and conditional conditional classe that corresponds the conditional cond | Discontinuo de la contracte de | ata Source:  cation of Disease coexists with the ing the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE ata Source:  cation of Disease an additional container's treatment owing the third cleans.  | Claim  S – Revision 10 principal diagroth and 7th digrother Oth_Diag_ Claim  her Oth_Diag_ Claim  s – Revision 10 dition that coent including the haracter.  | O – (Cod                 | Clinical Modification) s or develops subsequently rapplicable. Decimal is  e_1 code was present at the  Clinical Modification) s with the principal diagnosis |
| Coding Scheme:  Length: Field 45:  Length: Field 46:  Coding Scheme: Length: Field 47: | POA time Y N U W 1 OTH ICD-diagram during impl 7 POA time Same 1 OTH ICD-diagram or deappli 7  | A PRINC A Presenthe patie Yes No Unknown Clinically Type: H_DIAG -10-CM ( nosis coding a patie ied follow Type: A OTH A Presenthe patie e as field Type: H_DIAG -10-CM ( nosis coding a patie ied spatie ied spatie e as field Type: H_DIAG -10-CM ( nosis codievelops staticable. Do Type:  | Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third chant Alphanumeric DIAG_CODE_1 International Clase for a condition to nt's treatment, incoming the third chant Alphanumeric DIAG_CODE_1 Int on Admission cont was admitted to POA_PRINC_DIAL Alphanumeric CODE_2 International Clase that corresponds absequently during the community of the comm | District of the district of th | ata Source:  cation of Disease coexists with the ing the 4th, 5th, 6er.  ata Source:  identifying whet hospital.  CODE ata Source:  cation of Disease an additional container's treatment owing the third cleans.  | Claim  S – Revision 10 principal diagroth and 7th digrother Oth_Diag_ Claim  her Oth_Diag_ Claim  s – Revision 10 dition that coent including the haracter.  | O – (Cod                 | Clinical Modification) s or develops subsequently rapplicable. Decimal is  e_1 code was present at the  Clinical Modification) s with the principal diagnosis |

POA – Present on Admission code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: **Type:** Alphanumeric **Data Source:** Claim Field 49: OTH DIAG CODE 3 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Alphanumeric **Data Source:** Field 50: POA OTH DIAG CODE 3 POA – Present on Admission code identifying whether Oth Diag Code 3 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 51: OTH DIAG CODE 4 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Alphanumeric **Data Source:** Length: Type: Claim Field 52: POA OTH DIAG CODE 4 POA - Present on Admission code identifying whether Oth Diag Code 4 code was present at the time the patient was admitted to the hospital Same as field POA PRINC DIAG CODE **Coding Scheme:** Length: Alphanumeric Type: **Data Source:** Claim Field 53: OTH DIAG CODE 5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Alphanumeric **Data Source:** Length: Type: Claim Field 54: POA OTH DIAG CODE 5 POA – Present on Admission code identifying whether Oth Diag Code 5 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: **Type:** Alphanumeric **Data Source:** Claim Field 55: OTH DIAG CODE 6 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Alphanumeric **Data Source:** Field 56: POA OTH DIAG CODE 6 POA – Present on Admission code identifying whether Oth Diag Code 6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: **Type:** Alphanumeric **Data Source:** Claim Field 57: OTH DIAG CODE 7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 2025 **Page** www.dshs.texas.gov/THCIC Last Updated: December, 2025 18

| Length:               | 7 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
|-----------------------|------------------------------------|--------------------------|--|
| Field 58:             | POA OTH DIAG CODE 7                |                          |  |
|                       |                                    | de identifying whether   | r Oth Diag Code 7 code was present at the  |
|                       | time the patient was admitted to   |                          |  |
| <b>Coding Scheme:</b> | •                                  |                          |  |
| Length:               | 1 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 59:             | OTH DIAG CODE 8                    |                          |  |
|                       |                                    | sification of Diseases - | - Revision 10 – Clinical Modification)   |
|                       |                                    |                          | ition that coexists with the principal diagnosis   |
|                       | or develops subsequently during    | a patient's treatment,   | including the 4th, 5th, 6th and 7th digits if  |
|                       | applicable. Decimal is implied for | following the third char | racter.  |
| Length:               | 7 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 60:             | POA_OTH_DIAG_CODE_8                |                          |  |
|                       |                                    |                          | r Oth_Diag_Code_8 code was present at the  |
|                       | time the patient was admitted to   | the hospital             |  |
| <b>Coding Scheme:</b> |                                    | DE                       |  |
| Length:               | 1 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 61:             | OTH_DIAG_CODE_9                    |                          |  |
|                       |                                    |                          | - Revision 10 – Clinical Modification)   |
|                       |                                    |                          | ition that coexists with the principal diagnosis   |
|                       |                                    |                          | including the 4th, 5th, 6th and 7th digits if  |
|                       | applicable. Decimal is implied for | _                        |  |
| Length:               | 7 Type: Alphanumeric               | Data Source:             | Claim  |
| Field 62:             | POA_OTH_DIAG_CODE_9                |                          |  |
|                       |                                    |                          | r Oth_Diag_Code_9 code was present at the  |
| C 12 C 1              | time the patient was admitted to   | -                        |  |
| Coding Scheme:        |                                    |                          | CI.  |
| Length:               | 1 Type: Alphanumeric               | Data Source:             | Claim  |
| Field 63:             | OTH_DIAG_CODE_10                   | .c cD.                   | D ' 10 CT' 114 TC '  |
|                       |                                    |                          | - Revision 10 – Clinical Modification)   |
|                       |                                    |                          | ition that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if |
|                       | applicable. Decimal is implied for |                          |  |
| Length:               | 7 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 64:             | POA OTH DIAG CODE 10               |                          | Cium   |
| riciu 04.             |                                    |                          | r Oth_Diag_Code_10 code was present at the   |
|                       | time the patient was admitted to   |                          | Totil_Diag_code_To code was present at the   |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_COI   | *                        |  |
| Length:               | 1 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 65:             | OTH DIAG CODE 11                   |                          |  |
|                       |                                    | sification of Diseases - | - Revision 10 – Clinical Modification)   |
|                       |                                    |                          | ition that coexists with the principal diagnosis   |
|                       | or develops subsequently during    | a patient's treatment,   | including the 4th, 5th, 6th and 7th digits if  |
|                       | applicable. Decimal is implied for | ollowing the third char  | racter.  |
| Length:               | 7 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 66:             | POA_OTH_DIAG_CODE_11               |                          |  |
|                       | POA – Present on Admission co      | de identifying whether   | r Oth_Diag_Code_11 code was present at the   |
|                       | time the patient was admitted to   | •                        |  |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_COL   | DE                       |  |
| Length:               | 1 <b>Type:</b> Alphanumeric        | Data Source:             | Claim  |
| Field 67:             | OTH_DIAG_CODE_12                   |                          |  |
|                       |                                    |                          | - Revision 10 – Clinical Modification)   |
|                       | diagnosis code, that corresponds   | s to an additional cond  | ition that coexists with the principal diagnosis   |
| 2025                  | (my or c                           | _ Page                   | 1.18   |
| www.dshs.texa         | s.gov/THCIC                        | 19 Last Up               | dated: December, 2025  |

|                           |                  |  |                  |             | ncluding the 4th, 5th, 6th and 7th digits if   |
|---------------------------|------------------|--|------------------|-------------|--|
| I anath:                  | 7 <b>Type:</b>   | ecimal is implied for Alphanumeric       | Data Sour        |             | Claim  |
| Length:<br>Field 68:      |                  | DIAG CODE 12                             |                  | ce.         | Clailli  |
| riciu vo:                 |                  |  |                  | na whether  | Oth Diag Code 12 code was present at the       |
|                           |                  | ent was admitted to                      |                  | ig whether  | Ott_Diag_Code_12 code was present at the       |
| <b>Coding Scheme:</b>     | -                | DA_PRINC_DIAG_CO                         | -                |             |  |
| Length:                   | 1 Type:          | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 69:                 | OTH DIAG         | <u> </u>                                 |                  |             |  |
| Ticia o>.                 | _                |  | sification of I  | Diseases –  | Revision 10 – Clinical Modification)           |
|                           |                  |  |                  |             | ion that coexists with the principal diagnosis |
|                           |                  |  |                  |             | ncluding the 4th, 5th, 6th and 7th digits if   |
|                           |                  | ecimal is implied for                    |                  |             |  |
| Length:                   | 7 Type:          | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 70:                 |                  | DIAG_CODE_13                             |                  |             |  |
|                           | POA – Presen     | nt on Admission co                       | de identifyin    | ng whether  | Oth_Diag_Code_13 code was present at the       |
|                           |                  | ent was admitted to                      |                  |             |  |
| _                         |                  | DA_PRINC_DIAG_CO                         |                  |             |  |
| Length:                   | 1 Type:          | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 71:                 | OTH_DIAG         | _  |                  |             |  |
|                           |                  |  |                  |             | Revision 10 – Clinical Modification)           |
|                           | _                |  |                  |             | ion that coexists with the principal diagnosis |
|                           |                  | ubsequently during ecimal is implied for |                  |             | ncluding the 4th, 5th, 6th and 7th digits if   |
| Length:                   | 7 <b>Type:</b>   | Alphanumeric                             | Data Sour        |             | Claim  |
| Field 72:                 |                  | DIAG CODE 14                             |                  | ce.         | Claim  |
| riciu /2.                 |                  |  |                  | og whether  | Oth_Diag_Code_14 code was present at the       |
|                           |                  | ent was admitted to                      |                  | ig whether  | out_Diag_code_14 code was present at the       |
| <b>Coding Scheme:</b>     | -                | DA_PRINC_DIAG_CO                         | -                |             |  |
| Length:                   | 1 Type:          | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 73:                 | OTH DIAG         | -  |                  |             |  |
|                           |                  |  | sification of I  | Diseases –  | Revision 10 – Clinical Modification)           |
|                           | diagnosis cod    | le, that corresponds                     | s to an addition | onal condit | ion that coexists with the principal diagnosis |
|                           |                  | 1 ,                                      |                  |             | ncluding the 4th, 5th, 6th and 7th digits if   |
|                           |                  | ecimal is implied for                    | _                |             |  |
| Length:                   | <b>7 Type:</b>   | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 74:                 |                  | DIAG_CODE_15                             |                  |             |  |
|                           |                  |  | •                | ng whether  | Oth_Diag_Code_15 code was present at the       |
| Cadina Sahama             | -                | ent was admitted to                      | -                |             |  |
| Coding Scheme:<br>Length: | 1 <b>Type:</b>   | DA_PRINC_DIAG_COM Alphanumeric           | Data Sour        | co•         | Claim  |
| Field 75:                 | OTH DIAG         | <u> </u>                                 | Data Sour        | се.         | Ciaiiii  |
| rieiu /5:                 | _                | _  | sification of I  | Diceases    | Revision 10 – Clinical Modification)           |
|                           |                  |  |                  |             | ion that coexists with the principal diagnosis |
|                           |                  |  |                  |             | ncluding the 4th, 5th, 6th and 7th digits if   |
|                           |                  | ecimal is implied for                    |                  |             |  |
| Length:                   | 7 <b>Type:</b>   | Alphanumeric                             | Data Sour        |             | Claim  |
| Field 76:                 | POA_OTH_         | DIAG_CODE_16                             |                  |             |  |
|                           | POA – Presei     | nt on Admission co                       | de identifyin    | ng whether  | Oth_Diag_Code_16 code was present at the       |
|                           | time the patie   | ent was admitted to                      | the hospital     |             |  |
| <b>Coding Scheme:</b>     | Same as field PC | DA_PRINC_DIAG_CO                         | DE               |             |  |
| Length:                   | 1 <b>Type:</b>   | Alphanumeric                             | Data Sour        | ce:         | Claim  |
| Field 77:                 | OTH_DIAG         | _CODE_17                                 |                  |             |  |
| 2025                      |                  |  | _ Page           |             |  |
| www.dshs.texa             | s.gov/THCIC      | ·<br>•                                   | 20               | Last Upo    | dated: December, 2025                          |

|                       | ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if |
|-----------------------|--|
|                       | applicable. Decimal is implied following the third character.  |
| Length:               | 7 Type: Alphanumeric Data Source: Claim  |
| Field 78:             | POA OTH DIAG CODE 17   |
|                       | POA – Present on Admission code identifying whether Oth Diag Code 17 code was present at the   |
|                       | time the patient was admitted to the hospital  |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_CODE  |
| Length:               | 1 Type: Alphanumeric Data Source: Claim  |
| Field 79:             | OTH_DIAG_CODE_18   |
|                       | ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)   |
|                       | diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if  |
|                       | applicable. Decimal is implied following the third character.  |
| Length:               | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim  |
| Field 80:             | POA OTH DIAG CODE 18   |
| 11014 001             | POA – Present on Admission code identifying whether Oth Diag Code 18 code was present at the   |
|                       | time the patient was admitted to the hospital  |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_CODE  |
| Length:               | 1 Type: Alphanumeric Data Source: Claim  |
| Field 81:             | OTH_DIAG_CODE_19   |
|                       | ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)   |
|                       | diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis   |
|                       | or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if   |
| Length:               | <ul> <li>applicable. Decimal is implied following the third character.</li> <li>7 Type: Alphanumeric Data Source: Claim</li> </ul>   |
| Field 82:             | POA OTH DIAG CODE 19   |
| riciu 62.             | POA – Present on Admission code identifying whether Oth Diag Code 19 code was present at the   |
|                       | time the patient was admitted to the hospital  |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_CODE  |
| Length:               | 1 Type: Alphanumeric Data Source: Claim  |
| Field 83:             | OTH_DIAG_CODE_20   |
|                       | ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)   |
|                       | diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis   |
|                       | or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if   |
| Length:               | <ul> <li>applicable. Decimal is implied following the third character.</li> <li>7 Type: Alphanumeric Data Source: Claim</li> </ul>   |
| Field 84:             | POA OTH DIAG CODE 20   |
| r iviu UT.            | POA – Present on Admission code identifying whether Oth Diag Code 20 code was present at the   |
|                       | time the patient was admitted to the hospital  |
| <b>Coding Scheme:</b> | Same as field POA_PRINC_DIAG_CODE  |
| Length:               | 1 Type: Alphanumeric Data Source: Claim  |
| Field 85:             | OTH_DIAG_CODE_21   |
|                       | ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)   |
|                       | diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis   |
|                       | or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if   |
| Length:               | <ul> <li>applicable. Decimal is implied following the third character.</li> <li>7 Type: Alphanumeric Data Source: Claim</li> </ul>   |
| Field 86:             | POA OTH DIAG CODE 21   |
| riciu ov.             | POA_OTH_DIAG_CODE_21 POA – Present on Admission code identifying whether Oth_Diag_Code_21 code was present at the  |
|                       | time the patient was admitted to the hospital  |
| Coding Scheme:        | Same as field POA_PRINC_DIAG_CODE  |
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|                       | ZI Zast opuntoni z comboti z cast  |

| Length:                   | 1 Type:        | Alphanumeric                             | Data Source:           | Claim  |
|---------------------------|----------------|--|------------------------|--|
| Field 87:                 | OTH DIAG       | •  |                        |  |
|                           |                |  | sification of Disease  | s – Revision 10 – Clinical Modification)   |
|                           |                |  |                        | ndition that coexists with the principal diagnosis   |
|                           |                |  |                        | nt, including the 4th, 5th, 6th and 7th digits if  |
|                           |                | _  | following the third cl |  |
| Length:                   | 7 Type:        | Alphanumeric                             | Data Source:           | Claim  |
| Field 88:                 |                | DIAG_CODE_22                             |                        | 1 O/1 D' C 1 22 1 4 41   |
|                           |                | nt on Admission co<br>nt was admitted to |                        | her Oth_Diag_Code_22 code was present at the   |
| <b>Coding Scheme:</b>     |                | DA_PRINC_DIAG_CO                         |                        |  |
| Length:                   | 1 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 89:                 | OTH DIAG       | •  | 2 504100               |  |
| 1114 071                  |                | _  | sification of Disease  | s – Revision 10 – Clinical Modification)   |
|                           |                |  |                        | ndition that coexists with the principal diagnosis   |
|                           |                |  |                        | nt, including the 4th, 5th, 6th and 7th digits if  |
|                           |                |  | following the third cl |  |
| Length:                   | 7 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 90:                 |                | DIAG_CODE_23                             |                        |  |
|                           |                |  |                        | her Oth_Diag_Code_23 code was present at the   |
| Cading Sahama             |                | nt was admitted to<br>OA_PRINC_DIAG_CO   |                        |  |
| Coding Scheme:<br>Length: | 1 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 91:                 | OTH_DIAG       |  | Data Source.           | Ciaiiii  |
| riciu 91.                 |                | _  | sification of Disease  | s – Revision 10 – Clinical Modification)   |
|                           |                | `  |                        | ndition that coexists with the principal diagnosis   |
|                           |                |  |                        | nt, including the 4th, 5th, 6th and 7th digits if  |
|                           |                |  | following the third cl |  |
| Length:                   | <b>7 Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 92:                 |                | DIAG_CODE_24                             |                        |  |
|                           |                |  |                        | her Oth_Diag_Code_24 code was present at the   |
|                           | _              | nt was admitted to                       | =                      |  |
| Coding Scheme:            |                | DA_PRINC_DIAG_CO                         |                        | CI.  |
| Length:                   | 1 Type:        | Alphanumeric                             | Data Source:           | Claim  |
| Field 93:                 | E_CODE_1       | 41 C <b>f</b> M                          | l.: 1:4/T: C- 1-       | i ICD 10 CM (I-tti1 Clifti   |
|                           |                |  |                        | e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury |
|                           |                |  |                        | the 4th, 5th, 6th and 7th digits if applicable, of   |
|                           |                |  |                        | s implied following the third character  |
| Length:                   | 7 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 94:                 | POA_E_CO       | DE_1                                     |                        |  |
|                           |                |  |                        | her E_Code_1 (External Cause of  |
|                           |                | • /                                      | •                      | patient was admitted to the hospital.  |
| <b>Coding Scheme:</b>     |                | PRINC_DIAG_CO                            |                        | er .   |
| Length:                   | 1 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 95:                 | E_CODE_2       | 1.00                                     | ~ . ~ .                |  |
|                           |                |  |                        | e is an ICD-10-CM (International Classification  |
|                           |                |  |                        | diagnosis code that is used to classify injury   |
|                           |                |  |                        | the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character    |
| Length:                   | 7 <b>Type:</b> | Alphanumeric                             | Data Source:           | Claim  |
| Field 96:                 | POA E CO       | -  | 2 um 5041 001          |  |
| / 0 •                     | _ U.I_L_UO     | <b></b>                                  |                        |  |
| 2025                      |                |  | Page                   |  |
|                           | s.gov/THCIC    |  |                        | Updated: December, 2025  |

|  | POA – Present on Admission   | code identifying wheth  | er E Code 2 code was present at the time the   |
|--|--|---|--|
|  | patient was admitted to the he   | ospital   | ·  |
| <b>Coding Scheme:</b>  | Same as field POA_PRINC_DIAG_  |   |  |
| Length:  | 1 <b>Type:</b> Alphanumeric  | Data Source:  | Claim  |
| Field 97:  | E_CODE_3   |   |  |
|  |  |   | is an ICD-10-CM (International Classification  |
|  |  |   | iagnosis code that is used to classify injury  |
|  |  |   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character   |
| Length:  | 7 <b>Type:</b> Alphanumeric  |   | Claim  |
| Field 98:  | POA E CODE 3   | Data Source.  | Ciaiiii  |
| rielu 90.  |  | code identifying wheth  | er E_Code_3 code was present at the time the   |
|  | patient was admitted to the he   |   | er L_code_5 code was present at the time the   |
| Coding Scheme:   | Same as field POA_PRINC_DIAG_  |   |  |
| Length:  | 1 <b>Type:</b> Alphanumeric  |   | Claim  |
| Field 99:  | E CODE 4   |   |  |
|  |  | Morbidity/Injury Code   | is an ICD-10-CM (International Classification  |
|  |  |   | iagnosis code that is used to classify injury  |
|  |  |   | the 4th, 5th, 6th and 7th digits if applicable, of   |
|  |  | •   | implied following the third character  |
| Length:  | 7 Type: Alphanumeric   | Data Source:  | Claim  |
| Field 100:   | POA_E_CODE_4   | 1 :1 ::0: 1 :1  |  |
|  |  |   | er E_Code_4 code was present at the time the   |
| <b>Coding Scheme:</b>  | patient was admitted to the he<br>Same as field POA_PRINC_DIAG_  | =   |  |
| Length:  | 1 <b>Type:</b> Alphanumeric  |   | Claim  |
| Field 101:   | E CODE 5   | Data Source.  | Ciaiiii  |
| ricia ivi.   |  | Morbidity/Injury Code   | is an ICD-10-CM (International Classification  |
|  | L Code Litternal Cause of  | ivioroidity/injury code   | is an 100 10 em (international classification  |
|  | of Diseases – Revision 10 – 0  | Clinical Modification) d  | iagnosis code that is used to classify injury  |
|  |  |   | iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of   |
|  | events by mechanism and int  | ent of injury, including  |  |
| Length:  | events by mechanism and int<br>an additional external cause of<br>7 <b>Type:</b> Alphanumeric  | ent of injury, including of morbidity. Decimal is   | the 4th, 5th, 6th and 7th digits if applicable, of   |
| Length:<br>Field 102:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5   | ent of injury, including of morbidity. Decimal is <b>Data Source:</b>   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  |
|  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission   | ent of injury, including of morbidity. Decimal is <b>Data Source:</b> code identifying wheth  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character   |
| Field 102:   | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the ho   | ent of injury, including of morbidity. Decimal is   Data Source:  code identifying whethospital   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  |
| Field 102: Coding Scheme:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the he<br>Same as field POA_PRINC_DIAG_  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying whethospital  CODE   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  |
| Field 102: Coding Scheme: Length:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the he<br>Same as field POA_PRINC_DIAG_<br>1 Type: Alphanumeric  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying whethospital  CODE   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  |
| Field 102: Coding Scheme:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the he<br>Same as field POA_PRINC_DIAG_<br>1 Type: Alphanumeric<br>E_CODE_6  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying whethospital  CODE  Data Source:   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  Claim   |
| Field 102: Coding Scheme: Length:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the ho<br>Same as field POA_PRINC_DIAG_<br>1 Type: Alphanumeric<br>E_CODE_6<br>E -Code – External Cause of   | ent of injury, including of morbidity. Decimal is Data Source:  code identifying whethospital  CODE  Data Source:  Morbidity/Injury Code  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification  |
| Field 102: Coding Scheme: Length:  | events by mechanism and int<br>an additional external cause of<br>7 Type: Alphanumeric<br>POA_E_CODE_5<br>POA – Present on Admission<br>patient was admitted to the ho<br>Same as field POA_PRINC_DIAG_<br>1 Type: Alphanumeric<br>E_CODE_6<br>E -Code – External Cause of<br>of Diseases – Revision 10 – O  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying whethospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) d   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury  |
| Field 102: Coding Scheme: Length:  | events by mechanism and int an additional external cause of Type: Alphanumeric POA_E_CODE_5 POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6 E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and interpretations.  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification  |
| Field 102: Coding Scheme: Length:  | events by mechanism and int an additional external cause of Type: Alphanumeric POA_E_CODE_5 POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6 E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and interpretations.  | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of   |
| Field 102:  Coding Scheme: Length: Field 103:  | events by mechanism and int an additional external cause of Type: Alphanumeric POA_E_CODE_5 POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6 E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and int an additional external cause of the second points o | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  |
| Field 102:  Coding Scheme: Length: Field 103:  Length:   | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Covents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission   | ent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:                                    | events by mechanism and int an additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the he same as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E-Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and int an additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the help  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim   |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme:                    | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hesame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the hesame as field POA_PRINC_DIAG_  | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme: Length:            | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hesame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the hesame as field POA_PRINC_DIAG_1 Type: Alphanumeric Poal_PRINC_DIAG_1 Type: Alp | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character  Claim   |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme:                    | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the he same as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the he same as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_7  | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is a Data Source:  code identifying wheth ospital CODE  Data Source:  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  Claim   |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme: Length:            | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Covents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_7  E -Code - External Cause of E_CODE_7  E -Code - External Cause of E_CODE_7  | ent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE  Data Source:  Morbidity/Injury Code   | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  Claim  is an ICD-10-CM (International Classification  |
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| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme: Length:            | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_7  E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and intan and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional ext | ent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is Data Source:  code identifying wheth ospital CODE Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is code identifying wheth ospital CODE Data Source:  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme: Length: Field 105: | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the hosame as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_7  E -Code - External Cause of of Diseases - Revision 10 - Coevents by mechanism and intan and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional external cause of the Coevents by mechanism and intan additional ext | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying whethospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is a Data Source:  code identifying whethospital CODE  Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is code identifying whethospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is complete the control of injury, including of morbidity. Decimal is control of injury, including of morbidity. Decimal is control of injury, including of morbidity. Decimal is control of injury, including of morbidity. | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury  |
| Field 102:  Coding Scheme: Length: Field 103:  Length: Field 104:  Coding Scheme: Length:            | events by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_5  POA - Present on Admission patient was admitted to the he Same as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_6  E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and intan additional external cause of Type: Alphanumeric POA_E_CODE_6  POA - Present on Admission patient was admitted to the he Same as field POA_PRINC_DIAG_1 Type: Alphanumeric E_CODE_7  E -Code - External Cause of of Diseases - Revision 10 - Cevents by mechanism and intan additional external cause of of Diseases - Revision 10 - Cevents by mechanism and intan additional external cause of events by mechanism and intan additional external cause of cevents by mechanism and intan additional exte | ent of injury, including of morbidity. Decimal is a Data Source:  code identifying whethospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is a Data Source:  code identifying whethospital CODE  Data Source:  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is code identifying whethospital CODE  Morbidity/Injury Code Clinical Modification) dent of injury, including of morbidity. Decimal is Page  | the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_5 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim  er E_Code_6 code was present at the time the  Claim  is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of |

| Length:               | 7 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
|-----------------------|--|--|-----------------------------------|--|
| Field 106:            | POA E CO                                     |  | Data Source.                      | Cimili   |
| ricia 100.            |  | _  | nde identifying whe               | ther E_Code_7 code was present at the time the             |
|                       |  | dmitted to the hosp  |                                   | the E_code_/ code was present at the time the              |
| <b>Coding Scheme:</b> |  | DA PRINC DIAG CO   |                                   |  |
| Length:               | 1 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 107:            | E CODE 8                                     |  |                                   |  |
|                       |  | ternal Cause of Me   | orbidity/Injury Cod               | e is an ICD-10-CM (International Classification            |
|                       |  |  |                                   | diagnosis code that is used to classify injury             |
|                       |  |  |                                   | g the 4th, 5th, 6th and 7th digits if applicable, of       |
|                       | an additional                                | external cause of r  | norbidity. Decimal                | is implied following the third character                   |
| Length:               | <b>7 Type:</b>                               | Alphanumeric   | Data Source:                      | Claim  |
| <b>Field 108:</b>     | POA_E_CO                                     | DE_8   |                                   |  |
|                       |  |  |                                   | ther E_Code_8 code was present at the time the             |
|                       | -  | dmitted to the hosp  |                                   |  |
| <b>Coding Scheme:</b> |  | DA_PRINC_DIAG_CO   |                                   |  |
| Length:               | 1 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 109:            | E_CODE_9                                     |  |                                   |  |
|                       |  |  |                                   | e is an ICD-10-CM (International Classification            |
|                       |  |  | ,                                 | diagnosis code that is used to classify injury             |
|                       |  |  |                                   | g the 4th, 5th, 6th and 7th digits if applicable, of       |
| Longth                |  |  | Data Source:                      | is implied following the third character                   |
| Length:               | 7 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 110:            | POA_E_CO                                     | _  | da idantifiina wha                | than E. Cada O and a was magaint at the time the           |
|                       |  | dmitted to the hosp  |                                   | ther E_Code_9 code was present at the time the             |
| Coding Scheme         |  | DA_PRINC_DIAG_CO   |                                   |  |
| Length:               | 1 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 111:            | E CODE 10                                    | *  | Data Source.                      | Ciaini   |
| ricia III.            |  |  | orbidity/Injury Cod               | e is an ICD-10-CM (International Classification            |
|                       |  |  |                                   | diagnosis code that is used to classify injury             |
|                       |  |  |                                   | g the 4th, 5th, 6th and 7th digits if applicable, of       |
|                       |  |  |                                   | is implied following the third character                   |
| Length:               | <b>7 Type:</b>                               | Alphanumeric   | <b>Data Source:</b>               | Claim  |
| Field 112:            | POA_E_CO                                     | DE_10  |                                   |  |
|                       |  |  |                                   | ther E_Code_10 code was present at the time the            |
|                       |  | dmitted to the hosp  |                                   |  |
| <b>Coding Scheme:</b> | Same as field PC                             | DA_PRINC_DIAG_CO   | DE                                |  |
| Length:               | 1 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 113:            | _  | RG_PROC_CODI   |                                   |  |
|                       |  |  |                                   | Revision 10 - Procedure Coding System) code                |
|                       |  |  | l procedure perforn               |  |
| Length:               | 7 <b>Type:</b>                               | Alphanumeric   | Data Source:                      | Claim  |
| Field 114:            |  | RG_PROC_DATE   |                                   |  |
|                       |  |  |                                   | d. Entered as YYYYMMDD.                                    |
| Length:               | 8 Type:                                      | Alphanumeric   | Data Source:                      | Claim  |
| Field 115:            |  | RG_PROC_DAY  | 1 0 1                             | D  |
|                       | Day of princi                                | pal surgical proced  |                                   | . Date minus Admission/Start of Care Date                  |
| T (1                  |  | A 1 1 .  |                                   | 0.1.1.1  |
| Length:               | 4 Type:                                      | Alphanumeric   | Data Source:                      | Calculated   |
| Length:<br>Field 116: | 4 Type: OTH_SURG                             | PROC_CODE_   | 1                                 |  |
|                       | 4 Type: OTH_SURG Code for surg               | PROC_CODE_   | dure other than the               | Calculated principal procedure performed during the period |
|                       | 4 Type: OTH_SURG Code for surg               | PROC_CODE_   | dure other than the               |  |
| Field 116:            | 4 Type: OTH_SURG Code for surg               | PROC_CODE_   | dure other than the S code.       |  |
|                       | 4 Type: OTH_SURG Code for surg covered by th | PROC_CODE_<br>cical or other proce<br>the bill. ICD-10-PCS | dure other than the S code.  Page |  |

| Length:           | 7 Type: Alphanumeric Data Source: Claim   |
|-------------------|---|
| Field 117:        | OTH_SURG_PROC_DATE_1  |
|                   | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   | YYYYMMDD.   |
| Length:           | 8 Type: Alphanumeric Data Source: Claim   |
| Field 118:        | OTH_SURG_PROC_DAY_1   |
|                   | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                   | surgical was performed minus Admission/Start of Care Date   |
| Length:           | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 119:        | OTH_SURG_PROC_CODE_2  |
|                   | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                         |
| Length:           | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim   |
| Field 120:        | OTH_SURG_PROC_DATE_2  |
| riciu 120.        | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   | YYYYMMDD.   |
| Length:           | 8 Type: Alphanumeric Data Source: Claim   |
| Field 121:        | OTH SURG PROC DAY 2   |
| 11010 1211        | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                   | surgical was performed <i>minus</i> Admission/Start of Care Date  |
| Length:           | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 122:        | OTH_SURG_PROC_CODE_3  |
|                   | Code for surgical or other procedure other than the principal procedure performed during the period   |
|                   | covered by the bill. ICD-10-PCS code.   |
| Length:           | 7 Type: Alphanumeric Data Source: Claim   |
| <b>Field 123:</b> | OTH_SURG_PROC_DATE_3  |
|                   | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   | YYYYMMDD.   |
| Length:           | 8 Type: Alphanumeric Data Source: Claim   |
| Field 124:        | OTH_SURG_PROC_DAY_3   |
|                   | Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date |
| Length:           | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated  |
| Field 125:        | OTH SURG PROC CODE 4  |
| Field 123.        | Code for surgical or other procedure other than the principal procedure performed during the period   |
|                   | covered by the bill. ICD-10-PCS code.   |
| Length:           | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim   |
| Field 126:        | OTH SURG PROC DATE 4  |
|                   | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   | YYYYMMDD.   |
| Length:           | 8 Type: Alphanumeric Data Source: Claim   |
| Field 127:        | OTH_SURG_PROC_DAY_4   |
|                   | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                   | surgical was performed minus Admission/Start of Care Date   |
| Length:           | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 128:        | OTH_SURG_PROC_CODE_5  |
|                   | Code for surgical or other procedure other than the principal procedure performed during the period   |
| T (1              | covered by the bill. ICD-10-PCS code.   |
| Length:           | 7 Type: Alphanumeric Data Source: Claim   |
| Field 129:        | OTH_SURG_PROC_DATE_5  Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                   |   |
|                   | YYYYMMDD.   |
| 2025              | Page  |
|                   | YYYYMMDD.   |

| Length:            | 8 Type: Alphanumeric Data Source:  | Claim   |
|--------------------|--|---|
| Field 130:         | OTH_SURG_PROC_DAY_5  |   |
|                    | Day of surgical or other procedure other than the                                      |   |
| _                  | surgical was performed minus Admission/Start of  |   |
| Length:            | 4 Type: Alphanumeric Data Source:  | Calculated  |
| Field 131:         | OTH_SURG_PROC_CODE_6   |   |
|                    | Code for surgical or other procedure other than the                                    | e principal procedure performed during the period |
| Longth             | covered by the bill. ICD-10-PCS code.  7 <b>Type:</b> Alphanumeric <b>Data Source:</b> | Claim   |
| Length: Field 132: | OTH_SURG_PROC_DATE_6   | Clailli   |
| riciu 132.         | Date the surgical or obstetrical procedure other th                                    | an the principal procedure was performed. Enter   |
|                    | as YYYYMMDD.   | an the principal procedure was performed. Enterv  |
| Length:            | 8 <b>Type:</b> Alphanumeric <b>Data Source:</b>  | Claim   |
| Field 133:         | OTH SURG PROC DAY 6  |   |
|                    | Day of surgical or other procedure other than the                                      | principal procedure was performed. Date of the    |
|                    | surgical was performed minus Admission/Start of  |   |
| Length:            | 4 Type: Alphanumeric Data Source:  | Calculated  |
| Field 134:         | OTH SURG PROC CODE 7   |   |
|                    | Code for surgical or other procedure other than th                                     | e principal procedure performed during the perio  |
|                    | covered by the bill. ICD-10-PCS code.  |   |
| Length:            | 7 Type: Alphanumeric Data Source:  | Claim   |
| Field 135:         | OTH_SURG_PROC_DATE_7   |   |
|                    | Date the surgical or other procedure other than the                                    | e principal procedure was performed. Entered as   |
|                    | YYYYMMDD.  |   |
| Length:            | 8 Type: Alphanumeric Data Source:  | Claim   |
| Field 136:         | OTH_SURG_PROC_DAY_7  |   |
|                    | Day of surgical or other procedure other than the                                      |   |
|                    | surgical was performed minus Admission/Start of  |   |
| Length:            | 4 Type: Alphanumeric Data Source:  | Calculated  |
| Field 137:         | OTH_SURG_PROC_CODE_8   |   |
|                    | Code for surgical or other procedure other than th                                     | e principal procedure performed during the period |
|                    | covered by the bill. ICD-10-PCS code.  | or :  |
| Length:            | 7 Type: Alphanumeric Data Source:  | Claim   |
| Field 138:         | OTH_SURG_PROC_DATE_8   |   |
|                    | Date the surgical or other procedure other than the                                    | e principal procedure was performed. Entered as   |
| Length:            | YYYYMMDD. 8 Type: Alphanumeric Data Source:  | Claim   |
| Field 139:         | 8 Type: Alphanumeric Data Source: OTH SURG PROC DAY 8                                  | Claiii  |
| rieiu 139:         | Day of surgical or other procedure other than the                                      | principal procedure was performed. Date of the    |
|                    | surgical was performed <i>minus</i> Admission/Start of                                 |   |
| Length:            | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b>  | Calculated  |
| Field 140:         | OTH SURG PROC CODE 9   |   |
|                    | Code for surgical or other procedure other than the                                    | e principal procedure performed during the period |
|                    | covered by the bill. ICD-10-PCS code.  | 1           |
| Length:            | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b>  | Claim   |
| Field 141:         | OTH_SURG_PROC_DATE_9   |   |
|                    | Date the surgical or other procedure other than the                                    | e principal procedure was performed. Entered as   |
|                    | YYYYMMDD.  |   |
| Length:            | 8 Type: Alphanumeric Data Source:  | Claim   |
|                    | OTH_SURG_PROC_DAY_9  |   |
| Field 142:         |  |   |
| Field 142:         |  |   |
| Field 142:<br>2025 | Page   |   |

|                    | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|--------------------|---|
| T41                | surgical was performed <i>minus</i> Admission/Start of Care Date  |
| Length:            | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 143:         | OTH_SURG_PROC_CODE_10   |
|                    | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. |
| Length:            | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim   |
| Field 144:         | OTH_SURG_PROC_DATE_10   |
| riciu 144.         | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                    | YYYYMMDD.   |
| Length:            | 8 Type: Alphanumeric Data Source: Claim   |
| Field 145:         | OTH SURG PROC DAY 10  |
|                    | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                    | surgical was performed minus Admission/Start of Care Date   |
| Length:            | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 146:         | OTH_SURG_PROC_CODE_11   |
|                    | Code for surgical or other procedure other than the principal procedure performed during the period                                       |
|                    | covered by the bill. ICD-10-PCS code.   |
| Length:            | 7 Type: Alphanumeric Data Source: Claim   |
| Field 147:         | OTH_SURG_PROC_DATE_11   |
|                    | Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .                       |
| Length:            | 8 Type: Alphanumeric Data Source: Claim   |
| Field 148:         | OTH SURG PROC DAY 11  |
| riciu 140.         | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                    | surgical was performed <i>minus</i> Admission/Start of Care Date  |
| Length:            | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 149:         | OTH SURG PROC CODE 12   |
|                    | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. |
| Length:            | 7 Type: Alphanumeric Data Source: Claim   |
| Field 150:         | OTH_SURG_PROC_DATE_12   |
|                    | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                    | YYYYMMDD.   |
| Length:            | 8 Type: Alphanumeric Data Source: Claim   |
| Field 151:         | OTH_SURG_PROC_DAY_12  |
|                    | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
| Longth             | surgical was performed <i>minus</i> Admission/Start of Care Date  |
| Length:            | 4 Type: Alphanumeric Data Source: Calculated  |
| <b>Field 152:</b>  | OTH_SURG_PROC_CODE_13  Code for surgical or other procedure other than the principal procedure performed during the period                |
|                    | covered by the bill. ICD-10-PCS code.   |
| Length:            | 7 Type: Alphanumeric Data Source: Claim   |
| Field 153:         | OTH SURG PROC DATE 13   |
| 11014 100.         | Date the surgical or other procedure other than the principal procedure was performed. Entered as   |
|                    | YYYYMMDD.   |
| Length:            | 8 Type: Alphanumeric Data Source: Claim   |
| Field 154:         | OTH SURG PROC DAY 13  |
|                    | Day of surgical or other procedure other than the principal procedure was performed. Date of the  |
|                    | surgical was performed minus Admission/Start of Care Date   |
| Length:            | 4 Type: Alphanumeric Data Source: Calculated  |
| Field 155:         | OTH_SURG_PROC_CODE_14   |
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|  | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  |  |  |  |  |
|--|--|--|--|--|--|
| Length:  | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim  |  |  |  |  |
| Field 156:   | OTH_SURG_PROC_DATE_14  |  |  |  |  |
|  | Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |  |  |  |  |
| Length:  | 8 Type: Alphanumeric Data Source: Claim  |  |  |  |  |
| Field 157:   | OTH SURG PROC DAY 14   |  |  |  |  |
|  | Day of surgical or other procedure other than the principal procedure was performed. Date of the   |  |  |  |  |
|  | surgical was performed minus Admission/Start of Care Date  |  |  |  |  |
| Length:  | 4 Type: Alphanumeric Data Source: Calculated   |  |  |  |  |
| Field 158:   | OTH_SURG_PROC_CODE_15  |  |  |  |  |
|  | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  |  |  |  |  |
| Length:  | 7 Type: Alphanumeric Data Source: Claim  |  |  |  |  |
| <b>Field 159:</b>  | OTH_SURG_PROC_DATE_15  |  |  |  |  |
|  | Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |  |  |  |  |
| Length:  | 8 Type: Alphanumeric Data Source: Claim  |  |  |  |  |
| Field 160:   | OTH_SURG_PROC_DAY_15   |  |  |  |  |
|  | Day of surgical or other procedure other than the principal procedure was performed. Date of the   |  |  |  |  |
| T  | surgical was performed <i>minus</i> Admission/Start of Care Date   |  |  |  |  |
| Length:  | 4 Type: Alphanumeric Data Source: Calculated   |  |  |  |  |
| Field 161:   | OTH_SURG_PROC_CODE_16  Code for surgical or other procedure other than the principal procedure performed during the period   |  |  |  |  |
|  | covered by the bill. ICD-10-PCS code.  |  |  |  |  |
| Length:  | 7 Type: Alphanumeric Data Source: Claim  |  |  |  |  |
| Field 162:   | OTH SURG PROC DATE 16  |  |  |  |  |
|  |  |  |  |  |  |
|  | Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |  |  |  |  |
| Length:  | YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim   |  |  |  |  |
| Length:<br>Field 163:  | YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16   |  |  |  |  |
|  | YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the   |  |  |  |  |
| Field 163:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  |  |  |  |  |
| Field 163: Length:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  |  |  |  |  |
| Field 163:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17   |  |  |  |  |
| Field 163: Length:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period  |  |  |  |  |
| Field 163:  Length: Field 164:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  |  |  |  |  |
| Field 163:  Length: Field 164:  Length:  | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim   |  |  |  |  |
| Field 163:  Length: Field 164:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  |  |  |  |  |
| Field 163:  Length: Field 164:  Length:  | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim   |  |  |  |  |
| Field 163:  Length: Field 164:  Length:  | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  Date the surgical or other procedure other than the principal procedure was performed. Entered as   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_17  |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length:  | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_17  Day of surgical or other procedure other than the principal procedure was performed. Date of the  |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:   | Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:   | 8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_17  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:   | 7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_16  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_17  Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  7 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DATE_17  Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  8 Type: Alphanumeric Data Source: Claim  OTH_SURG_PROC_DAY_17  Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date  4 Type: Alphanumeric Data Source: Calculated  OTH_SURG_PROC_CODE_18   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:   | Normal State   State |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:  Length: Field 166:                     | Note   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:  Length: Field 167:                     | Note   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:  Length: Field 167:  Length: Field 167: | Sample   Type: Alphanumeric   Data Source:   Claim   |  |  |  |  |
| Field 163:  Length: Field 164:  Length: Field 165:  Length: Field 166:  Length: Field 167:                     | Sample   Alphanumeric   Data Source   Claim  |  |  |  |  |

|                   | Date the surgical or other proce <i>YYYYMMDD</i> . | edure other than the | principal procedure was performed. Entered as   |  |  |  |
|-------------------|--|----------------------|---|--|--|--|
| Length:           | 8 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 169:        | OTH_SURG_PROC_DAY_1                                |                      |   |  |  |  |
|                   |  |                      | rincipal procedure was performed. Date of the   |  |  |  |
|                   | surgical was performed <i>minus</i> A              |                      |   |  |  |  |
| Length:           | 4 Type: Alphanumeric                               | Data Source:         | Calculated                                      |  |  |  |
| Field 170:        | OTH SURG PROC CODE                                 | 19                   |   |  |  |  |
|                   |  |                      | principal procedure performed during the period |  |  |  |
|                   | covered by the bill. ICD-10-PC                     | S code.              |   |  |  |  |
| Length:           | 7 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 171:        |  |                      |   |  |  |  |
|                   | Date the surgical or other proce <i>YYYYMMDD</i> . | edure other than the | principal procedure was performed. Entered as   |  |  |  |
| Length:           | 8 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 172:        | OTH_SURG_PROC_DAY_1                                | 9                    |   |  |  |  |
|                   | , ,  |                      | rincipal procedure was performed. Date of the   |  |  |  |
|                   | surgical was performed minus                       |                      | Care Date                                       |  |  |  |
| Length:           | 4 <b>Type:</b> Alphanumeric                        | Data Source:         | Calculated                                      |  |  |  |
| Field 173:        | OTH_SURG_PROC_CODE_                                |                      |   |  |  |  |
|                   |  |                      | principal procedure performed during the period |  |  |  |
| T 41              | covered by the bill. ICD-10-PC                     |                      | CI.   |  |  |  |
| Length:           | 7 Type: Alphanumeric                               | Data Source:         | Claim   |  |  |  |
| Field 174:        | OTH_SURG_PROC_DATE_                                |                      |   |  |  |  |
|                   | YYYYMMDD.  | edure other than the | principal procedure was performed. Entered as   |  |  |  |
| Length:           | 8 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| <b>Field 175:</b> | OTH_SURG_PROC_DAY_2                                |                      |   |  |  |  |
|                   |  |                      | rincipal procedure was performed. Date of the   |  |  |  |
|                   | surgical was performed minus                       |                      |   |  |  |  |
| Length:           | 4 Type: Alphanumeric                               | Data Source:         | Calculated                                      |  |  |  |
| Field 176:        | OTH_SURG_PROC_CODE                                 |                      |   |  |  |  |
|                   | covered by the bill. ICD-10-PC                     |                      | principal procedure performed during the period |  |  |  |
| Length:           | 7 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 177:        | OTH SURG PROC DATE                                 |                      | Claim   |  |  |  |
| riciu 177.        |  | -                    | principal procedure was performed. Entered as   |  |  |  |
|                   | YYYYMMDD.  | cause other than the | principal procedure was performed. Entered as   |  |  |  |
| Length:           | 8 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 178:        | OTH_SURG_PROC_DAY_2                                |                      |   |  |  |  |
|                   |  |                      | rincipal procedure was performed. Date of the   |  |  |  |
|                   | surgical was performed minus                       |                      |   |  |  |  |
| Length:           | 4 Type: Alphanumeric                               | Data Source:         | Calculated                                      |  |  |  |
| Field 179:        | OTH_SURG_PROC_CODE                                 | 22                   |   |  |  |  |
|                   |  |                      | principal procedure performed during the period |  |  |  |
|                   | covered by the bill. ICD-10-PC                     | CS code.             |   |  |  |  |
| Length:           | 7 <b>Type:</b> Alphanumeric                        | Data Source:         | Claim   |  |  |  |
| Field 180:        | OTH_SURG_PROC_DATE_                                |                      |   |  |  |  |
|                   |  | edure other than the | principal procedure was performed. Entered as   |  |  |  |
|                   | YYYYMMDD.  |                      |   |  |  |  |
| Length:           | 8 Type: Alphanumeric                               | Data Source:         | Claim   |  |  |  |
| Field 181:        | OTH_SURG_PROC_DAY_2                                | 2                    |   |  |  |  |
| 2025              |  | Page                 |   |  |  |  |
|                   | cas.gov/THCIC                                      | 29 Last              | Updated: December, 2025                         |  |  |  |
|                   | <i>5</i> ,   |                      | • '   |  |  |  |

|                       | Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date                               |  |               |               |   |  |
|-----------------------|---|--|---------------|---------------|---|--|
| Length:               | 4 Type:   | •  | Data Sour     |               | Calculated  |  |
| Field 182:            | V 1   | G PROC CODE 2                                |               |               | Curturated  |  |
|                       | Code for surgical or other procedure other than the principal procedure performed during the perio  |  |               |               |   |  |
|                       |   | the bill. ICD-10-PCS                         |               | 1             |   |  |
| Length:               | 7 Type:   | Alphanumeric                                 | Data Sour     | ce:           | Claim   |  |
| Field 183:            | OTH_SURG_PROC_DATE_23   |  |               |               |   |  |
|                       | Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .   |  |               |               |   |  |
| Length:               | 8 Type:   | Alphanumeric                                 | Data Sour     | ce:           | Claim   |  |
| Field 184:            |   | G_PROC_DAY_23                                |               |               |   |  |
|                       | Day of surg   | ical or other procedu                        | re other that | n the princi  | ipal procedure was performed. Date of the                           |  |
|                       |   | s performed minus A                          |               |               |   |  |
| Length:               | 4 Type:   | <u> </u>                                     | Data Sour     | ce:           | Calculated  |  |
| Field 185:            |   | G_PROC_CODE_2                                |               |               |   |  |
|                       |   |  |               | an the prir   | ncipal procedure performed during the period                        |  |
| T 41                  | -   | the bill. ICD-10-PCS                         |               |               | CI.   |  |
| Length:               | 7 Type:   |  | Data Sour     | ce:           | Claim   |  |
| Field 186:            |   | G_PROC_DATE_2                                |               | an tha min    | cipal procedure was performed. Entered as                           |  |
|                       | YYYYMMDL  |  | iule oulei ul | an me prin    | cipal procedure was performed. Entered as                           |  |
| Length:               | 8 <b>Type</b> :   |  | Data Sour     | rce:          | Claim   |  |
| Field 187:            |   | G_PROC_DAY_24                                |               |               | Cidilli   |  |
| Ticia 107.            |   |  |               | the princ     | ipal procedure was performed. Date of the                           |  |
|                       |   | s performed <i>minus</i> A                   |               |               |   |  |
| Length:               | 4 Type:   | •  | Data Sour     |               | Calculated  |  |
| Field 188:            | ATTENDING PHYSICIAN UNIF ID   |  |               |               |   |  |
|                       | Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician  |  |               |               |   |  |
|                       | expected to certify medical necessity of services rendered, with primary responsibility for the   |  |               |               |   |  |
|                       | patient's medical care and treatment. Physician is an individual licensed to practice medicine under  |  |               |               |   |  |
|                       | the Medical Practice Act. Can include an individual other than a physician who admits patients to   |  |               |               |   |  |
|                       | hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized |  |               |               |   |  |
|                       |   | ital to admit or treat 1                     |               | practitione   | is, nuise iniuwives, and podiatrists authorized                     |  |
| Coding Scheme:        |   | emporary license or licens                   |               | d not be mate | hed   |  |
| Length:               |   | Alphanumeric                                 |               |               |   |  |
| Field 189:            |   | NG PHYSICIAN U                               |               |               |   |  |
|                       |   |  | _             | fier (if app  | licable). Unique identifier assigned to the                         |  |
|                       |   |  |               |               | ng physician who performed the principal or                         |  |
|                       |   |  |               |               | diagnosis. Physician is an individual licensed                      |  |
|                       |   |  |               |               | an include an individual other than a                               |  |
|                       |   |  |               |               | rides diagnostic or therapeutic procedures to                       |  |
|                       |   | authorized by the hos                        |               |               | ists, nurse practitioners, nurse midwives, and                      |  |
| <b>Coding Scheme:</b> |   | Temporary license or licens                  |               |               |   |  |
| Length:               | 10 <b>Type</b> :  |  | Data Sour     |               | Assigned  |  |
| Field 190:            | OCCUR (   | •  | Data Soul     | <del></del>   | Tissigned   |  |
| riciu 170.            | _   | ibing a significant ev                       | ent relating  | to the clain  | n   |  |
| <b>Coding Scheme:</b> | 01 Auto ac  |  | ont relating  | 40            | Scheduled date of admission   |  |
| ouring senemer        |   | lt Insurance Involved - Inc                  | cluding       | 41            |   |  |
|                       |   | ccident/Other                                |               | 42            | Date of first test of pre-admission testing                         |  |
|                       |   | nt/ Tort Liability<br>nt/ Employment Related |               | 42<br>43      | Date of discharge (hospice only) Scheduled date of canceled surgery |  |
| 2025                  | J. Hoolde   | Improfilent Retured                          | Page          |               |   |  |
| www.dshs.texa         | s.gov/THC   | IC   | 30            | Last Up       | dated: December, 2025   |  |

|                   | 05 Other accident  | 4                       | Date treatment started - OT                         |
|-------------------|--|-------------------------|---|
|                   | 06 Crime Victim  | 4                       | Date treatment started - ST                         |
|                   | 09 Start of Infertility Treatm   | •                       | Date treatment started - Cardiac rehabilitation     |
|                   | 10 Last Menstrual Period   |                         | Date cost outlier status begins                     |
|                   | Onset of Symptoms/ Illne Date of Onset for a Chror                       |                         | A1 Birthdate - Insured A A2 Fig. 1. Provide A D. I. |
|                   | Dependent Individual   | ically A                | Effective Date - Insured A Policy                   |
|                   | 16 Date of Last Therapy  |                         | A3 Payer A benefits exhausted                       |
|                   | 17 Date Outpatient OT Plan<br>Last Reviewed                              | Established or A        | A4 Split Bill Date                                  |
|                   | 18 Date of Retirement - Patie  | nt/Beneficiary F        | B1 Birthdate - Insured B                            |
|                   | 19 Date of Retirement - Spot   | =                       | B2 Effective date - Insured B Policy                |
|                   | 20 Date Guarantee of Payme   |                         | Payer B benefits exhausted                          |
|                   | 21 Date UR Notice Received   |                         | C1 Birthdate - Insured C                            |
|                   | Date Active Care Ended   |                         | C2 Effective date - Insured C Policy                |
|                   | <ul><li>Date Insurance Denied</li><li>Date Benefits Terminated</li></ul> |                         | C3 Payer C benefits exhausted                       |
|                   | 25 Date Benefits Terminated<br>Payer                                     | by Primary D            | OR Katrina disaster related                         |
|                   | 26 Date SNF Bed Became A   | vailable E              | E1 Birthdate - Insured D                            |
|                   | 27 Date Home Health Plan E   | stablished or E         | E2 Effective date - Insured D Policy                |
|                   | Last Reviewed  |                         | ·   |
|                   | 28 Date Comprehensive Out<br>Rehabilitation Plan Estab<br>Reviewed       |                         | E3 Payer D benefits exhausted                       |
|                   | 29 Date Outpatient PT Plan of last reviewed                              | established or F        | F1 Birthdate - Insured E                            |
|                   | 30 Date Outpatient ST Plan of last reviewed                              |                         | F2 Effective date - Insured E Policy                |
|                   | Date beneficiary notified (accommodations)                               | of intent to bill F     | F3 Payer E benefits exhausted                       |
|                   | Date beneficiary notified (procedures or treatments                      |                         | G1 Birthdate - Insured F                            |
|                   | 37 Date of inpatient hospital non-covered transplant pa                  |                         | G2 Effective date - Insured F Policy                |
|                   | 38 Date treatment started for therapy                                    | home IV                 | Payer F benefits exhausted                          |
|                   | 39 Date discharged on a cont if IV therapy                               | inuous course           |   |
| Length:           | 2 <b>Type:</b> Alphanum  | eric Data Source:       | : Claim   |
| Field 191:        | OCCUR_DATE_1   |                         |   |
|                   | Date of occurrence, as YY  | YYMMDD.                 |   |
| Length:           | 8 <b>Type:</b> Alphanum  | eric Data Source:       | : Claim   |
| <b>Field 192:</b> | OCCUR DAY 1  |                         |   |
|                   | Occurrence Day equals O  | currence Date minus     | s Admission/Start of Care Date.                     |
| Length:           | 4 <b>Type:</b> Alphanum  |                         |   |
| Field 193:        | OCCUR CODE 2   |                         |   |
| <del></del>       | Code describing a signific   | ant event relating to t | the claim.  |
| Coding Scheme:    | Same as OCCUR CODE   | _                       |   |
| Length:           | 2 <b>Type:</b> Alphanum  | -                       | : Claim   |
| Field 194:        | OCCUR DATE 2   | Dutu Source             | · Claim   |
| Ticiu 174.        | Date of occurrence, as YY  | VVMMDD                  |   |
| Length:           | 8 <b>Type:</b> Alphanum  |                         | : Claim   |
|                   | OCCUR DAY 2  | Data Source.            | . Ciaiiii   |
| Field 195:        |  | anumanaa Data minus     | a Admission/Start of Comp Data                      |
| T41               |  |                         | s Admission/Start of Care Date.                     |
| Length:           | 4 Type: Alphanum   | eric Data Source:       | : Calculated  |
| Field 196:        | OCCUR_CODE_3   |                         | 4 12  |
|                   | Code describing a signific   | _                       | the claim.  |
| Coding Scheme:    | Same as OCCUR_CODE_  | -                       | at .  |
| Length:           | 2 <b>Type:</b> Alphanum  | eric Data Source:       | : Claim   |
| Field 197:        | OCCUR_DATE_3   |                         |   |
| 2025              |  | Page                    |   |
| www.dshs.texa     | s.gov/THCIC  | 31 I                    | Last Updated: December, 2025                        |
|                   |  |                         |   |

|                       | - 0          |                             |                           |  |   |
|-----------------------|--------------|-----------------------------|---------------------------|--|---|
| Ŧ                     |              | urrence, as YYYYMM          |                           | CI.  |   |
| Length:               | 8 Type:      |                             | Data Sourc                | rce: Claim   |   |
| Field 198:            | OCCUR_D      | <del></del>                 |                           |  |   |
|                       |              | • •                         |                           | inus Admission/Start of Care Date.                 |   |
| Length:               | 4 Type:      |                             | Data Sourc                | rce: Calculated                                    |   |
| Field 199:            | OCCUR_C      |                             |                           |  |   |
|                       |              | ibing a significant ev      | ent relating to           | to the claim.                                      |   |
| Coding Scheme:        |              | CCUR_CODE_1.                | <b>T</b>                  | CI.  |   |
| Length:               | 2 Type:      | -                           | Data Sourc                | rce: Claim   |   |
| Field 200:            | OCCUR_E      | <del>-</del>                |                           |  |   |
| T (1                  |              | urrence, as YYYYMM          |                           | CI.  |   |
| Length:               | 8 Type:      |                             | Data Sourc                | rce: Claim   |   |
| Field 201:            | OCCUR_D      |                             |                           |  |   |
|                       |              |                             |                           | inus Admission/Start of Care Date.                 |   |
| Length:               | 4 Type:      | <u> </u>                    | Data Sourc                | rce: Calculated                                    |   |
| Field 202:            | OCCUR_C      | _                           |                           |  |   |
| 6 11 6 1              |              | ibing a significant ev      | ent relating to           | to the claim.                                      |   |
| Coding Scheme:        |              | CCUR_CODE_1.                | D 4 6                     | OI.  |   |
| Length:               | 2 Type:      |                             | Data Source               | rce: Claim   |   |
| Field 203:            | OCCUR_E      | _                           | (DD                       |  |   |
| I                     |              | urrence, as YYYYMM          |                           | Cl.:   |   |
| Length:<br>Field 204: | 8 Type:      | •                           | Data Source               | rce: Claim   |   |
| rieia 204:            | OCCUR_E      | _                           | maa Data min              | inus Admission/Start of Comp Data                  |   |
| Longth                |              | • •                         | nce Date min  Data Source | inus Admission/Start of Care Date. rce: Calculated |   |
| Length:<br>Field 205: | 4 Type:      |                             | Data Sourc                | calculated   |   |
| rieiu 205.            | _            | ibing a significant ev      | ant relating to           | to the claim                                       |   |
| <b>Coding Scheme:</b> |              | CCUR CODE 1.                | chi relating to           | to the claim.                                      |   |
| Length:               | 2 Type:      |                             | Data Sourc                | rce: Claim   |   |
| Field 206:            | OCCUR D      | •                           | Data Source               | Claim  |   |
| 11014 200.            | _            | urrence, as YYYYMM          | IDD                       |  |   |
| Length:               | 8 Type:      | *                           | Data Sourc                | rce: Claim   |   |
| Field 207:            | OCCUR D      |                             |                           |  |   |
| 11010 2010            | _            | _                           | nce Date min              | inus Admission/Start of Care Date.                 |   |
| Length:               | 4 Type:      | • •                         | Data Source               |  |   |
| Field 208:            | OCCUR C      |                             |                           |  |   |
|                       | _            | –<br>ibing a significant ev | ent relating to           | to the claim.                                      |   |
| <b>Coding Scheme:</b> |              | CCUR CODE 1.                | C                         |  |   |
| Length:               | 2 Type:      | Alphanumeric                | Data Sourc                | rce: Claim   |   |
| Field 209:            | OCCUR_D      | DATE_7                      |                           |  | _ |
|                       | Date of occ  | urrence, as YYYYMM          | IDD.                      |  |   |
| Length:               | 8 Type:      | Alphanumeric                | Data Sourc                | rce: Claim   |   |
| Field 210:            | OCCUR_D      | DAY_7                       |                           |  |   |
|                       | Occurrence   | Day equals Occurre          | nce Date min              | inus Admission/Start of Care Date.                 |   |
| Length:               | 4 Type:      | Alphanumeric                | Data Sourc                | rce: Calculated                                    |   |
| Field 211:            | OCCUR_C      | CODE_8                      |                           |  |   |
|                       |              | ibing a significant ev      | ent relating to           | to the claim.                                      |   |
| <b>Coding Scheme:</b> | Same as OC   | CCUR_CODE_1.                |                           |  |   |
| Length:               | 2 Type:      | •                           | Data Sourc                | rce: Claim   |   |
| Field 212:            | OCCUR_E      | <del>-</del>                |                           |  |   |
|                       | Date of occ  | urrence, as YYYYMM          | IDD.                      |  |   |
| 2025                  |              |                             | Page                      |  |   |
| www.dshs.texa         | s.gov/THC    | IC                          | _ 1 agc _                 | Last Updated: December, 2025                       |   |
|                       | - 8- 1 11101 | -                           | J <u>L</u>                |  |   |

| Length:                   | 8 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
|---------------------------|--|-----------------|----------------------------------|---|--|
| Field 213:                | OCCUR DAY 8  |                 |                                  |   |  |
|                           | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.  |                 |                                  |   |  |
| Length:                   | 4 <b>Type:</b> Alphanumeric  | Data Sour       |                                  | Calculated  |  |
| Field 214:                | OCCUR CODE 9   |                 |                                  |   |  |
| 11014 21 11               | Code describing a significant e  | vent relating   | to the cla                       | aim.  |  |
| <b>Coding Scheme:</b>     |  |                 |                                  | - <del></del>   |  |
| Length:                   | 2 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 215:                | OCCUR DATE 9   |                 |                                  |   |  |
| 11014 2101                | Date of occurrence, as YYYYM?  | MDD             |                                  |   |  |
| Length:                   | 8 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 216:                | OCCUR DAY 9  | 2 2041          |                                  |   |  |
| 11014 210.                | Occurrence Day equals Occurre  | ence Date mi    | nus Adm                          | hission/Start of Care Date.   |  |
| Length:                   | 4 <b>Type:</b> Alphanumeric  | Data Sour       |                                  | Calculated  |  |
| Field 217:                | OCCUR CODE 10  | Dutu Soul       |                                  | Carearatea  |  |
| 1 ICIU 217.               | Code describing a significant e  | vent relating t | to the cla                       | aim   |  |
| <b>Coding Scheme:</b>     |  | vent retaining  | to the ela                       | ***************************************   |  |
| Length:                   | 2 <b>Type:</b> Alphanumeric  | Data Sour       | ce.                              | Claim   |  |
| Field 218:                | OCCUR DATE 10  | Dutu Soul       |                                  | Claim   |  |
| 1100 210.                 | Date of occurrence, as YYYYM?  | MDD             |                                  |   |  |
| Length:                   | 8 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 219:                | OCCUR DAY 10   | 2 2041          |                                  |   |  |
| ricia 21).                | Occurrence Day equals Occurre  | ence Date mii   | nus Adm                          | uission/Start of Care Date  |  |
| Length:                   | 4 <b>Type:</b> Alphanumeric  | Data Sour       |                                  | Calculated  |  |
| Field 220:                | OCCUR CODE 11  | Dutu Soul       |                                  | Carearatea  |  |
| 1 icia 220.               | Code describing a significant e  | vent relating t | to the cla                       | im  |  |
| <b>Coding Scheme:</b>     | Same as OCCUR CODE 1.  | vent relating   | to the cla                       | 41111.  |  |
| Length:                   | 2 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 221:                | OCCUR DATE 11  | 2 2041          |                                  |   |  |
| 11014 2211                | Date of occurrence, as YYYYMMDD.   |                 |                                  |   |  |
| Length:                   | 8 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 222:                | OCCUR DAY 11   |                 |                                  |   |  |
| 11014 ===1                | Occurrence Day equals Occurre  | ence Date min   | nus Adm                          | hission/Start of Care Date.   |  |
| Length:                   | 4 <b>Type:</b> Alphanumeric  | Data Sour       |                                  | Calculated  |  |
| Field 223:                | OCCUR CODE 12  |                 |                                  |   |  |
|                           | Code describing a significant e  | vent relating   | to the cla                       | nim.  |  |
| <b>Coding Scheme:</b>     | Same as OCCUR CODE 1.  | 8               |                                  |   |  |
| Length:                   | 2 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 224:                | OCCUR DATE 12  |                 |                                  |   |  |
|                           | Date of occurrence, as YYYYM   | MDD.            |                                  |   |  |
| Length:                   | 8 <b>Type:</b> Alphanumeric  | Data Sour       | ce:                              | Claim   |  |
| Field 225:                | OCCUR DAY 12   |                 |                                  |   |  |
|                           | Occurrence Day equals Occurre  | ence Date min   | nus Adm                          | nission/Start of Care Date.   |  |
| Length:                   | 4 <b>Type:</b> Alphanumeric  | Data Sour       |                                  | Calculated  |  |
|                           | OCCUR SPAN CODE 1  |                 |                                  |   |  |
| <b>Field 226:</b>         | Code describing a significant event relating to the claim that may affect payer processing.  |                 |                                  |   |  |
| Field 226:                |  | vent relating   | to the cla                       | nim that may affect payer processing.   |  |
| Field 226: Coding Scheme: |  | -               | to the cla                       | aim that may affect payer processing.  SNF prior stay dates   |  |
|                           | Code describing a significant et 70 Qualifying stay dates (for SNF to 71 Prior stay dates  | -               | 78<br>80                         | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes   |  |
|                           | Code describing a significant et<br>70 Qualifying stay dates (for SNF to<br>71 Prior stay dates<br>72 First/Last Visit   | -               | 78<br>80<br>81                   | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care  |  |
|                           | Code describing a significant et<br>70 Qualifying stay dates (for SNF u<br>71 Prior stay dates<br>72 First/Last Visit<br>73 Benefit eligibility period   | use only)       | 78<br>80<br>81<br>M0             | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates                                     |  |
|                           | Code describing a significant et<br>70 Qualifying stay dates (for SNF to<br>71 Prior stay dates<br>72 First/Last Visit   | use only)       | 78<br>80<br>81                   | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care  |  |
| Coding Scheme:            | Code describing a significant et<br>70 Qualifying stay dates (for SNF u<br>71 Prior stay dates<br>72 First/Last Visit<br>73 Benefit eligibility period<br>74 Noncovered level of care/Leave        | of absence      | 78<br>80<br>81<br>M0<br>M1       | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization |  |
|                           | Code describing a significant et 70 Qualifying stay dates (for SNF to 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of care/Leave 75 SNF level of care | use only)       | 78<br>80<br>81<br>M0<br>M1<br>M2 | SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization |  |

|                       | 76 Patient Liability Period  | M3 ICF level of care                                   |  |  |  |
|-----------------------|--|--|--|--|--|
|                       | 77 Provider Liability - Utilization Charged                                | M4 Residential level of care                           |  |  |  |
| Length:               | 2 Type: Alphanumeric Data S  | Source: Claim  |  |  |  |
| Field 227:            | OCCUR SPAN FROM 1  |  |  |  |  |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.            |  |  |  |  |
| Length:               |  | Source: Claim  |  |  |  |
| Field 228:            | OCCUR SPAN THRU 1  |  |  |  |  |
|                       | Occurrence Span Thru is the Ending Dat                                     | te of Occurrence Event.                                |  |  |  |
| Length:               | <u>.</u>   | Source: Claim  |  |  |  |
| Field 229:            | OCCUR_SPAN_CODE_2  |  |  |  |  |
|                       |  | ing to the claim that may affect payer processing.     |  |  |  |
| <b>Coding Scheme:</b> | Same as OCCUR SPAN CODE 1.   |  |  |  |  |
| Length:               | 2 Type: Alphanumeric Data S  | Source: Claim  |  |  |  |
| Field 230:            | OCCUR SPAN FROM 2  |  |  |  |  |
|                       | Occurrence Span From is the Beginning                                      | Date of Occurrence Event.                              |  |  |  |
| Length:               |  | Source: Claim  |  |  |  |
| Field 231:            | OCCUR SPAN THRU 2  |  |  |  |  |
|                       | Occurrence Span Thru is the Ending Dat                                     | te of Occurrence Event.                                |  |  |  |
| Length:               | •  | Source: Claim  |  |  |  |
| Field 232:            | OCCUR SPAN CODE 3  |  |  |  |  |
|                       |  | ing to the claim that may affect payer processing.     |  |  |  |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.   |  |  |  |  |
| Length:               |  | Source: Claim  |  |  |  |
| Field 233:            | OCCUR SPAN FROM 3  |  |  |  |  |
|                       | Occurrence Span From is the Beginning                                      | Date of Occurrence Event.                              |  |  |  |
| Length:               |  | Source: Claim  |  |  |  |
| Field 234:            | OCCUR SPAN THRU 3  |  |  |  |  |
|                       | Occurrence Span Thru is the Ending Dat                                     | te of Occurrence Event.                                |  |  |  |
| Length:               | •  | Source: Claim  |  |  |  |
| Field 235:            | OCCUR SPAN CODE 4  |  |  |  |  |
|                       |  | ing to the claim that may affect payer processing.     |  |  |  |
| <b>Coding Scheme:</b> | Same as OCCUR SPAN CODE 1.   |  |  |  |  |
| Length:               | 2 Type: Alphanumeric Data S  | Source: Claim  |  |  |  |
| Field 236:            | OCCUR SPAN FROM 4  |  |  |  |  |
|                       | Occurrence Span From is the Beginning                                      | Date of Occurrence Event.                              |  |  |  |
| Length:               | 8 Type: Alphanumeric Data S  |  |  |  |  |
| Field 237:            | OCCUR SPAN THRU 4  |  |  |  |  |
|                       | Occurrence Span Thru is the Ending Dat                                     | te of Occurrence Event.                                |  |  |  |
| Length:               | =  | Source: Claim  |  |  |  |
| Field 238:            | CONDITION CODE 1   |  |  |  |  |
|                       | Code describing a condition relating to t                                  | he claim.  |  |  |  |
| <b>Coding Scheme:</b> | 01 Military service related  | C-section/Inductions 39 weeks or greater               |  |  |  |
|                       | 02 Condition is employment related   | Dialysis for Acute Kidney Injury (AKI)                 |  |  |  |
|                       | Patient covered by insurance not reflected here                            | 85 Delayed Recertification of Hospice Terminal Illness |  |  |  |
|                       |  | Additional Hemodialysis Treatment with Medical         |  |  |  |
|                       | 04 Information only bill.  | Justification  |  |  |  |
|                       | 05 Lien has been filed   | A0 TRICARE external partnership program                |  |  |  |
|                       | 06 ESRD patient in first 18 months of entitlement covered by EGHP          | A1 EPSDT/CHAP  |  |  |  |
|                       | Treatment of non-terminal condition for                                    | A2 Dhysiaella Landiana da Lilla                        |  |  |  |
|                       | hospice patient  | A2 Physically handicapped children's program           |  |  |  |
|                       | Beneficiary would not provide<br>08 information concerning other insurance | A3 Special Federal Funding                             |  |  |  |
|                       | oo mormanon concerning outer insurance                                     | 5 Special Federal Fullding                             |  |  |  |
|                       | coverage   |  |  |  |  |
| 2025                  | coverage Page  | ·  |  |  |  |

| 09 | Neither patient or spouse is employed  | A4 | Family planning   |
|----|--|----|---|
| 10 | Patient and/or spouse is employed but no EGHP exists   | A5 | Disability  |
| 11 | Disabled beneficiary but no LGHP coverage exists   | A6 | Vaccines/Medicare 100% payment  |
| 17 | Patient is homeless  | A9 | Second opinion surgery  |
| 18 | Maiden name retained   | AA | Abortion performed due to rape  |
| 19 | Child retains mother's name  | AB | Abortion performed due to incest  |
| 20 | Beneficiary requested billing  | AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| 21 | Billing for denial notice  | AD | Abortion performed due to life endangering physical condition                     |
| 22 | Patient on multiple drug regimen   | AE | Abortion performed due to physical health of mother that is not life endangering  |
| 23 | Home care giver available  | AF | Abortion performed due to emotional/psychological health of mother                |
| 24 | Home IV patient also receiving HHA services  | AG | Abortion performed due to social or economic 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<br>member's LGHP is secondary to<br>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   | В0 | Medicare coordinated care demonstration claim                                     |
| 33 | study program) Patient is student (full time - night)  | B1 | Beneficiary is ineligible for demonstration program                               |
| 34 | Patient is student (furr time - hight)   | 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 admission   | C6 | Admission Preauthorization  |
| 43 | Continuing care not provided within prescribed post discharge window   | C7 | Extended Authorization  |
| 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<br>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<br>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<br>Period. Policy Exception Documented at<br>the Home Health Agency | E0 | Changes in Patient Status   |
|    | Page Page  |    |   |

|  | 55<br>56  | SNF bed not available Medical appropriateness                         |                | G0<br>H0 | Distinct Medical Visit Delayed Filing, Statement of Intent Submitted   |
|--|---|---|----------------|----------|--|
|  | 57  | SNF readmission   |                | H2       | Discharge by a Hospice Provider for Cause  |
|  | 58  | Terminated Medicare+Choice  |                | НЗ       | Reoccurrence of GI Bleed Comorbid Category   |
|  |   | organization enrollee   |                |          | •  |
|  | 59<br>60  | Non-primary ESRD facility Day outlier                                 |                | H4<br>H5 | Reoccurrence of Pneumonia Comorbid Category Reoccurrence of Pericarditis Comorbid Category                                 |
|  | 61  | Cost outlier  |                | P1       | Do not Resuscitate Order (DNR)   |
|  | 66  | Provider does not wish cost outlie payment                            | r              | P7       | Direct Inpatient Admission from Emergency Room   |
|  | 67  | Beneficiary elects not to use life to reserve (LTR) days              | ime            | R1       | Request for reopening Reason Code - Mathematical or Computational Mistake  |
|  | 68  | Beneficiary elects to use life time (LTR) days                        | reserve        | R2       | Request for reopening Reason Code -Inaccurate Data<br>Entry  |
|  | 69  | IME/DGME/N&AH Payment On  | ly             | R3       | Request for reopening Reason Code - Misapplication of a Fee Schedule   |
|  | 70  | Self-administered anemia manage drug                                  | ment           | R4       | Request for reopening Reason Code - Computer Errors  |
|  | 71  | Full care in unit   |                | R5       | Request for reopening Reason Code - Incorrectly<br>Identified Duplicate Claim  |
|  | 72  | Self care in unit   |                | R6       | Request for reopening Reason Code - Other Clerical<br>Errors or Minor Errors and Omissions not Specified in<br>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)<br>Demonstration Indicator   |
|  |   | Provider accepts or is obligated/re                                   |                |          |  |
|  | 77  | due to a contractual arrangement of to accept payment by a primary pa |                | W2       | Duplicate of Original Bill   |
|  | 78  | payment  New coverage not implemented by                              | v HMO          | W3       | Level I Appeal   |
|  | 79  | CORF services provided offsite  | ,              | W4       | Level II Appeal  |
|  | 80  | Home dialysis - nursing facility<br>C-section/Inductions <39 Weeks-   |                | W5       | Level III Appeal   |
| Medical Necessity  C-section/Inductions < 39 Weeks |   |   |                |          |  |
|  | 82  | Elective  | <b>.</b>       |          |  |
| Length:  | 2   | Type: Alphanumeric  | Data Source    | ee:      | Claim  |
| Field 239:   | CONDITION_CODE_2 Code describing a condition relating to the claim. |   |                |          |  |
| C. P. C.L.   |   |   |                | aım.     |  |
| _  | Sam   | te as CONDITION_CODE_1  |                |          | Claim  |
| Length:  | Z CO1   | Type: Alphanumeric  | Data Source    | :e:      | Claim  |
| Field 240:   |   | NDITION_CODE_3  | in = 4 - 4 1 1 | -i       |  |
| Coding Cal   |   | e describing a condition related as CONDITION, CODE                   | _              | aım.     |  |
| Coding Scheme:                                     | _   | te as CONDITION_CODE_1  | Data Sourc     |          | Claim  |
| Length:  | 2   | Type: Alphanumeric  | Data Sourc     | e.       | Ciann  |
| Field 241:   |   | NDITION_CODE_4 e describing a condition relat                         | tima ta tha al |          |  |
| Coding Cohomo                                      |   | ie as CONDITION CODE 1  | -              | aiiii.   |  |
| Coding Scheme:                                     | _   |   |                |          | Claim  |
| Length:  | 2   | Type: Alphanumeric  | Data Source    | :e:      | Claim  |
| Field 242:   |   | NDITION_CODE_5  |                | _:       |  |
| Cading Sahamar                                     |   | e describing a condition relate as CONDITION CODE 1                   | -              | aım.     |  |
| _  | 2   |   | Data Sourc     | •••      | Claim  |
| Length:  | COL   |   | Data Sourc     | e.       | Ciaiiii  |
| Field 243:   |   | NDITION_CODE_6 e describing a condition relat                         | ting to the -1 | oim      |  |
| Coding Sahamas                                     |   | _   | -              | a1111.   |  |
| _  | sam   | e as CONDITION_CODE_1   |                |          |  |
| 2025   | C ~~  | THCIC   | Page           | Lact II- | ndatadi Dacamban 2025  |
| www.dshs.texa                                      | s.go\   | v/ I ficit  | 36             | Last U   | pdated: December, 2025   |

| Length:               | 2     | Type:                | Alphanumeric                          | Data So      | urce:      | Claim  |
|-----------------------|-------|----------------------|---------------------------------------|--------------|------------|--|
| Field 244:            | CO    |                      | N CODE 7                              |              |            |  |
| 11014 2 1 10          |       |                      | ng a condition rela                   | ating to the | claim      |  |
| <b>Coding Scheme:</b> |       |                      | DITION CODE                           | -            | Claim.     |  |
| ~                     | 2     | Type:                | Alphanumeric                          | Data So      | 11200      | Claim  |
| Length:               |       |                      | <u> </u>                              | Data Su      | urce.      | Ciallii  |
| <b>Field 245:</b>     |       |                      | N_CODE_8                              |              |            |  |
|                       |       |                      | ng a condition rela                   | _            | claim.     |  |
| <b>Coding Scheme:</b> | Sam   | ie as CON            | DITION_CODE_                          | _            |            |  |
| Length:               | 2     | Type:                | Alphanumeric                          | Data So      | urce:      | Claim  |
| <b>Field 246:</b>     | VA    | LUE_CO               | DE_1                                  |              |            |  |
|                       | Cod   | e describi           | ng information tha                    | at may affe  | ct payer p | rocessing.   |
| <b>Coding Scheme:</b> |       |                      | mon semi-private rate                 | •            | 58         | Arterial blood gas   |
| 8                     | 02    | Hospital h           | as no semi-private roo                | ms           | 59         | Oxygen saturation  |
|                       | 04    | •                    | orofessional componen                 |              | 60         | HHA branch MSA   |
|                       | 04    | charges wl           | hich are combined bille               | ed           | 00         | HHA branch MSA   |
|                       |       |                      | al component included                 |              |            | Place of Residence where service is furnished (HHA and   |
|                       | 05    | _                    | id also billed separately             | y to         | 61         | hospice)   |
|                       | 06    | carrier<br>Blood ded | uctible                               |              | 66         | Medicaid spend down amount   |
|                       |       |                      | reserve amount in the f               | irst         |            | •  |
|                       | 08    | calendar y           |                                       | .1131        | 67         | Peritoneal dialysis  |
|                       | 09    |                      | ce amount in the first of             | calendar     | 68         | EDO drug   |
|                       | 09    | year                 |                                       |              | 08         | EPO-drug   |
|                       | 10    |                      | eserve amount in the so               | econd        | 69         | State charity care percentage  |
|                       |       | calendar y           |                                       |              | 0,         | suite enumity euro percentage  |
|                       | 11    |                      | ce amount in the secon                | ıd           | 80         | Covered Days   |
|                       |       | calendar y           | ear<br>iged beneficiary/spous         | e with       |            |  |
|                       | 12    |                      | group health plan                     | C WITH       | 81         | Non-covered Days   |
|                       |       |                      | eficiary in a Medicare                |              |            |  |
|                       | 13    |                      | on period with an emp                 |              | 82         | Co-insurance Days  |
|                       |       | group heal           | -                                     |              |            |  |
|                       | 14    |                      | ncluding auto/other                   |              | 83         | Lifetime Reserve Days  |
|                       | 15    |                      | compensation                          | 1            | 84         | Shorter Duration Hemodialysis  |
|                       | 16    | federal age          | alth service (PHS) or ot              | iner         | A0         | Special zip code reporting   |
|                       | 21    | Catastroph           | •                                     |              | A1         | Deductible payer A   |
|                       | 22    | Surplus              | nc .                                  |              | A2         | Coinsurance payer A  |
|                       | 23    |                      | monthly income                        |              | A3         | Estimated responsibility payer A   |
|                       | 24    | Medicaid             | •                                     |              | A4         | Covered self-administrable drugs - emergency   |
|                       | 25    | Offset to the        | he patient - payment ai               | mount -      | A5         | Covered self-administrable drugs - administrable in forn   |
|                       | 23    | prescriptio          |                                       |              | AJ         | and situation furnished to patient   |
|                       | 26    |                      | he patient - payment ar               | mount -      | A6         | Covered self-administrable drugs - diagnostic study and  |
|                       |       | _                    | d ear services                        |              |            | other  |
|                       | 27    |                      | he patient - payment and eye services | mount -      | A7         | Co-payment payer A   |
|                       | 20    |                      | he patient - payment a                | mount -      | 4.0        | water and the second se |
|                       | 28    | dental serv          |                                       |              | A8         | Patient weight   |
|                       | 29    | Offset to the        | he patient - payment ai               | mount -      | A9         | Patient height   |
|                       | 29    | chiropracti          | ic services                           |              | Ay         | č  |
|                       | 30    | Preadmiss            | ion testing                           |              | AA         | Regulatory surcharges, assessments, allowances or  |
|                       |       |                      | 8                                     |              |            | health care related taxes - payer A  |
|                       | 31    | Patient Lia          | ability Amount                        |              | AB         | Other assessments or allowances (e.g., medical education) - payer A  |
|                       | 32    | Multiple p           | atient ambulance trans                | nort         | В1         | Deductible payer B   |
|                       |       |                      | he patient - payment a                | -            |            | • •  |
|                       | 33    | podiatric s          |                                       |              | B2         | Coinsurance payer B  |
|                       | 34    | Offset to the        | he patient - payment ar               | mount -      | В3         | Estimated responsibility payer B   |
|                       | 34    |                      | ical services                         |              | ВЗ         | Estimated responsibility payer B   |
|                       | 35    |                      | he patient - payment ai               | mount -      | В7         | Co-payment payer B   |
|                       |       | nealth insu          | arance premiums                       |              |            |  |
|                       | 37    | Units of bl          | lood furnished                        |              | BA         | Regulatory surcharges, assessments, allowances or health care related taxes - payer B  |
|                       |       |                      |                                       |              |            | nearth out o related taxes - payer D   |
| 2025                  |       |                      |                                       | _ Page       |            |  |
| www.dshs.texa         | ıs.go | v/THCIC              |                                       | 37           | Last U     | Jpdated: December, 2025  |

|   |  |   |  |  |   | Other assessments or allowances (e.g., medical   |
|---|--|---|--|--|---|--|
|   | 38 E   | Blood ded   | luctible units   |  | BB  | education) - payer B   |
|   |  |   | lood replaced  |  | C1  | Deductible payer C   |
|   |  |   | rage not implemented by  | HMO  | C2  | Coinsurance payer C  |
|   |  | Black lung  | g  |  | C3  | Estimated responsibility payer C   |
|   | г  | VA<br>Disabled k  | beneficiary under age 65   | with   | C7  | Co-payment payer C<br>Regulatory surcharges, assessments, allowances or  |
|   | LGHP Amount provider agreed to accep   |   |  |  | CA  | health care related taxes - payer C  |
|   |  |   |  |  |   | Other assessments or allowances (e.g., medical   |
|   | 44 ti  |   | ayer when this amount is<br>ges but higher than paym   |  | СВ  | education) - payer C   |
|   |  | Accident l  | hour   |  | D3  | Patient estimated responsibility   |
|   | 46 N   | Number o  | f grace days   |  | D4  | Clinical Trial Number Assigned by NLM/NIH  |
|   |  |   | ity insurance  |  | D5  | Last Kt/V Reading  |
|   | 48 F   | Hemoglob  | oin reading  |  | FC  | Patient Paid Amount  |
|   | 49 I   | Hematocri   | it reading   |  | FD  | Credit Received from the Manufacturer for a Medical Device   |
|   |  |   | Therapy visits   |  | G8  | Facility where Inpatient Hospice Service is Delivered  |
|   |  |   | onal Therapy visits  |  | Y1  | Part A Demonstration Payment   |
|   |  |   | nerapy visits<br>chab visits   |  | Y2  | Part B Demonstration Payment Part B Coinsurance  |
|   |  |   | birth weight in grams  |  | Y3<br>Y4  | Conventional Provider Payment  |
|   |  |   | threshold for charity can  | ·e   | Y5  | Part B Deductible  |
|   |  |   | rse - home visit hours   |  |   |  |
|   | 57 F   | Home hea  | ılth aide - home visit hou   | rs   |   |  |
| Length:   | 2 7  | Type:   | Alphanumeric   | Data Sourc   | e:  | Claim  |
| Field 247:  | VALU   | JE_AM   | IOUNT_1  |  |   |  |
|   | Amou   | ınt (in c   | ents, no decimal poi   | nt included)   | that may  | be affected.   |
| Length:   | 9 7  | Туре:   | Numeric  | Data Sourc   | e:  | Claim  |
| Field 248:  | VALU   | UE_CO   | DE_2   |  |   |  |
|   | Code   | describi  | ing information that   | may affect p   | ayer pro  | cessing.   |
| <b>Coding Scheme:</b>   | C  |   |  |  |   |  |
| County Scheme.  | Same   | as VAL  | LUE CODE 1.  |  |   |  |
| Length:   |  | as VAL<br><b>Type:</b>  | LUE_CODE_1. Alphanumeric   | Data Sourc   | e:  | Claim  |
| ~   | 2 7  | Туре:   | Alphanumeric   | Data Sourc   | e:  | Claim  |
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| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
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| Field 256:            | VALUE CODE 6                     |                         |                        |
|                       | Code describing information that | at may affect payer pr  | ocessing.              |
| <b>Coding Scheme:</b> |                                  | , [, [ -                |                        |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 257:            | VALUE AMOUNT 6                   |                         |                        |
| 11014 257.            | Amount (in cents, no decimal p   | oint included) that ma  | y be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 258:            | VALUE CODE 7                     | Duta Source:            |                        |
| 1 iciu 250.           | Code describing information the  | at may affect naver nr  | ocessing               |
| <b>Coding Scheme:</b> | Same as VALUE CODE 1.            | at may affect payer pr  | occiding.              |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 259:            | VALUE AMOUNT 7                   | Duta Source.            |                        |
| riciu 25).            | Amount (in cents, no decimal p   | oint included) that ma  | y he affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 260:            | VALUE CODE 8                     | Data Source.            | Ciaini                 |
| Field 200.            | Code describing information the  | at may affect naver nr  | ocessing               |
| <b>Coding Scheme:</b> | •                                | at may affect payer pro | occasing.              |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 261:            | VALUE AMOUNT 8                   | Data Source.            | Ciaini                 |
| rieiu 201:            | Amount (in cents, no decimal p   | oint included) that ma  | y be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 262:            | VALUE CODE 9                     | Data Source.            | Ciami                  |
| rieiu 202;            | Code describing information the  | ot may affect naver nr  | ogessing               |
| <b>Coding Scheme:</b> |                                  | at may affect payer pr  | ocessing.              |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 263:            | VALUE AMOUNT 9                   | Data Source.            | Ciami                  |
| rieiu 205:            | Amount (in cents, no decimal p   | oint included) that ma  | y be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 264:            | VALUE CODE 10                    | Data Source.            | Cium                   |
| Ficiu 204.            | Code describing information that | at may affect naver nr  | ocessing               |
| <b>Coding Scheme:</b> |                                  | at may affect payer pro | occasing.              |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 265:            | VALUE AMOUNT 10                  | Duta Source:            |                        |
| 1 icia 205.           | Amount (in cents, no decimal p   | oint included) that ma  | y be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 266:            | VALUE CODE 11                    | Duta Source             |                        |
| 11014 2000            | Code describing information the  | at may affect paver pr  | ocessing.              |
| <b>Coding Scheme:</b> | Same as VALUE CODE 1.            | , [, [ -                |                        |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 267:            | VALUE AMOUNT 11                  |                         |                        |
| 11014 2074            | Amount (in cents, no decimal p   | oint included) that ma  | v be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 268:            | VALUE CODE 12                    |                         |                        |
|                       | Code describing information the  | at may affect paver pr  | ocessing.              |
| <b>Coding Scheme:</b> | Same as VALUE CODE 1.            | , , , ,                 | 6                      |
| Length:               | 2 <b>Type:</b> Alphanumeric      | Data Source:            | Claim                  |
| Field 269:            | VALUE AMOUNT 12                  |                         |                        |
|                       | Amount (in cents, no decimal p   | oint included) that ma  | v be affected          |
| Length:               | 9 <b>Type:</b> Numeric           | Data Source:            | Claim                  |
| Field 270:            | PRIVATE AMOUNT                   |                         |                        |
|                       |                                  | _                       |                        |
| 2025                  | /muoro                           | _ Page                  | alarah Daramba 2005    |
| www.dshs.texa         | s.gov/THCIC                      | 39 Last U               | pdated: December, 2025 |

|                   |  |  | ount. Calculated using MEDPAR algorithm.   |
|-------------------|--|--|--|
| Length:           | Sum (in cents) of charges associated Type: Numeric   | ated with revenue co <b>Data Source:</b> | odes 0100-0219, revenue center 011X, 014X Calculated                                   |
| Field 271:        | SEMI PRIVATE AMOUNT  | Data Source.                             | Calculated   |
| FR. 271.          | Accommodation Charge, Semi-p<br>algorithm. Sum (in cents) of char<br>010X, 012X, 013X, 016X-019X | rges associated with                     | e Amount. Calculated using MEDPAR revenue codes 0100-0219, revenue center              |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 272:        | WARD_AMOUNT Accommodation Charge, Ward Counts) of charges associated with                        |  | culated using MEDPAR algorithm. Sum (in  |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 273:        | ICU AMOUNT   | Data Source:                             | Calculated   |
|                   | Accommodation Charge, Intensir algorithm. Sum (in cents) of char 020X.                           | rges associated with                     | e Amount. Calculated using MEDPAR revenue codes 0100-0219, revenue center              |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 274:        |  |  | e Amount. Calculated using MEDPAR revenue codes 0100-0219, revenue center              |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| <b>Field 275:</b> | OTHER_AMOUNT   |  |  |
|                   | cents) of charges associated with 022X-024X, 052X-053X, 055X-                                    | revenue codes othe 060X, 064X-070X,      |  |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 276:        |  |  | t. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,   |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 277:        | algorithm. Sum (in cents) of charcenter 027X, 062X.  | rges associated with                     | Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue     |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 278:        |  |  | ent Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| <b>Field 279:</b> | USED_DME_AMOUNT  |  |  |
|                   | MEDPAR algorithm. Sum (in ce 0219, revenue center 0293.  | ents) of charges asso                    | uipment Charge Amount. Calculated using ciated with revenue codes other than 0100-     |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 280:        | Sum (in cents) of charges associated 042X.   | ated with revenue co                     | Amount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center   |
| Length:           | 12 <b>Type:</b> Numeric  | Data Source:                             | Calculated   |
| Field 281:        | OT_AMOUNT  | Door                                     |  |
| 2025              | ovac gov /THCIC  | Page                                     | Indated: December 2025   |
| www.asns.t        | exas.gov/THCIC   | 40 Last U                                | Jpdated: December, 2025  |

|                       | algorithm. Su                   | •                  | 1                        | narge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue      |
|-----------------------|---------------------------------|--------------------|--------------------------|--|
| Longth                | center 043X.<br>12 <b>Type:</b> | Numeric            | Data Source:             | Calculated   |
| Length:<br>Field 282: | 12 Type:<br>SPEECH A            |                    | Data Source:             | Calculated   |
| riciu 202.            | _                               |                    | seech Pathology Charge   | e Amount. Calculated using MEDPAR  |
|                       |                                 |                    |                          | revenue codes other than 0100-0219, revenue  |
|                       | center 044X,                    |                    | charges associated with  | rievende codes other than 0100 0217, revende   |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 283:            | IT AMOUN                        | T                  |                          |  |
|                       |                                 | ım (in cents) of   |                          | ge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue         |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 284:            | BLOOD AN                        |                    | Data Source.             | Calculated   |
| Field 204.            | <del></del>                     |                    | ood provided during th   | e patient's stay. Calculated using MEDPAR  |
|                       |                                 |                    |                          | revenue codes other than 0100-0219, revenue  |
|                       | center 038X.                    | iii (iii ceius) or | charges associated with  | rievende eddes offici filan 6100 6213, ievende   |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 285:            |                                 | M AMOUNT           |                          |  |
|                       | Ancillary Ser                   | vice Charge, bl    | ood storage and process  | sing related to the patient's stay. Calculated using                                   |
|                       |                                 |                    | n cents) of charges asso | ociated with revenue codes other than 0100-  |
|                       | •                               | e center 039X.     |                          |  |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 286:            | OR_AMOU                         |                    |                          |  |
|                       |                                 |                    |                          | Amount. Calculated using MEDPAR algorithm.   |
|                       |                                 |                    | sociated with revenue c  | odes other than 0100-0219, revenue center  |
| T 41                  | 036X, 071X-                     |                    | D. 4. C                  | C 1 -1 4 1   |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 287:            | LITH_AMO                        |                    | 414-:                    |  |
|                       |                                 |                    |                          | unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 079X. |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 288:            | CARD_AM                         |                    | Duta Source.             | Culculated   |
| 1 Icia 200.           |                                 |                    | ardiology Charge Amoi    | unt. Calculated using MEDPAR algorithm. Sum  |
|                       |                                 |                    |                          | other than 0100-0219, revenue center 048X,   |
|                       | 073X.                           | 8                  |                          | ,  |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 289:            | ANES AMO                        | OUNT               |                          |  |
|                       | _                               |                    | nesthesia Charge Amou    | ant. Calculated using MEDPAR algorithm. Sum  |
|                       | (in cents) of o                 | charges associat   | ed with revenue codes    | other than 0100-0219, revenue center 037X.   |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 290:            | LAB_AMOU                        | J <b>NT</b>        |                          |  |
|                       |                                 |                    |                          | unt. Calculated using MEDPAR algorithm. Sum  |
|                       |                                 | •                  | ed with revenue codes    | other than 0100-0219, revenue center 030X-   |
|                       | 031X, 074X-                     |                    |                          |  |
| Length:               | 12 <b>Type:</b>                 | Numeric            | Data Source:             | Calculated   |
| Field 291:            | RAD_AMO                         |                    |                          |  |
|                       |                                 |                    |                          | nt. Calculated using MEDPAR algorithm. Sum   |
|                       |                                 | -                  | ed with revenue codes    | other than 0100-0219, revenue center 028X,   |
| I anath               | 032X-035X,                      |                    | Dota Carrer              | Coloulated   |
| Length:               | 12 Type:                        | Numeric            | Data Source:             | Calculated   |
| Field 292:            | MRI_AMOU                        | JI <b>N I</b>      | <b>.</b>                 |  |
| 2025                  | /mrrcro                         | ,                  | Page                     | H. Lat. I. D   |
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|  |   |  | lculated using MEDPAR algorithm. Sum (in  |  |  |
|--|---|--|---|--|--|
| Longth   | cents) of charges associated v<br>12 <b>Type:</b> Numeric   | with revenue codes other <b>Data Source:</b>   | er than 0100-0219, revenue center 061X.<br>Calculated   |  |  |
| Length:<br>Field 293:  | OP AMOUNT   | Data Source:   | Calculated  |  |  |
| rieu 273.  | Ancillary Service Charge, Ou  |  | ge Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue  |  |  |
| Length:  | 12 <b>Type:</b> Numeric   | Data Source:   | Calculated  |  |  |
| Field 294:   | ER_AMOUNT   |  |   |  |  |
|  |   | charges associated with  | e Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue   |  |  |
| Length:  | 12 <b>Type:</b> Numeric   | Data Source:   | Calculated  |  |  |
| Field 295:   | AMBULANCE_AMOUNT  |  |   |  |  |
|  |   |  | unt. Calculated using MEDPAR algorithm. Sum   |  |  |
|  |   |  | other than 0100-0219, revenue center 054X.  |  |  |
| Length:  | 12 Type: Numeric  | Data Source:   | Calculated  |  |  |
| Field 296:   |   |  | Amount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center  |  |  |
| Length:  | 12 <b>Type:</b> Numeric   | Data Source:   | Calculated  |  |  |
| Field 297:   | ORGAN_AMOUNT  |  |   |  |  |
| T (1   | algorithm. Sum (in cents) of center 081X, 089X.   | charges associated with  | e Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue   |  |  |
| Length:<br>Field 298:  | 12 Type: Numeric  | Data Source:   | Calculated  |  |  |
| 2700   | ESRD_AMOUNT  Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.   |  |   |  |  |
|  | center 080X, 082X-085X, 08  | 88X.   |   |  |  |
| Length:  | center 080X, 082X-085X, 08<br>12 <b>Type:</b> Numeric   |  | revenue codes other than 0100-0219, revenue  Calculated   |  |  |
| Field 299:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  | Data Source:  inic Visit Charge Amored with revenue codes  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X.   |  |  |
| Field 299: Length:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  | Data Source: inic Visit Charge Amore   | Calculated unt. Calculated using MEDPAR algorithm. Sum  |  |  |
| Field 299:  Length: Field 300:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  | Data Source:  inic Visit Charge Amored with revenue codes  Data Source:  ation charges, non-coves. Replaces TOTAL_C  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X.  Calculated ered accommodation charges, ancillary charges, HARGES_23.   |  |  |
| Field 299:  Length: Field 300:  Length:  | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_Codes Source:  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges,   |  |  |
| Field 299:  Length: Field 300:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA   | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_Control Data Source:  RGES   | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim  |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_C Data Source:  RGES and accommodation char  | Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X.  Calculated  ered accommodation charges, ancillary charges, HARGES_23.  Claim  ges, non-covered ancillary charges.   |  |  |
| Field 299:  Length: Field 300:  Length: Field 301: Length:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL Control Source:  RGES and accommodation charges at Source:   | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim  |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC   | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL Control Source:  RGES and accommodation charges accommodation charges.  Data Source:  OMM  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim  |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered ancillary charged  12 Type: Numeric  | Data Source:  inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_C Data Source:  RGES and accommodation char Data Source:  OMM d non-covered accomm   | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim  |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length:                                | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  | Data Source:  inic Visit Charge Amored with revenue codes of Data Source:  ation charges, non-covers. Replaces TOTAL_Control Data Source:  RGES and accommodation charges accommodation charges of accommodation charges accommodation charges of the control of the contr | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim  |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:   | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of covered and  12 Type: Numeric  | Data Source:  inic Visit Charge Amore de with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_C Data Source:  RGES de accommodation char Data Source:  OMM de non-covered accomment Data Source:  RGES_ACCOMM  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim odation charges. Claim                         |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length:                                | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  | Data Source:  inic Visit Charge Amore de with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_C Data Source:  RGES de accommodation char Data Source:  OMM de non-covered accomment Data Source:  RGES_ACCOMM  | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim odation charges. Claim                         |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length: Field 303:                     | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  | Data Source:  inic Visit Charge Amore dwith revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL Control Data Source:  RGES da accommodation char Data Source:  OMM donon-covered accommodation char Source:  RGES_ACCOMM da accommodations char Data Source:   | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim codation charges. Claim                        |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length: Field 303:  Length:            | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and 12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and 12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered and 12 Type: Numeric   | Data Source:  inic Visit Charge Amore de with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_Control Data Source:  RGES de accommodation chared accommodation charges accommodation chared accommodations chared accommodat | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim nodation charges. Claim rges. Claim            |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length: Field 303:  Length:            | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covere  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric   | Data Source:  inic Visit Charge Amore de with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_Control Data Source:  RGES de accommodation chared accommodation charges accommodation chared accommodations chared accommodat | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim nodation charges. Claim rges. Claim            |  |  |
| Field 299:  Length: Field 300:  Length: Field 301:  Length: Field 302:  Length: Field 303:  Length: Field 303: | center 080X, 082X-085X, 08  12 Type: Numeric  CLINIC_AMOUNT  Ancillary Service Charge, Cl (in cents) of charges associat  12 Type: Numeric  TOTAL_CHARGES  Sum (in cents) of accommod non-covered ancillary charge  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covere  12 Type: Numeric  TOTAL_CHARGES_ACC  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of non-covered  12 Type: Numeric  TOTAL_NON_COV_CHA  Sum (in cents) of covered and  12 Type: Numeric  TOTAL_CHARGES_ANC  Sum (in cents) of covered and  12 Type: Numeric | inic Visit Charge Amored with revenue codes Data Source:  ation charges, non-covers. Replaces TOTAL_C Data Source:  RGES ad accommodation char Data Source:  OMM d non-covered accommodations char Data Source:  RGES_ACCOMMod accommodations char Data Source:  IL d non-covered ancillary Data Source:  Page  Page   | Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 051X. Calculated ered accommodation charges, ancillary charges, HARGES_23. Claim ges, non-covered ancillary charges. Claim odation charges. Claim rges. Claim rges. Claim |  |  |

| Field 305:            | TOTAL NON COV CHARGES ANCIL |                 |                       |                     |                                |
|-----------------------|-----------------------------|-----------------|-----------------------|---------------------|--------------------------------|
|                       |                             | _               | ) of non-covered a    | <del>-</del>        |                                |
| Length:               | 12                          | Type:           | Numeric               | Data Source:        | Claim                          |
| Field 306:            | INE                         | BOUND_I         | NDICATOR              |                     |                                |
|                       | Indi                        | cates the       | format of data as s   | ubmitted.           |                                |
| <b>Coding Scheme:</b> | 8                           | 837 forma       | t                     |                     |                                |
| Ü                     | D                           | Data entry      |                       |                     |                                |
|                       | U                           | UB-04<br>format |                       |                     |                                |
| Length:               | 1                           | Type:           | Alphanumeric          | Data Source:        | Claim                          |
| <b>Field 307:</b>     | $\mathbf{E}\mathbf{M}$      | ERGENO          | CY_DEPT_FLAC          | j                   |                                |
|                       | Indi                        | cator of e      | mergency departm      | ent visit           |                                |
| <b>Coding Scheme:</b> | Y                           | visit was e     | mergency related      |                     |                                |
|                       | N                           | Visit was       | not emergency related |                     |                                |
| Length:               | 1                           | Type:           | Alphanumeric          | Data Source:        | Assigned                       |
| Field 308:            | DIS                         | CHARG           | E                     |                     |                                |
|                       | Disc                        | charge Qu       | arter. Year and qu    | arter of discharge. | yyyyQn.                        |
|                       | 1st                         | Quarter (Y      | YYYQ1): 1st Jan       | uary-31st March o   | of that corresponding year     |
|                       | 2nd                         | Quarter (       | YYYYQ2): 1st Ap       | oril – 30th June of | that corresponding year        |
|                       | 3rd                         | Quarter (       | YYYYQ3): 1st Jul      | y- 30th September   | of that corresponding year     |
|                       | 4th                         | Quarter (Y      | YYYYQ4); 1st Oc       | tober-31st Decemb   | per of that corresponding year |
| Length:               | 6                           | Type:           | Alphanumeric          | Data Source:        | Assigned                       |

## **CHARGES DATA FILE**

| Field 1:        | RECORD ID   |  |   |          |  |  |  |
|-----------------|---|--|---|----------|--|--|--|
| rieia 1:        | Record Identification Number. Unique number to identify the record within the research data |  |   |          |  |  |  |
|                 |   | file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other |   |          |  |  |  |
|                 |   |  |   | or Reco  | ra ID. I   | Does match with RECORD_ID in other   |  |
| Length:         | inpau<br>12   | ent RDF  Type:   | Alphanumeric  | Data 9   | Source:  | Assigned   |  |
| Field 2:        |   |  |   | Data     | Jour CC.   | Assigned   |  |
| riciu 2.        |   | VENUE_CODE   |   | c accom  | modatio  | on ancillary service or billing calculation  |  |
|                 |   | Code corresponding to each specific accrelated to the services being billed.       |   |          | iiiiouaii  | on, anomary service or onning calculation  |  |
| Coding Scheme:  | 0100  |  | sive room charges plus an                                 | ncillary | 0527   | Freestanding Clinic - Visiting Nurse Services(s) to a  |  |
| country seneme. | 7100 An-inclusive foom charges plus alternary   |  | ,   |          | Member's Home when in a Home Health Shortage<br>Area |  |  |
|                 | 0101  | All-inclu  | sive room charges   |          |  | Freestanding Clinic – Visit by RHC/FQHC<br>Practitioner to Other non RHC/FQHC Site (e.g.<br>Scene of Accident) |  |
|                 | 0110  |  | arges for private rooms -                                 | general  |  | Freestanding Clinic - other  |  |
|                 | 0111  |  | arges for private rooms - surgical/GYN                    |          | 0530   | Osteopathic service - general  |  |
|                 | 0112  | obstetrics   |   |          |  | Osteopathic service - therapy  |  |
|                 | 0113  | pediatric  | arges for private rooms -                                 |          |  | Osteopathic service - other  |  |
|                 | 0114  | psychiatr  |   |          | 0540   | Ambulance service - general  |  |
|                 | 0115  | hospice  | arges for private rooms -                                 |          |  | Ambulance service - supplies   |  |
|                 | 0116  | detoxific  |   |          | 0542   | Ambulance service - medical transport  |  |
|                 | 0117  | oncology   |   |          | 0543   | Ambulance service - heart mobile   |  |
|                 | 0118  | rehabilita   |   |          | 0544   | Ambulance service - oxygen   |  |
|                 | 0119<br>0120  | Room ch  | arges for private rooms - of arges for semi-private rooms |          | 0545<br>0546   | Ambulance service - air ambulance<br>Ambulance service - neonatal  |  |
|                 | 0121  |  | arges for semi-private roo<br>surgical/GYN                | oms -    | 0547   | Ambulance service - pharmacy   |  |
|                 | 0122  |  | arges for semi-private roo                                | oms -    | 0548   | Ambulance service - telephone transmission EKG   |  |
|                 | 0123  |  | arges for semi-private roo                                | oms -    | 0549   | Ambulance service - other  |  |
|                 | 0124  | Room ch<br>psychiatr   | arges for semi-private roo<br>ic                          | oms -    | 0550   | Skilled nursing - general  |  |
|                 | 0125  | Room ch<br>hospice   | arges for semi-private roo                                | oms -    | 0551   | Skilled nursing - visit charge   |  |
|                 | 0126  | detoxific  |   |          |  | Skilled nursing - hourly charge  |  |
|                 | 0127  | oncology   |   |          |  | Skilled nursing - other  |  |
|                 | 0128  | rehabilita   |   |          |  | Medical social services - general  |  |
|                 | 0129  | other  | arges for semi-private roo                                |          |  | Medical social services - visit charge   |  |
|                 | 0130  | - rooms -  |   |          |  | Medical social services - hourly charge  |  |
|                 | 0131  | - rooms -  | arges for semi-private - 3/<br>medical/surgical/GYN       |          |  | Medical social services - other  |  |
|                 | 0132  | - rooms -  | arges for semi-private - 3/<br>obstetrics                 |          |  | Home health aide - general   |  |
|                 | 0133  |  | arges for semi-private - 3/<br>pediatric                  | /4 beds  | 0571   | Home health aide - visit charge  |  |

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| 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  | 0579 | Home health aide - other   |
| 0136 | - rooms - hospice<br>Room charges for semi-private - 3/4 beds<br>- rooms - detoxification | 0580 | Other visits (home health) - general   |
| 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology                               | 0581 | Other visits (home health) - visit charge                                    |
| 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation                         | 0582 | Other visits (home health) - hourly charge                                   |
| 0139 | Room charges for semi-private - 3/4 beds - rooms - other                                  | 0583 | Other visits (home health) - assessment                                      |
| 0140 | Room charges for private (deluxe) rooms - general   | 0589 | Other visits (home health) - other   |
| 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 - pediatric                                       | 0601 | Oxygen (home health) - stat/equip/supply or contents                         |
| 0144 | Room charges for private (deluxe) rooms - psychiatric                                     | 0602 | Oxygen (home health) - stat/equip/supply under 1 liter per minute            |
| 0145 | Room charges for private (deluxe) rooms - hospice   | 0603 | Oxygen (home health) - stat/equip/supply over 4 liters per minute            |
| 0146 | Room charges for private (deluxe) rooms - detoxification                                  | 0604 | Oxygen (home health) - portable add-in                                       |
| 0147 | Room charges for private (deluxe) rooms - oncology  | 0609 | Oxygen (home health) - other   |
| 0148 | Room charges for private (deluxe) rooms - rehabilitation                                  | 0610 | Magnetic Resonance Technology (MRT) - MRI - general                          |
| 0149 | Room charges for private (deluxe) rooms - other   | 0611 | Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)     |
| 0150 | Room charges for ward rooms - general   | 0612 | Magnetic Resonance Technology (MRT) - MRI -<br>spinal cord (including spine) |
| 0151 | Room charges for ward rooms - medical/surgical/GYN  | 0614 | Magnetic Resonance Technology (MRT) - MRI - other                            |
| 0152 | Room charges for ward rooms - obstetrics  | 0615 | Magnetic Resonance Technology (MRT) - MRA – head and neck                    |
| 0153 | Room charges for ward rooms - pediatric   | 0616 | Magnetic Resonance Technology (MRT) - MRA – lower extremities                |
| 0154 | Room charges for ward rooms - psychiatric   | 0618 | Magnetic Resonance Technology (MRT) - MRA – other                            |
| 0155 | Room charges for ward rooms - hospice   | 0619 | Magnetic Resonance Technology (MRT) - Other MRT                              |
| 0156 | Room charges for ward rooms - detoxification  | 0621 | Medical/surgical supplies - incident to radiology                            |
| 0157 | Room charges for ward rooms - oncology  | 0622 | Medical/surgical supplies - incident to other 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<br>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-<br>administrable             |
| 0172 | Room charges for nursery - newborn level II   | 0640 | Home IV therapy services - general   |
| 0173 | Room charges for nursery - newborn level III  | 0641 | Home IV therapy services – non-routine nursing, central line                 |
|      |   |      |  |

| 0174         | Room charges for nursery - newborn level IV  | 0642         | Home IV therapy services - IV site care, central line   |
|--------------|--|--------------|---|
| 0179         | Room charges for nursery - other   | 0643         | Home IV therapy services - IV start/change, peripheral line   |
| 0180         | Room charges for LOA - general   | 0644         | Home IV therapy services – non-routine nursing, peripheral line   |
| 0182         | Room charges for LOA - patient convenience-charges billable                        | 0645         | Home IV therapy services - training patient/caregiver, central line   |
| 0183         | Room charges for LOA - therapeutic leave   | 0646         | Home IV therapy services - training, disabled patient, central line   |
| 0185         | Room charges for LOA – nursing home (for hospitalization)                          | 0647         | Home IV therapy services - training, patient/caregiver, peripheral  |
| 0189         | Room charges for LOA - other   | 0648         | Home IV therapy services - training, disabled patient, peripheral   |
| 0190         | Room charges for subacute care - general   | 0649         | Home IV therapy services - other  |
| 0191         | Room charges for subacute care - Level I (skilled care)                            | 0650         | Hospice services - general  |
| 0192         | Room charges for subacute care - Level II (comprehensive care)                     | 0651         | Hospice services - routine home care  |
| 0193         | Room charges for subacute care - Level III (complex care)                          | 0652         | Hospice services - continuous home care   |
| 0194         | 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 -  | 0662         | Respite care - hourly   |
| 0207         | intermediate intensive care unit (ICU) Room charges for intensive care - burn care | 0663         | charge/aide/homemaker/companion<br>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<br>0224 | Special charges - UR service charge<br>Special charges - late discharge,           | 0691<br>0692 | Pre-hospice/Palliative Care Services – visit charge<br>Pre-hospice/Palliative Care Services – hourly charge |
| 0229         | medically necessary Special charges - other  | 0693         | Pre-hospice/Palliative Care Services - evaluation   |
| 0229         | Incremental nursing care - general   | 0694         | Pre-hospice/Palliative Care Services - evaluation   |
| 0230         | general  | 3077         | 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  |
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| 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<br>0254 | Pharmacy - take-home drugs  | 0739<br>0740 | EKG/ECG services - other  |
| 0234         | Pharmacy - drugs incident to other diagnostic services  | 0/40         | EEG services - general  |
| 0255         | Pharmacy - drugs incident to radiology  | 0750         | Gastrointestinal services - general   |
| 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<br>0271 | Medical surgical supplies and devices -<br>general<br>Medical surgical supplies and devices - | 0802<br>0803 | Inpatient renal dialysis services - peritoneal (non-<br>CAPD)<br>Inpatient renal dialysis services - continuous |
| 02/1         | nonsterile  | 0803         | 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<br>organ search-donor bank charges                                |
| 0279         | Medical surgical supplies and devices - other   | 0815         | Acquisition of body components – stem cells-<br>allogeneic  |
| 0280         | Oncology - general  | 0819         | Acquisition of body components - other donor  |
| 0289<br>0290 | Oncology - other<br>DME - general   | 0820<br>0821 | Hemodialysis - outpatient or home - general<br>Hemodialysis - outpatient or home - composite or                 |
|              |   |              | other rate  |
| 0291<br>0292 | DME - rental<br>DME - purchase of new   | 0822<br>0823 | Hemodialysis - outpatient or home – home supplies<br>Hemodialysis - outpatient or home – home<br>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 supplies  |
| 0304         | Laboratory – non-routine dialysis   | 0833         | Peritoneal dialysis - outpatient or home – home equipment   |
| 0305         | Laboratory - hemotology   | 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   |
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| 0310 | Laboratory pathological - general                                    | 0841  | CAPD - outpatient or home - composite or other rate  |
|------|--|-------|--|
| 0311 | Laboratory pathological - cytology                                   | 0842  | CAPD - outpatient or home – home supplies            |
| 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 -   | 0850  | CCPD - outpatient or home - general                  |
| 0321 | angiocardiography  | 0050  | COLD outputient of nome 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            |
| 0323 | Radiology - diagnostic - chest x-ray                                 | 0853  | CCPD - outpatient or home - home equipment           |
| 0324 | Radiology - diagnostic - etiest x-ray Radiology - diagnostic - other | 0854  | CCPD - outpatient or home - maintenance 100%         |
|      | Radiology - diagnostic - other<br>Radiology - therapeutic and/or     |       |  |
| 0330 | 23 1   | 0855  | CCPD - outpatient or home - support services         |
| 0221 | chemotherapy administration - general                                | 0050  | COPP 4 1 1 1   |
| 0331 | Radiology - therapeutic and/or                                       | 0859  | CCPD - outpatient or home - other                    |
|      | chemotherapy administration -  |       |  |
| 0000 | chemotherapy - injected  | 00.00 | V  |
| 0332 | Radiology - therapeutic and/or                                       | 0860  | Magnetoencephalography (MEG) - General               |
|      | chemotherapy administration -  |       |  |
|      | chemotherapy - oral  |       |  |
| 0333 | Radiology - therapeutic and/or                                       | 0861  | Magnetoencephalography (MEG) - MEG                   |
|      | chemotherapy administration - radiation                              |       |  |
|      | therapy  |       |  |
| 0335 | Radiology - therapeutic and/or                                       | 0880  | Miscellaneous dialysis - general                     |
|      | chemotherapy administration -  |       |  |
|      | chemotherapy - IV  |       |  |
| 0339 | Radiology - therapeutic and/or                                       | 0881  | Miscellaneous dialysis - ultrafiltration             |
|      | chemotherapy administration - other                                  |       |  |
| 0340 | Nuclear medicine - general   | 0882  | Miscellaneous dialysis - home aide visit             |
| 0341 | Nuclear medicine - diagnostic procedures                             | 0889  | Miscellaneous dialysis - other                       |
| 0342 | Nuclear medicine - therapeutic                                       | 0900  | Behavior health treatments/services - general        |
|      | procedures   |       |  |
| 0343 | Nuclear medicine - diagnostic  | 0901  | Behavior health treatments/services - electroshock   |
|      | radiopharmaceuticals   |       |  |
| 0344 | Nuclear medicine - therapeutic                                       | 0902  | Behavior health treatments/services - milieu therapy |
|      | radiopharmaceuticals   |       |  |
| 0349 | Nuclear medicine - other   | 0903  | Behavioral health treatments/services - play therapy |
| 0350 | CT scan - general  | 0904  | Behavior health treatments/services - activity       |
|      | Č  |       | 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         |
| 0501 | operating rectification initial surgery                              | 0,12  | hospitalization - less intensive                     |
| 0362 | Operating room services - organ                                      | 0913  | Behavior health treatment/services - partial         |
| 0302 | transplant other than kidney   | 0713  | hospitalization - intensive                          |
| 0367 | Operating room services - kidney                                     | 0914  | Behavior health treatment/services - individual      |
| 0307 | transplant   | 0714  | therapy  |
| 0369 | Operating room services - other                                      | 0915  | Behavior health treatment/services - group therapy   |
|      |  | 0915  |  |
| 0370 | Anesthesia - general   |       | Behavior health treatment/services - family therapy  |
| 0371 | Anesthesia - incident to radiology                                   | 0917  | Behavior health treatment/services - biofeedback     |
| 0372 | Anesthesia - incident to other diagnostic                            | 0918  | Behavior health treatment/services - testing         |
| 0274 | services   | 0010  | D-1i1141   |
| 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             |
| 0384 | Blood - platelets  | 0925  | Other diagnostic services - pregnancy test           |
| 0385 | Blood - leukocytes   | 0929  | Other diagnostic services - other                    |
| 0386 | Blood - other components   | 0931  | Medical rehabilitation day program - half day        |
| 0387 | Blood - other derivatives  | 0932  | Medical rehabilitation day program - full day        |
| 0000 | (cryoprecipitate)  | 0010  |  |
| 0389 | Blood - other  | 0940  | Other therapeutic services - general                 |
|      |  |       |  |

| 0390         | Blood and blood component administration, storage and processing -              | 0941         | Other therapeutic services - recreational therapy  |
|--------------|---|--------------|--|
| 0391         | general Blood and blood component administration, storage and processing -      | 0942         | Other therapeutic services - education/training  |
|              | administration  |              |  |
| 0392         | Blood and blood component administration, storage and processing –              | 0943         | Other therapeutic services - cardiac rehabilitation  |
|              | processing and storage  |              |  |
| 0399         | Blood and blood component administration, storage and processing -              | 0944         | Other therapeutic services - drug rehabilitation   |
| 0400         | other Other imaging services - general  | 0945         | Other therapeutic services - alcohol rehabilitation  |
| 0400         | Other imaging services - general Other imaging services - diagnostic            | 0946         | Other therapeutic services - anomor renabilitation  Other therapeutic services - complex medical |
|              | mammography   |              | equipment - routine  |
| 0402         | Other imaging services - ultrasound   | 0947         | Other therapeutic services - complex medical equipment - ancillary                               |
| 0403         | Other imaging services - screening  | 0948         | Other therapeutic services – pulmonary   |
| 0404         | mammography Other imaging services - PET  | 0949         | rehabilitation Other therapeutic services - other  |
| 0409         | Other imaging services - 1 E1 Other imaging services - other                    | 0949         | Other therapeutic services – athletic training   |
| 0410         | Respiratory services - general  | 0952         | Other therapeutic services - kinesiotherapy  |
| 0412         | Respiratory services - inhalation   | 0953         | Other therapeutic services – chemical dependency (drug and alcohol)                              |
| 0413         | Respiratory services - hyperbaric oxygen therapy                                | 0960         | 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 - evaluation or reevaluation                               | 0977         | Professional fees - physical therapy   |
| 0439         | Occupational therapy - other  | 0978         | Professional fees - occupational therapy   |
| 0440<br>0441 | Speech-language pathology - general<br>Speech-language pathology - visit charge | 0979<br>0981 | Professional fees - speech therapy<br>Professional fees - emergency room                         |
| 0441         | Speech-language pathology - visit charge<br>Speech-language pathology - hourly  | 0982         | Professional fees - emergency room  Professional fees - outpatient services                      |
| 0112         | charge  | 0702         | Troressional rees outpution services   |
| 0443         | Speech-language pathology - group rate  | 0983         | Professional fees - clinic   |
| 0444         | Speech-language pathology - evaluation  | 0984         | Professional fees - medical social services  |
| 0.440        | or reevaluation   | 0005         | Professional fees - EKG  |
| 0449<br>0450 | Speech-language pathology - other<br>Emergency room - general                   | 0985<br>0986 | Professional fees - EEG Professional fees - EEG  |
| 0450         | Emergency room - EMTALA emergency   | 0987         | Professional fees - hospital visit   |
| 0452         | medical screening services Emergency room - beyond EMTALA                       | 0988         | Professional fees - consultation   |
| -            | screening   |              |  |
| 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<br>0470 | Pulmonary function - other<br>Audiology - general                               | 0992<br>0993 | Patient convenience items - private linen service  |
| 0470         | Audiology - general Audiology - diagnostic                                      | 0993         | Patient convenience items - telephone/telegraph Patient convenience items - TV/radio             |
| 0471         | Audiology - diagnostic  Audiology - treatment                                   | 0994         | Patient convenience items - 1 v/radio  |
| 0479         | Audiology - other   | 0996         | Patient convenience items - late discharge charge  |
| 0480         | Cardiology - general  | 0997         | Patient convenience items - admission kits   |
| 0481         | Cardiology - cardiac cath lab   | 0998         | Patient convenience items - beauty shop/barber   |
| 0482         | Cardiology - stress test  | 0999         | Patient convenience items - other  |
| 0483<br>0489 | Cardiology - echocardiology<br>Cardiology - other                               | 1000<br>1001 | Behavior health accommodations - general<br>Behavior health accommodations - residential         |
| 0.400        | A 1 1 4   | 1002         | treatment - psychiatric  |
| 0490         | Ambulatory surgical care - general  | 1002         | Behavior health accommodations - residential treatment - chemical dependency                     |
|              | <b>T</b>  |              |  |

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| 0517 Clir<br>0519 Clir<br>0520 Free<br>0521 Free<br>Mer<br>0522 Free<br>RH6<br>0523 Free<br>0524 Free<br>RH6   | estanding Clinic - Visit by  |  |   |
| 0517 Clir<br>0519 Clir<br>0520 Free<br>0521 Free<br>Mer<br>0522 Free<br>RHe<br>0523 Free<br>0524 Free  | C/FQHC Practitioner to a Member in overed Part A Stay at SNF   |  |   |
| 0517 Clir<br>0519 Clir<br>0520 Free<br>0521 Free<br>Mer<br>0522 Free<br>RHe  | e ,  | 3109   | Adult foster care - other   |
| 0517 Clir<br>0519 Clir<br>0520 Free<br>0521 Free<br>Mer<br>0522 Free   |  | 3105   | Adult foster care - daily   |
| 0517 Clir<br>0519 Clir<br>0520 Free<br>0521 Free<br>Mer  | estanding Clinic - Home Visit by<br>C/FQHC Practitioner  | 3104   | Adult day care, social - daily  |
| 0517 Clir<br>0519 Clir<br>0520 Free  | mber to RHC/FQHC   |  | •   |
| 0517 Clir<br>0519 Clir   |  | 3102<br>3103   | Adult day care, social - hourly<br>Adult day care, medical and social - daily   |
| 0517 Clir  |  | 3101   | Adult day care, medical and social - hourly   |
|  | nic - family practice  | 2109   | Alternative therapy services - other  |
|  |  | 2106   | Alternative therapy services - hypnosis   |
|  |  | 2105   | Alternative therapy services - biofeedback  |
|  | 1 2  | 2103   | Alternative therapy services - reflexology  |
|  |  | 2102   | Alternative therapy services - acupressure Alternative therapy services - massage   |
|  | 1  | 2101   | Alternative therapy services - acupuncture<br>Alternative therapy services - acupressure  |
|  | 2  | 2100<br>2101   | Alternative therapy services - general  |
|  |  |  |   |
|  | . •  | 1005   | Behavior health accommodations - group home   |
|  | bulatory surgical care - other tpatient services - general   | 1004   | Behavior health accommodations - supervised living Behavior health accommodations - halfway house   |

|                       | 57  | Decision for Surgery  | FA           | Left hand, thumb   |  |  |
|-----------------------|---|---|--------------|--|--|--|
|                       | 58  | Staged or Related Procedure or Service by the<br>Same Physician or Other Qualified Health<br>Care Professional During the Postoperative   | GG           | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. |  |  |
|                       | 59  | Period Distinct Procedural Service  | GH           | Diagnostic mammogram converted from screening  |  |  |
|                       |   |   |              | mammogram on same day  |  |  |
|                       | 62  | Two Surgeons  | LC           | Left circumflex coronary artery  |  |  |
|                       | 63<br>66  | Procedure Performed on Infants less than 4kg<br>Surgical Team   | LD<br>L      | Left anterior descending coronary artery Left main coronary artery                                       |  |  |
|                       | 00  | Surgicul Touri  | M            | Lett main cotonary artery  |  |  |
|                       | 73  | Discontinued Outpatient Hospital/Ambulatory<br>Surgery Center (ASC) Procedure prior to the<br>Administration of Anesthesia  | LT           | Left side of the body procedure  |  |  |
|                       | 74  | Discontinued Outpatient Hospital/Ambulatory<br>Surgery Center (ASC) Procedure after   | Q<br>M       | Ambulance service provided under arrangement by a provider of services                                   |  |  |
|                       | 76  | Administration of Anesthesia Repeat Procedure by Same Physician or Other Ovalified Health Care Professional   | QN           | Ambulance service furnished directly by a provider of services   |  |  |
|                       | 77  | Qualified Health Care Professional<br>Repeat Procedure by Another Physician or<br>Other Qualified Health Care Professional  | RC           | Right coronary artery  |  |  |
|                       | 78  | Unplanned Return to the Operating/Procedure<br>Room by the Same Physician or Other<br>Qualified Health Care Professional Following<br>Initial Procedure for a Related Procedure | RI           | Ramus intermedius coronary artery  |  |  |
|                       | 79  | During the Postoperative Period Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care   | RT           | Right side of the body procedure   |  |  |
|                       | 80  | Professional During the Postoperative Period<br>Assistant Surgeon   | T1           | Left foot, second digit  |  |  |
|                       | 81  | Minimum Assistant Surgeon   | T2           | Left foot, third digit   |  |  |
|                       | 82  | Repeat procedure by same physician  | T3           | Left foot, fourth digit  |  |  |
|                       | 90<br>91  | Reference (Outside) Laboratory  | T4<br>T5     | Left foot, fifth digit   |  |  |
|                       | 91  | Repeat Clinical Diagnostic Laboratory Test<br>Alternative Laboratory Platform Testing   | T6           | Right foot, great toe<br>Right foot, second digit  |  |  |
|                       | 95  | Synchronous Telemedicine Service Rendered<br>Via a Real-Time Interactive Audio and Video<br>Telecommunications System   | T7           | Right foot, third digit  |  |  |
|                       | 99  | Multiple Modifiers  | Т8           | Right foot, fourth digit   |  |  |
|                       | 1P  | Performance Measure Exclusion Modifier due to Medical Reasons   | Т9           | Right foot, fifth digit  |  |  |
|                       | 2P  | Performance Measure Exclusion Modifier due to Patient Reasons   | TA           | Left foot, great toe   |  |  |
|                       | 3P  | Performance Measure Exclusion Modifier due to System Reasons  | XE           | Separate Encounter   |  |  |
|                       | 8P  | Performance Measure Reporting Modifier-<br>Action not performed, reason not otherwise<br>specified  | XS           | Separate Structure   |  |  |
|                       | P1  | A normal healthy patient  | XP           | Separate Practitioner  |  |  |
|                       | P2<br>P3  | A patient with mild systemic disease<br>A patient with severe systemic disease  | XU           | Unusual Non-Overlapping Service  |  |  |
| Length:               | 2   | Type: Alphanumeric Data S   | <u>ource</u> | : Claim  |  |  |
| Field 7:              | MO  | DIFIER_2  |              |  |  |  |
|                       | Ider  | ntifies special circumstances related to the  | ne perf      | formance of the service.   |  |  |
| <b>Coding Scheme:</b> | Sam   | ne as MODIFIER 1  | _            |  |  |  |
| Length:               | 2   | Type: Alphanumeric Data S   | ource        | : Claim  |  |  |
| Field 8:              | MO  | DIFIER 3  |              |  |  |  |
|                       | Identifies special circumstances related to the performance of the service. |   |              |  |  |  |
| <b>Coding Scheme:</b> |   | ne as MODIFIER 1  |              |  |  |  |
| Length:               | 2   | Type: Alphanumeric Data S   | ource        | : Claim  |  |  |
| Field 9:              |   | DIFIER 4  |              |  |  |  |
|                       |   | ntifies special circumstances related to the  | ie perf      | ormance of the service.  |  |  |
| Coding Scheme:        |   | ne as MODIFIER 1  | r 211        |  |  |  |
| Length:               | 2   | Type: Alphanumeric Data S   | ource        | : Claim  |  |  |
| Field 10:             |   | IT MEASUREMENT CODE   | ••           |  |  |  |
|                       | 011   |   |              |  |  |  |
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|                       | Code                                   | specifyir   | ng the units in which | ch a value is being o | expressed. |
|-----------------------|--|-------------|-----------------------|-----------------------|------------|
| <b>Coding Scheme:</b> | DA                                     | Days        |                       |                       |            |
|                       | F2                                     | Internation | onal unit             |                       |            |
|                       | UN                                     | Unit        |                       |                       |            |
| Length:               | 2                                      | Type:       | Alphanumeric          | Data Source:          | Claim      |
| Field 11:             | UNI                                    | TS_OF_S     | ERVICE                |                       |            |
|                       | Num                                    | eric value  | of quantity           |                       |            |
| Length:               | 7                                      | Type:       | Numeric               | Data Source:          | Claim      |
| Field 12:             | UNI                                    | T_RATE      |                       |                       |            |
|                       | Rate                                   | per unit    |                       |                       |            |
| Length:               | 12                                     | Type:       | Numeric               | Data Source:          | Claim      |
| Field 13:             | CHF                                    | RGS_LIN     | E_ITEM                |                       |            |
|                       | Total                                  | l amount o  | of the charge         |                       |            |
| Length:               | 14                                     | Type:       | Numeric               | Data Source:          | Assigned   |
| Field 14:             | CHF                                    | RGS_NO      | N_COV                 |                       |            |
|                       | Total non-covered amount of the charge |             |                       |                       |            |
| Length:               | 14                                     | Type:       | Alphanumeric          | Data Source:          | Assigned   |

# **FACILITY TYPE INDICATOR FILE**

| Field 1:              | THCIC_ID  |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|
|                       | Provider ID. Unique identifier assigned to the provider by THCIC.   |  |  |  |  |  |
| Length:               | 6 Type: Alphanumeric Data Source: Assigned  |  |  |  |  |  |
| Field 2:              | PROVIDER_NAME   |  |  |  |  |  |
|                       | Hospital name provided by the hospital.   |  |  |  |  |  |
| Length:               | 55 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |  |  |  |  |  |
| Field 3:              | PROVIDER_ADDR   |  |  |  |  |  |
|                       | Hospital address provided by the hospital.  |  |  |  |  |  |
| Length:               | 50 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |  |  |  |  |  |
| Field 4:              | PROVIDER_CITY   |  |  |  |  |  |
|                       | Hospital city provided by the hospital.   |  |  |  |  |  |
| Length:               | 20 Type: Alphanumeric Data Source: Provider   |  |  |  |  |  |
| Field 5:              | PROVIDER_STATE  |  |  |  |  |  |
| T (1                  | Hospital state provided by the hospital.  |  |  |  |  |  |
| Length:               | 2 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 6:              | PROVIDER_ZIP  |  |  |  |  |  |
| T                     | Hospital ZIP code provided by the hospital.   |  |  |  |  |  |
| Length:               | 9 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 7:              | FAC_TEACHING_IND  |  |  |  |  |  |
| Coding Sahama         | Teaching Facility Indicator.  |  |  |  |  |  |
| Coding Scheme:        | A Member, Council of Teaching Hospitals   |  |  |  |  |  |
| Longth                | X Other Teaching facility 1 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Length: Field 8:      | FAC PSYCH IND   |  |  |  |  |  |
| rieiu o:              | Psychiatric Facility Indicator.   |  |  |  |  |  |
| Length:               | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |  |  |  |  |  |
| Field 9:              | FAC REHAB IND   |  |  |  |  |  |
| riciu 7.              | Rehabilitation Facility Indicator.  |  |  |  |  |  |
| Length:               | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |  |  |  |  |  |
| Field 10:             | FAC ACUTE CARE IND  |  |  |  |  |  |
| 11014 101             | Acute Care Facility Indicator.  |  |  |  |  |  |
| Length:               | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |  |  |  |  |  |
| Field 11:             | FAC SNF IND   |  |  |  |  |  |
|                       | Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.  |  |  |  |  |  |
| Length:               | 1 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 12:             | FAC LONG TERM AC IND  |  |  |  |  |  |
|                       | Long Term Acute Care Facility Indicator.  |  |  |  |  |  |
| Length:               | 1 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 13:             | FAC_OTHER_LTC_IND   |  |  |  |  |  |
|                       | Other Long Term Care Facility Indicator.  |  |  |  |  |  |
| Length:               | 1 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 14:             | FAC_PEDS_IND  |  |  |  |  |  |
| ~ ~ .                 | Pediatric Facility Indicator.   |  |  |  |  |  |
| <b>Coding Scheme:</b> | C Member, Council of Teaching Hospitals   |  |  |  |  |  |
| T /1                  | X Facility also treat children  |  |  |  |  |  |
| Length:               | 1 Type: Alphanumeric Data Source: Provider  |  |  |  |  |  |
| Field 15:             | POA_PROVIDER_INDICATOR  |  |  |  |  |  |
|                       | Indicator identifying whether facility is required to submit Diagnosis Present on Admission   |  |  |  |  |  |
|                       | (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Haspitals. Innation Polyalisation |  |  |  |  |  |
|                       | from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation   |  |  |  |  |  |
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| www.dshs.texas        |   |  |  |  |  |  |
| W W WidshistCAds      | 20 Last opuateur December, 2023   |  |  |  |  |  |

Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals. Mixed (Facility has sections that would be exempted from reporting POA for those **Coding Scheme:** patients) Required X Exempt Invalid Length: Type: Alphanumeric Data Source: Assigned Field 16: PROVIDER\_COUNTY Hospital County provided by the hospital. Length: Type: Alphanumeric Data Source: Provider

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## **GROUPER FILE**

| Field 1:              | RECORD ID   |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|
|                       | Provider ID. Unique identifier assigned to the provider by THCIC.   |  |  |  |  |  |
| Length:               | 6 Type: Alphanumeric Data Source: Assigned  |  |  |  |  |  |
| Field 2:              | FROZEN_MS_DRG   |  |  |  |  |  |
|                       | Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed   |  |  |  |  |  |
|                       | for Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing  |  |  |  |  |  |
|                       | Administration (HCFA)) to facilitate hospital payment for Medicare beneficiaries. The   |  |  |  |  |  |
|                       | calculation for this field is updated annually.   |  |  |  |  |  |
| Length:               | 3 Type: Alphanumeric Data Source: Assigned  |  |  |  |  |  |
| Field 3:              | FROZEN_MS_MDC   |  |  |  |  |  |
|                       | Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that  |  |  |  |  |  |
|                       | groups beneficiary diagnosis codes into broad categories based on condition type and body   |  |  |  |  |  |
|                       | region <sup>13</sup> as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates |  |  |  |  |  |
|                       | hospital payment for Medicare beneficiaries. First available 2004. The calculation for this   |  |  |  |  |  |
|                       | field is updated annually.  |  |  |  |  |  |
| Length:               | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |  |  |  |  |  |
| Field 4:              | FROZEN MS GROUPER VERSION NBR   |  |  |  |  |  |
|                       | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and   |  |  |  |  |  |
|                       | previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS  |  |  |  |  |  |
|                       | DRG and, MS MDC codes. The calculation for this field is updated annually.  |  |  |  |  |  |
| Length:               | 5 Type: Alphanumeric Data Source: Assigned  |  |  |  |  |  |
| Field 5:              | FROZEN_MS_GROUPER_ERROR_CODE  |  |  |  |  |  |
| C - 1' C - 1          | Error codes identify potential variations with MS DRG code assignment. The calculation for  |  |  |  |  |  |
| Coding Scheme:        | this field is updated annually.  No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or exe   |  |  |  |  |  |
|                       | Diagnosis code cannot be used as  |  |  |  |  |  |
|                       | principal diagnosis  20 Disable flac is invalid and at least one flac POA is N of O   |  |  |  |  |  |
|                       | Record does not meet criteria for any DRG  21 DisableHac is invalid and at least one HAC POA is invalid   |  |  |  |  |  |
|                       | 03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt   |  |  |  |  |  |
|                       | 04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt  |  |  |  |  |  |
|                       | DisableHac = 0 and there are multiple HACs that have different ty, W, N, U  |  |  |  |  |  |
|                       | DisableHas is invalid and there are multiple HACs that have   |  |  |  |  |  |
|                       | are not Y or W  |  |  |  |  |  |
| T                     | 11 Invalid Principal Diagnosis  |  |  |  |  |  |
| Length:<br>Field 6:   | 2 Type: Alphanumeric Data Source: Assigned  |  |  |  |  |  |
| rieia o:              | FROZEN_APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG  |  |  |  |  |  |
|                       | Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates  |  |  |  |  |  |
|                       | risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. The calculation for   |  |  |  |  |  |
|                       | this field is updated annually.   |  |  |  |  |  |
| Longth                | •   |  |  |  |  |  |
| Length:<br>Field 7:   | 4 Type: Alphanumeric Data Source: Assigned FROZEN RISK MORTALITY  |  |  |  |  |  |
| riciu 7.              |   |  |  |  |  |  |
|                       | Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four        |  |  |  |  |  |
|                       | risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk   |  |  |  |  |  |
|                       | of mortality, however it is possible to have an illness of high severity, but low mortality risk.   |  |  |  |  |  |
|                       | The risk of mortality score indicates the likelihood of dying. The calculation for this field is  |  |  |  |  |  |
|                       | updated annually.   |  |  |  |  |  |
| <b>Coding Scheme:</b> | 1 Minor   |  |  |  |  |  |
|                       | 2 Moderate<br>3 Major   |  |  |  |  |  |
|                       | 4 Extreme   |  |  |  |  |  |
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|                       |   |  |  |  |  |  |

| Length:               | 1  | Type:  | Alphanumeric  |                 | Data S   | Source:   | Assigned  |
|-----------------------|--|--|---|-----------------|--|---|---|
| Field 8:              |  |  | LNESS_SEVERI  |                 |  |   |   |
|                       | Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis             |  |   |                 |  |   |   |
|                       |  |  |   |                 |  |   | (3M All Patient Refined Diagnostic  |
|                       |  |  |   |                 |  |   | to one of four severity levels  |
|                       |  |  |   |                 |  |   | tions and comorbidities for their   |
|                       |  |  |   |                 |  | ent of phy  | siologic decompensation. The  |
|                       |  | alation to   | r this field is updat   | ed ann          | -  |   |   |
| <b>Coding Scheme:</b> | 1 2  |  |   |                 |  | Iinor<br>Ioderate                                 |   |
|                       | 3  |  |   |                 |  | Ioderate<br>Iajor                                 |   |
|                       | 4  |  |   |                 |  | xtreme  |   |
|                       | 0  |  |   |                 | N  | lo class speci                                    | ified   |
| Length:               | 1  | Type:  | Alphanumeric  |                 | Data S   | Source:   | Provider  |
| Field 9:              |  |  | PR_MDC  |                 |  |   |   |
|                       |  |  |   |                 |  |   | MDC) is a three-digit numeric code  |
|                       | that   | groups be  | eneficiary diagnosis  | s codes         | s into b   | road categ  | gories based on condition type and  |
|                       |  |  |   |                 |  |   | rsion 20. 3M All Patient Refined –  |
|                       |  |  |   |                 |  |   | dology that classifies hospital   |
|                       |  |  |   |                 |  | severity o  | of illness and risk of mortality. It is a   |
|                       |  |  | oduct of the compa  |                 |  |   |   |
|                       |  |  |   |                 |  |   | patients into groups for classification,  |
|                       | payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG                      |  |   |                 |  |   |   |
|                       |  | Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and |   |                 |  |   |   |
|                       | Population Health Groupers (Clinical Risk Groups), among others. The calculation for this          |  |   |                 |  |   |   |
| T amouth.             | _  |  | ed annually.  |                 | Data (   | · · · · · · · · · · · · · · · · · · ·             | A: 1  |
| Length:               | 2<br>EDC   | Type:  | Alphanumeric  |                 | Data   | Source:   | Assigned  |
| Field 10:             |  |  | .PR_GROUPER_  |                 |  |   |   |
|                       |  | RSION_N  |   | DDG             | Graun  | rused Tl  | ne calculation for this field is updated  |
|                       |  | ally.  | er of the 51vi Ar K   | י טאטי          | Oroup  | er usea. 11                                       | the calculation for this field is updated   |
| Length:               | 5  | Type:  | Alphanumeric  |                 | Data 9   | Source:   | Assigned  |
| Field 11:             |  |  | PR GROUPER  |                 | Data   | Jour cc.  | rissigned   |
| Ticia II.             |  | ROR CO   |   |                 |  |   |   |
|                       |  | _  |   | APR-D           | RG Gr  | ouper. The  | e calculation for this field is updated   |
|                       | Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. |  |   |                 |  |   |   |
|                       | HAC: Hospital Acquired Condition   |  |   |                 |  |   |   |
|                       |  |  | on Admission  |                 |  |   |   |
|                       | DRC  | 3: Diagno  | stic Related Group  | )               |  |   |   |
| <b>Coding Scheme:</b> | 00   | No error   | s. DRG successfully ass   | signed          | 12   |   | l age/birth weight conflict (APR only)  |
| 8                     | 01   |  | s code cannot be used a   | as              | 19   | DisableHa   | c = 0 and at least one HAC POA is invalid or exe  |
|                       | 02   |  | diagnosis<br>loes not meet criteria fo  | r anv           | 20   | DisableHa   | c is invalid and at least one HAC POA is N or U   |
|                       | 02   | DRG  | ioes not meet emena to  | 1 uiij          | 20   | Disacreria  | o is invalid and at least one three 1 of t is 10 of 0   |
|                       | 03   | Invalid A  |   |                 | 21   |   | c is invalid and at least one HAC POA is invalid  |
|                       | 04   | Invalid S  |   |                 | 22   |   | c = 0 and at least one HAC POA is exempt  |
|                       | 05   |  | Discharge Status<br>irthweight (AP & APR  | only)           | 23<br>24   |   | c is invalid and at least one HAC POA is exempt $c = 0$ and there are multiple HACs that have difference of the contract of t |
|                       | UO   |  |   |                 |  | not Y, W,   | <u>*</u>  |
|                       | 06   |  |   |                 |  |   |   |
|                       | 09   |  | ischarge age in days (A   | P & AP          | R 25   |   | c is invalid and there are multiple HACs that hav   |
|                       | 09   | only)  |   | AP & AP         | R 25   | DisableHa<br>are not Y                            | c is invalid and there are multiple HACs that hav   |
| Length:               | 09<br>11   | only)<br>Invalid F   | Principal Diagnosis   | .P & AP         |  | are not Y   | c is invalid and there are multiple HACs that haver W   |
| Length:<br>Field 12:  | 09<br>11<br>2  | only)<br>Invalid F<br><b>Type:</b>   |   | AP & AP         |  |   | c is invalid and there are multiple HACs that hav   |
| Length:<br>Field 12:  | 09<br>11<br>2<br><b>MS</b> _   | only) Invalid F Type: DRG  | Principal Diagnosis Alphanumeric  |                 | Data S   | are not Y o                                       | c is invalid and there are multiple HACs that haven W  Assigned   |
|                       | 09<br>11<br>2<br><b>MS_</b><br>Med   | only) Invalid F Type: DRG licare Sev   | Principal Diagnosis Alphanumeric erity Diagnostic R   | elated (        | <b>Data</b> S                                    | are not Y of Source:  (MS DRG                     | c is invalid and there are multiple HACs that have or W  Assigned  as assigned by software developed  |
|                       | 09<br>11<br>2<br><b>MS_</b><br>Med<br>for C  | only) Invalid F Type: DRG licare Sev Centers fo                                    | Principal Diagnosis Alphanumeric erity Diagnostic Ror Medicare and Mo   | elated (        | Data S<br>Group<br>Service                       | are not Y of Source:  (MS DRG tes (CMS)           | c is invalid and there are multiple HACs that have by W  Assigned  as assigned by software developed (formerly Health Care Financing  |
|                       | 09 11 2 MS_ Med for C  | only) Invalid F Type: DRG licare Sev Centers for                                   | Principal Diagnosis Alphanumeric erity Diagnostic Ror Medicare and Mo   | elated (edicaid | Data S<br>Group<br>Service<br>Ospital            | are not Y of Source:  (MS DRG tes (CMS)           | c is invalid and there are multiple HACs that have or W  Assigned  as assigned by software developed  |
|                       | 09 11 2 MS_ Med for C  | only) Invalid F Type: DRG licare Sev Centers for                                   | Principal Diagnosis Alphanumeric erity Diagnostic Rer Medicare and Men (HCFA)) to facil   | elated (edicaid | Data S<br>Group<br>Service<br>ospital<br>rterly. | are not Y of Source:  (MS DRG tes (CMS)           | c is invalid and there are multiple HACs that have by W  Assigned  as assigned by software developed (formerly Health Care Financing  |
| Field 12:             | 09 11 2 MS_ Med for C Adm calcu  | only) Invalid F Type: DRG licare Sev Centers for an inistration ulation for        | Principal Diagnosis Alphanumeric erity Diagnostic Rerity Medicare and Medicare and Medicare in (HCFA)) to facily this field is updat Alphanumeric | elated (edicaid | Data S<br>Group<br>Service<br>ospital<br>rterly. | are not Y of Source:  (MS DRG ees (CMS) payment f | Assigned  Assigned by software developed (formerly Health Care Financing for Medicare beneficiaries. The  |

| Field 13:             | MS MDC   |                  |                             |   |  |  |  |
|-----------------------|--|------------------|-----------------------------|---|--|--|--|
|                       | <del>-</del>   | agnostic         | Category MD                 | OC) is a three-digit numeric code that            |  |  |  |
|                       | groups beneficiary diagnosis codes into broad categories based on condition type and body  |                  |                             |   |  |  |  |
|                       | region <sup>13</sup> as assigned by software do  |                  |                             |   |  |  |  |
|                       | Services (CMS) (formerly Health (  |                  |                             |   |  |  |  |
|                       | hospital payment for Medicare ber  |                  |                             |   |  |  |  |
|                       | field is updated quarterly.  |                  |                             |   |  |  |  |
| Length:               | 2 <b>Type:</b> Alphanumeric  | Da               | ta Source:                  | Assigned  |  |  |  |
| Field 14:             | MS GROUPER VERSION NB  | R                |                             |   |  |  |  |
|                       | CMS Medicare Severity Diagnosis  |                  | d Grouper (for              | merly CMS DRG Grouper and                         |  |  |  |
|                       | previously reported as HCFA GRO  |                  |                             |   |  |  |  |
|                       | DRG and, MS MDC codes The c  |                  |                             |   |  |  |  |
| <b>Coding Scheme:</b> | C Member, Council of Teaching H  | [ospitals        | ;                           |   |  |  |  |
| o o                   | X Facility also treat children   | •                |                             |   |  |  |  |
| Length:               | 5 <b>Type:</b> Alphanumeric  | Da               | ta Source:                  | Assigned  |  |  |  |
| Field 15:             | MS GROUPER ERROR COD   | E                |                             |   |  |  |  |
|                       |  |                  | ith MS DRG o                | code assignment. The calculation for              |  |  |  |
|                       | this field is updated quarterly.   |                  |                             | Č   |  |  |  |
| <b>Coding Scheme:</b> | No errors. DRG successfully  | 19               | DisableHac = 0              | and at least one HAC POA is invalid or exempt     |  |  |  |
| o .                   | assigned.  | 19               | Disabicitae – 0             | and at least one TIAC FOA is invalid of exempt    |  |  |  |
|                       | Ol Diagnosis code cannot be used as principal diagnosis  | 20               | DisableHac is in            | nvalid and at least one HAC POA is N or U         |  |  |  |
|                       | Pacard does not meet criteria for a  | ıv               |                             |   |  |  |  |
|                       | DRG  | <sup>1y</sup> 21 | DisableHac is in            | rivalid and at least one HAC POA is invalid or ex |  |  |  |
|                       | 03 Invalid Age   | 22               | DisableHac = 0              | and at least one HAC POA is exempt                |  |  |  |
|                       | 04 Invalid Sex   | 23               |                             | avalid and at least one HAC POA is exempt         |  |  |  |
|                       | 05 Invalid Discharge Status  | 24               |                             | and there are multiple HACs that have different   |  |  |  |
|                       | Illogical Principal Diagnosis (CMS   |                  | W, N, U<br>DisableHac is in | nvalid and there are multiple HACs that have diff |  |  |  |
|                       | only)  | 25               | not Y or W                  | Traine and more are manaple in ies and have and   |  |  |  |
|                       | 11 Invalid Principal Diagnosis   | _                |                             |   |  |  |  |
| Length:               | 2 Type: Alphanumeric   | Da               | ta Source:                  | Assigned  |  |  |  |
| Field 16:             | APR_DRG  | · ъ 1            | . 1.G (DI                   | 2.C) : 11 21.4.PD DD.C                            |  |  |  |
|                       | All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates |                  |                             |   |  |  |  |
|                       |  |                  |                             |   |  |  |  |
| T 41                  | risk of mortality (ROM) and sever  | •                | ` /                         |   |  |  |  |
| Length:               | 4 Type: Alphanumeric   | Da               | ta Source:                  | Assigned  |  |  |  |
| Field 17:             | RISK_MORTALITY   | 0                | 1 235.17                    |   |  |  |  |
|                       | Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient  |                  |                             |   |  |  |  |
|                       | Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four   |                  |                             |   |  |  |  |
|                       | risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk  |                  |                             |   |  |  |  |
|                       | of mortality, however it is possible to have an illness of high severity, but low mortality risk.  |                  |                             |   |  |  |  |
|                       | The risk of mortality score indicates the likelihood of dying. The calculation for this field is   |                  |                             |   |  |  |  |
| Cading Sahama         | updated quarterly.   |                  | Minor                       |   |  |  |  |
| Coding Scheme:        | 2  |                  | Moderate                    |   |  |  |  |
|                       | 3  |                  | Major                       |   |  |  |  |
|                       | 4  |                  | Extreme                     |   |  |  |  |
| Length:               | 1 <b>Type:</b> Alphanumeric  | Da               | ta Source:                  | Asigned   |  |  |  |
| Field 18:             | ILLNESS_SEVERITY   |                  |                             |   |  |  |  |
|                       | Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis   |                  |                             |   |  |  |  |
|                       | Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic   |                  |                             |   |  |  |  |
|                       | Related Groups inpatient grouper). A patient is assigned to one of four severity levels  |                  |                             |   |  |  |  |
|                       | dependent upon the number and in   |                  |                             |   |  |  |  |
|                       | specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The  |                  |                             |   |  |  |  |
|                       | calculation for this field is updated  | quarter          | ·ly.                        |   |  |  |  |
| <b>Coding Scheme:</b> | 1  |                  | Minor                       |   |  |  |  |
|                       |  |                  |                             |   |  |  |  |
| 2025                  | Pa   | age              |                             |   |  |  |  |
| www.dshs.texas        |  | _                | Last Updat                  | ed: December, 2025                                |  |  |  |
|                       |  |                  |                             |   |  |  |  |

|                       | 2 Moderate   |
|-----------------------|--|
|                       | 3 Major  |
|                       | 4 Extreme  |
|                       | 0 No class specified   |
| Length:               | 1 Type: Alphanumeric Data Source: Assigned   |
| Field 19:             | APR MDC  |
|                       | All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code  |
|                       | that groups beneficiary diagnosis codes into broad categories based on condition type and  |
|                       | body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined –  |
|                       | Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital   |
|                       |  |
|                       | inpatients according to reasons for admission, severity of illness and risk of mortality. It is a  |
|                       | proprietary product of the company 3M.   |
|                       | A grouper refers to software or methodology to classify patients into groups for classification,   |
|                       | payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG  |
|                       | Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and   |
|                       | Population Health Groupers (Clinical Risk Groups), among others. The calculation for this  |
|                       | field is updated quarterly.  |
| Length:               | 2 Type: Alphanumeric Data Source: Assigned   |
| Field 20:             | APR GROUPER VERSION NBR  |
|                       | Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated   |
|                       | quarterly.   |
| Length:               | 5 Type: Alphanumeric Data Source: Assigned   |
| Field 21:             | APR GROUPER ERROR CODE   |
|                       | Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated   |
|                       | quarterly.   |
|                       | HAC: Hospital Acquired Condition   |
|                       | POA: Present on Admission  |
|                       | DRG: Diagnostic Related Group  |
| <b>Coding Scheme:</b> | 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only)  |
| County Scheme.        | 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exe   |
|                       | principal diagnosis  |
|                       | Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U  |
|                       | DRG  |
|                       | O3 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid on the least one HAC POA is invalid on the least one HAC POA is invalid to the least one HAC POA P |
|                       | 04 Invalid Sex 22 DisableHac = 0 and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt  |
|                       | of Invalid birthweight (AP & APR only)  106 Invalid birthweight (AP & APR only)  217 DisableHac = 0 and there are multiple HACs that have different invalid and at least one HAC POA is exempted.  228 DisableHac = 0 and there are multiple HACs that have different invalid and at least one HAC POA is exempted.  |
|                       | not Y, W, N, U   |
|                       | 09 Invalid discharge age in days (AP & APR 25 DisableHac is invalid and there are multiple HACs that have  |
|                       | only) are not Y or W   |
|                       | 11 Invalid Principal Diagnosis   |
| Length:               | 2 Type: Alphanumeric Data Source: Assigned   |

# **DATA ELEMENT**

### **BASE DATA FILE**

| Data<br>Dictionary # | RDF Field Name   | Length | Field Type   |
|----------------------|--|--------|--------------|
| 1                    | RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files) | 12     | Alphanumeric |
| 2                    | PAT_UNIQUE_INDEX   | 10     | Alphanumeric |
| 3                    | THCIC_ID   | 6      | Alphanumeric |
| 4                    | SPEC UNIT 1  | 1      | Alphanumeric |
| 5                    | SPEC_UNIT_2  | 1      | Alphanumeric |
| 6                    | SPEC UNIT 3  | 1      | Alphanumeric |
| 7                    | SPEC UNIT 4  | 1      | Alphanumeric |
| 8                    | SPEC UNIT 5  | 1      | Alphanumeric |
| 9                    | ENCOUNTER INDICATOR  | 2      | Alphanumeric |
| 10                   | SEX CODE   | 1      | Alphanumeric |
| 11                   | BIRTH DATE   | 8      | Alphanumeric |
| 12                   | PAT AGE GROUP  | 2      | Alphanumeric |
| 13                   | PAT AGE YEARS  | 3      | Alphanumeric |
| 14                   | PAT AGE DAYS   | 5      | Alphanumeric |
| 15                   | RACE   | 1      | Alphanumeric |
| 16                   | ETHNICITY  | 1      | Alphanumeric |
| 17                   | PAT ADDR CENSUS BLOCK GROUP  | 14     | Alphanumeric |
| 18                   | PAT ADDR CENSUS BLOCK  | 5      | Alphanumeric |
| 19                   | PAT CITY   | 30     | Alphanumeric |
| 20                   | PAT STATE  | 2      | Alphanumeric |
| 21                   | PAT ZIP  | 9      | Alphanumeric |
| 22                   | PAT COUNTRY  | 2      | Alphanumeric |
| 23                   | PAT COUNTY   | 3      | Alphanumeric |
| 24                   | PUBLIC HEALTH REGION   | 2      | Alphanumeric |
| 25                   | TYPE OF ADMISSION  | 1      | Alphanumeric |
| 26                   | SOURCE OF ADMISSION  | 1      | Alphanumeric |
| 27                   | FIRST PAYMENT SRC  | 2      | Alphanumeric |
| 28                   | FIRST PAYER ID   | 10     | Alphanumeric |
| 29                   | FIRST PAYER NAME   | 35     | Alphanumeric |
| 30                   | SECONDARY PAYMENT SRC  | 2      | Alphanumeric |
| 31                   | SECONDARY PAYER ID   | 10     | Alphanumeric |
| 32                   | SECONDARY PAYER NAME   | 35     | Alphanumeric |
| 33                   | ADMIT_START_OF_CARE  | 8      | Alphanumeric |
| 34                   | ADMIT WEEKDAY  | 1      | Alphanumeric |
| 35                   | ADMIT HOUR   | 2      | Alphanumeric |
| 36                   | STMT PERIOD FROM   | 8      | Alphanumeric |
| 37                   | STMT PERIOD THRU   | 8      | Alphanumeric |
| 38                   | LENGTH OF STAY   | 4      | Alphanumeric |
| 39                   | PAT STATUS   | 2      | Alphanumeric |
| 40                   | DISCHARGE HOUR   | 2      | Alphanumeric |
| 41                   | TYPE OF BILL   | 3      | Alphanumeric |

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| Data<br>Dictionary # | RDF Field Name           | Length | Field Type   |
|----------------------|--------------------------|--------|--------------|
| 42                   | ADMITTING_DIAGNOSIS      | 7      | Alphanumeric |
| 43                   | PRINC DIAG CODE          | 7      | Alphanumeric |
| 44                   | POA_PRINC_DIAG_CODE      | 1      | Alphanumeric |
| 45                   | OTH DIAG CODE 1          | 7      | Alphanumeric |
| 46                   | POA OTH DIAG CODE 1      | 1      | Alphanumeric |
| 47                   | OTH DIAG CODE 2          | 7      | Alphanumeric |
| 48                   | POA OTH DIAG CODE 2      | 1      | Alphanumeric |
| 49                   | OTH DIAG CODE 3          | 7      | Alphanumeric |
| 50                   | POA OTH DIAG CODE 3      | 1      | Alphanumeric |
| 51                   | OTH DIAG CODE 4          | 7      | Alphanumeric |
| 52                   | POA OTH DIAG CODE 4      | 1      | Alphanumeric |
| 53                   | OTH DIAG CODE 5          | 7      | Alphanumeric |
| 54                   | POA OTH DIAG CODE 5      | 1      | Alphanumeric |
| 55                   | OTH DIAG CODE 6          | 7      | Alphanumeric |
| 56                   | POA OTH DIAG CODE 6      | 1      | Alphanumeric |
| 57                   | OTH DIAG CODE 7          | 7      | Alphanumeric |
| 58                   | POA OTH DIAG CODE 7      | 1      | Alphanumeric |
| 59                   | OTH DIAG CODE 8          | 7      | Alphanumeric |
| 60                   | POA OTH DIAG CODE 8      | 1      | Alphanumeric |
| 61                   | OTH DIAG CODE 9          | 7      | Alphanumeric |
| 62                   | POA OTH DIAG CODE 9      | 1      | Alphanumeric |
| 63                   | OTH DIAG CODE 10         | 7      | Alphanumeric |
| 64                   | POA OTH DIAG CODE 10     | 1      | Alphanumeric |
| 65                   | OTH DIAG CODE 11         | 7      | Alphanumeric |
| 66                   | POA OTH DIAG CODE 11     | 1      | Alphanumeric |
| 67                   | OTH DIAG CODE 12         | 7      | Alphanumeric |
| 68                   | POA OTH DIAG CODE 12     | 1      | Alphanumeric |
| 69                   | OTH DIAG CODE 13         | 7      | Alphanumeric |
| 70                   | POA OTH DIAG CODE 13     | 1      | Alphanumeric |
| 71                   | OTH DIAG CODE 14         | 7      | Alphanumeric |
| 72                   | POA OTH DIAG CODE 14     | 1      | Alphanumeric |
| 73                   | OTH DIAG CODE 15         | 7      | Alphanumeric |
| 74                   | POA OTH DIAG CODE 15     | 1      | Alphanumeric |
| 75                   | OTH DIAG CODE 16         | 7      | Alphanumeric |
| 76                   | POA OTH DIAG CODE 16     | 1      | Alphanumeric |
| 77                   | OTH DIAG CODE 17         | 7      | Alphanumeric |
| 78                   | POA OTH DIAG CODE 17     | 1      | Alphanumeric |
| 79                   | OTH DIAG CODE 18         | 7      | Alphanumeric |
| 80                   | POA OTH DIAG CODE 18     | 1      | Alphanumeric |
| 81                   | OTH DIAG CODE 19         | 7      | Alphanumeric |
| 82                   | POA OTH DIAG CODE 19     | 1      | Alphanumeric |
| 83                   | OTH DIAG CODE 20         | 7      | Alphanumeric |
| 84                   | POA OTH DIAG CODE 20     | 1      | Alphanumeric |
| 85                   | OTH DIAG CODE 21         | 7      | Alphanumeric |
| 86                   | POA OTH DIAG CODE 21     | 1      | Alphanumeric |
| 87                   | 1 0/1 0111 DI/10 CODE_21 | 7      | Alphanumeric |

| Data<br>Dictionary # | RDF Field Name       | Length | Field Type   |
|----------------------|----------------------|--------|--------------|
| 88                   | POA OTH DIAG CODE 22 | 1      | Alphanumeric |
| 89                   | OTH DIAG CODE 23     | 7      | Alphanumeric |
| 90                   | POA_OTH_DIAG_CODE_23 | 1      | Alphanumeric |
| 91                   | OTH_DIAG_CODE_24     | 7      | Alphanumeric |
| 92                   | POA_OTH_DIAG_CODE_24 | 1      | Alphanumeric |
| 93                   | E_CODE_1             | 7      | Alphanumeric |
| 94                   | POA E CODE 1         | 1      | Alphanumeric |
| 95                   | E_CODE_2             | 7      | Alphanumeric |
| 96                   | POA E CODE 2         | 1      | Alphanumeric |
| 97                   | E_CODE_3             | 7      | Alphanumeric |
| 98                   | POA_E_CODE_3         | 1      | Alphanumeric |
| 99                   | E_CODE_4             | 7      | Alphanumeric |
| 100                  | POA_E_CODE_4         | 1      | Alphanumeric |
| 101                  | E_CODE 5             | 7      | Alphanumeric |
| 102                  | POA E CODE 5         | 1      | Alphanumeric |
| 103                  | E_CODE_6             | 7      | Alphanumeric |
| 104                  | POA E CODE 6         | 1      | Alphanumeric |
| 105                  | E_CODE_7             | 7      | Alphanumeric |
| 106                  | POA_E_CODE_7         | 1      | Alphanumeric |
| 107                  | E_CODE_8             | 7      | Alphanumeric |
| 108                  | POA_E_CODE_8         | 1      | Alphanumeric |
| 109                  | E CODE 9             | 7      | Alphanumeric |
| 110                  | POA E CODE 9         | 1      | Alphanumeric |
| 111                  | E_CODE_10            | 7      | Alphanumeric |
| 112                  | POA E CODE 10        | 1      | Alphanumeric |
| 113                  | PRINC_SURG_PROC_CODE | 7      | Alphanumeric |
| 114                  | PRINC_SURG_PROC_DATE | 8      | Alphanumeric |
| 115                  | PRINC_SURG_PROC_DAY  | 4      | Alphanumeric |
| 116                  | OTH SURG PROC CODE 1 | 7      | Alphanumeric |
| 117                  | OTH SURG PROC DATE 1 | 8      | Alphanumeric |
| 118                  | OTH SURG PROC DAY 1  | 4      | Alphanumeric |
| 119                  | OTH_SURG_PROC_CODE_2 | 7      | Alphanumeric |
| 120                  | OTH SURG PROC DATE 2 | 8      | Alphanumeric |
| 121                  | OTH_SURG_PROC_DAY_2  | 4      | Alphanumeric |
| 122                  | OTH_SURG_PROC_CODE_3 | 7      | Alphanumeric |
| 123                  | OTH_SURG_PROC_DATE_3 | 8      | Alphanumeric |
| 124                  | OTH SURG PROC DAY 3  | 4      | Alphanumeric |
| 125                  | OTH SURG PROC CODE 4 | 7      | Alphanumeric |
| 126                  | OTH SURG PROC DATE 4 | 8      | Alphanumeric |
| 127                  | OTH SURG PROC DAY 4  | 4      | Alphanumeric |
| 128                  | OTH_SURG_PROC_CODE_5 | 7      | Alphanumeric |
| 129                  | OTH_SURG_PROC_DATE_5 | 8      | Alphanumeric |
| 130                  | OTH SURG PROC DAY 5  | 4      | Alphanumeric |
| 131                  | OTH SURG PROC CODE 6 | 7      | Alphanumeric |
| 132                  | OTH SURG PROC DATE 6 | 8      | Alphanumeric |
| 133                  | OTH SURG PROC DAY 6  | 4      | Alphanumeric |

| Data<br>Dictionary # | RDF Field Name        | Length | Field Type   |
|----------------------|-----------------------|--------|--------------|
| 134                  | OTH SURG PROC CODE 7  | 7      | Alphanumeric |
| 135                  | OTH SURG PROC DATE 7  | 8      | Alphanumeric |
| 136                  | OTH_SURG_PROC_DAY_7   | 4      | Alphanumeric |
| 137                  | OTH_SURG_PROC_CODE_8  | 7      | Alphanumeric |
| 138                  | OTH_SURG_PROC_DATE_8  | 8      | Alphanumeric |
| 139                  | OTH SURG PROC DAY 8   | 4      | Alphanumeric |
| 140                  | OTH SURG PROC CODE 9  | 7      | Alphanumeric |
| 141                  | OTH SURG PROC DATE 9  | 8      | Alphanumeric |
| 142                  | OTH SURG PROC DAY 9   | 4      | Alphanumeric |
| 143                  | OTH SURG PROC_CODE_10 | 7      | Alphanumeric |
| 144                  | OTH SURG PROC DATE 10 | 8      | Alphanumeric |
| 145                  | OTH SURG PROC DAY 10  | 4      | Alphanumeric |
| 146                  | OTH SURG PROC CODE 11 | 7      | Alphanumeric |
| 147                  | OTH SURG PROC DATE 11 | 8      | Alphanumeric |
| 148                  | OTH SURG PROC DAY 11  | 4      | Alphanumeric |
| 149                  | OTH SURG PROC CODE 12 | 7      | Alphanumeric |
| 150                  | OTH SURG PROC DATE 12 | 8      | Alphanumeric |
| 151                  | OTH SURG PROC DAY 12  | 4      | Alphanumeric |
| 152                  | OTH SURG PROC CODE 13 | 7      | Alphanumeric |
| 153                  | OTH SURG PROC DATE 13 | 8      | Alphanumeric |
| 154                  | OTH SURG PROC DAY 13  | 4      | Alphanumeric |
| 155                  | OTH SURG PROC CODE 14 | 7      | Alphanumeric |
| 156                  | OTH SURG PROC DATE 14 | 8      | Alphanumeric |
| 157                  | OTH SURG PROC DAY 14  | 4      | Alphanumeric |
| 158                  | OTH SURG PROC CODE 15 | 7      | Alphanumeric |
| 159                  | OTH SURG PROC DATE 15 | 8      | Alphanumeric |
| 160                  | OTH SURG PROC DAY 15  | 4      | Alphanumeric |
| 161                  | OTH SURG PROC CODE 16 | 7      | Alphanumeric |
| 162                  | OTH SURG PROC DATE 16 | 8      | Alphanumeric |
| 163                  | OTH SURG PROC DAY 16  | 4      | Alphanumeric |
| 164                  | OTH SURG PROC CODE 17 | 7      | Alphanumeric |
| 165                  | OTH SURG PROC DATE 17 | 8      | Alphanumeric |
| 166                  | OTH SURG PROC DAY 17  | 4      | Alphanumeric |
| 167                  | OTH SURG PROC CODE 18 | 7      | Alphanumeric |
| 168                  | OTH SURG PROC DATE 18 | 8      | Alphanumeric |
| 169                  | OTH SURG PROC DAY 18  | 4      | Alphanumeric |
| 170                  | OTH SURG PROC CODE 19 | 7      | Alphanumeric |
| 171                  | OTH SURG PROC DATE 19 | 8      | Alphanumeric |
| 172                  | OTH SURG PROC DAY 19  | 4      | Alphanumeric |
| 173                  | OTH SURG PROC CODE 20 | 7      | Alphanumeric |
| 174                  | OTH SURG PROC DATE 20 | 8      | Alphanumeric |
| 175                  | OTH SURG PROC DAY 20  | 4      | Alphanumeric |
| 176                  | OTH SURG PROC CODE 21 | 7      | Alphanumeric |
| 177                  | OTH SURG PROC DATE 21 | 8      | Alphanumeric |
| 178                  | OTH SURG PROC DAY 21  | 4      | Alphanumeric |
| 179                  | OTH SURG PROC CODE 22 | 7      | Alphanumeric |
| 1/3                  | OTH SUKU TRUC CODE 22 | /      | Атрианишене  |

| Data<br>Dictionary # | RDF Field Name              | Length | Field Type   |
|----------------------|-----------------------------|--------|--------------|
| 180                  | OTH_SURG_PROC_DATE_22       | 8      | Alphanumeric |
| 181                  | OTH SURG PROC DAY 22        | 4      | Alphanumeric |
| 182                  | OTH_SURG_PROC_CODE_23       | 7      | Alphanumeric |
| 183                  | OTH_SURG_PROC_DATE_23       | 8      | Alphanumeric |
| 184                  | OTH_SURG_PROC_DAY_23        | 4      | Alphanumeric |
| 185                  | OTH SURG PROC CODE 24       | 7      | Alphanumeric |
| 186                  | OTH SURG PROC DATE 24       | 8      | Alphanumeric |
| 187                  | OTH SURG PROC DAY 24        | 4      | Alphanumeric |
| 188                  | ATTENDING PHYSICIAN UNIF ID | 10     | Alphanumeric |
| 189                  | OPERATING PHYSICIAN UNIF ID | 10     | Alphanumeric |
| 190                  | OCCUR CODE 1                | 2      | Alphanumeric |
| 191                  | OCCUR DATE 1                | 8      | Alphanumeric |
| 192                  | OCCUR DAY 1                 | 4      | Alphanumeric |
| 193                  | OCCUR CODE 2                | 2      | Alphanumeric |
| 194                  | OCCUR DATE 2                | 8      | Alphanumeric |
| 195                  | OCCUR DAY 2                 | 4      | Alphanumeric |
| 196                  | OCCUR CODE 3                | 2      | Alphanumeric |
| 197                  | OCCUR DATE 3                | 8      | Alphanumeric |
| 198                  | OCCUR DAY 3                 | 4      | Alphanumeric |
| 199                  | OCCUR CODE 4                | 2      | Alphanumeric |
| 200                  | OCCUR DATE 4                | 8      | Alphanumeric |
| 201                  | OCCUR DAY 4                 | 4      | Alphanumeric |
| 202                  | OCCUR CODE 5                | 2      | Alphanumeric |
| 203                  | OCCUR DATE 5                | 8      | Alphanumeric |
| 204                  | OCCUR DAY 5                 | 4      | Alphanumeric |
| 205                  | OCCUR CODE 6                | 2      | Alphanumeric |
| 206                  | OCCUR DATE 6                | 8      | Alphanumeric |
| 207                  | OCCUR DAY 6                 | 4      | Alphanumeric |
| 208                  | OCCUR CODE 7                | 2      | Alphanumeric |
| 209                  | OCCUR DATE 7                | 8      | Alphanumeric |
| 210                  | OCCUR DAY 7                 | 4      | Alphanumeric |
| 211                  | OCCUR CODE 8                | 2      | Alphanumeric |
| 212                  | OCCUR DATE 8                | 8      | Alphanumeric |
| 213                  | OCCUR DAY 8                 | 4      | Alphanumeric |
| 214                  | OCCUR CODE 9                | 2      | Alphanumeric |
| 215                  | OCCUR DATE 9                | 8      | Alphanumeric |
| 216                  | OCCUR DAY 9                 | 4      | Alphanumeric |
| 217                  | OCCUR CODE 10               | 2      | Alphanumeric |
| 218                  | OCCUR DATE 10               | 8      | Alphanumeric |
| 219                  | OCCUR DAY 10                | 4      | Alphanumeric |
| 220                  | OCCUR CODE 11               | 2      | Alphanumeric |
| 221                  | OCCUR DATE 11               | 8      | Alphanumeric |
| 222                  | OCCUR_DAY_11                | 4      | Alphanumeric |
| 223                  | OCCUR CODE 12               | 2      | Alphanumeric |
| 224                  | OCCUR DATE 12               | 8      | Alphanumeric |
| 225                  | OCCUR DAY 12                | 4      | Alphanumeric |
| 443                  | OCCUR DAT 12                | +      | Aiphanumeric |

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| Data<br>Dictionary # | RDF Field Name                 | Length | Field Type   |
|----------------------|--------------------------------|--------|--------------|
| 226                  | OCCUR SPAN CODE 1              | 2      | Alphanumeric |
| 227                  | OCCUR SPAN FROM 1              | 8      | Alphanumeric |
| 228                  | OCCUR_SPAN_THRU_1              | 8      | Alphanumeric |
| 229                  | OCCUR SPAN CODE 2              | 2      | Alphanumeric |
| 230                  | OCCUR SPAN FROM 2              | 8      | Alphanumeric |
| 231                  | OCCUR SPAN THRU 2              | 8      | Alphanumeric |
| 232                  | OCCUR SPAN CODE 3              | 2      | Alphanumeric |
| 233                  | OCCUR SPAN FROM 3              | 8      | Alphanumeric |
| 234                  | OCCUR SPAN THRU 3              | 8      | Alphanumeric |
| 235                  | OCCUR SPAN CODE 4              | 2      | Alphanumeric |
| 236                  | OCCUR SPAN FROM 4              | 8      | Alphanumeric |
| 237                  | OCCUR SPAN THRU 4              | 8      | Alphanumeric |
| 238                  | CONDITION CODE 1               | 2      | Alphanumeric |
| 239                  | CONDITION CODE 2               | 2      | Alphanumeric |
| 240                  | CONDITION CODE 3               | 2      | Alphanumeric |
| 241                  | CONDITION CODE 4               | 2      | Alphanumeric |
| 242                  | CONDITION CODE 5               | 2      | Alphanumeric |
| 243                  | CONDITION CODE 6               | 2      | Alphanumeric |
| 244                  | CONDITION CODE 7               | 2      | Alphanumeric |
| 245                  | CONDITION CODE 8               | 2      | Alphanumeric |
| 246                  | VALUE CODE 1                   | 2      | Alphanumeric |
| 247                  | VALUE AMOUNT 1                 | 9      | Numeric      |
| 248                  | VALUE CODE 2                   | 2      | Alphanumeric |
| 249                  | VALUE AMOUNT 2                 | 9      | Numeric      |
| 250                  | VALUE CODE 3                   | 2      | Alphanumeric |
| 251                  | VALUE AMOUNT 3                 | 9      | Numeric      |
| 252                  | VALUE CODE 4                   | 2      | Alphanumeric |
| 253                  | VALUE AMOUNT 4                 | 9      | Numeric      |
| 254                  | VALUE CODE 5                   | 2      | Alphanumeric |
| 255                  | VALUE AMOUNT 5                 | 9      | Numeric      |
| 256                  | VALUE CODE 6                   | 2      | Alphanumeric |
| 257                  | VALUE CODE 0  VALUE AMOUNT 6   | 9      | Numeric      |
| 258                  | VALUE CODE 7                   | 2      | Alphanumeric |
| 259                  | VALUE CODE / VALUE AMOUNT 7    | 9      | Numeric      |
| 260                  | VALUE CODE 8                   | 2      | Alphanumeric |
| 261                  | VALUE CODE 8  VALUE AMOUNT 8   | 9      | Numeric      |
| 262                  | VALUE CODE 9                   | 2      | Alphanumeric |
| 263                  | VALUE CODE 9  VALUE AMOUNT 9   | 9      | Numeric      |
| 264                  | VALUE CODE 10                  | 2      | Alphanumeric |
| 265                  | VALUE CODE 10  VALUE AMOUNT 10 | 9      | Numeric      |
| 266                  | VALUE CODE 11                  | 2      | Alphanumeric |
| 267                  | VALUE CODE 11  VALUE AMOUNT 11 | 9      | Numeric      |
| 268                  | VALUE CODE 12                  | 2      | Alphanumeric |
| 269                  | VALUE CODE 12  VALUE AMOUNT 12 | 9      | Numeric      |
| 270                  |                                | 12     |              |
|                      | PRIVATE AMOUNT                 | 12     | Numeric      |
| 271                  | SEMI_PRIVATE_AMOUNT            | 12     | Numeric      |

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| Data<br>Dictionary # | RDF Field Name               | Length | Field Type   |
|----------------------|------------------------------|--------|--------------|
| 272                  | WARD_AMOUNT                  | 12     | Numeric      |
| 273                  | ICU_AMOUNT                   | 12     | Numeric      |
| 274                  | CCU_AMOUNT                   | 12     | Numeric      |
| 275                  | OTHER_AMOUNT                 | 12     | Numeric      |
| 276                  | PHARM_AMOUNT                 | 12     | Numeric      |
| 277                  | MEDSURG_AMOUNT               | 12     | Numeric      |
| 278                  | DME_AMOUNT                   | 12     | Numeric      |
| 279                  | USED DME AMOUNT              | 12     | Numeric      |
| 280                  | PT_AMOUNT                    | 12     | Numeric      |
| 281                  | OT_AMOUNT                    | 12     | Numeric      |
| 282                  | SPEECH_AMOUNT                | 12     | Numeric      |
| 283                  | IT_AMOUNT                    | 12     | Numeric      |
| 284                  | BLOOD_AMOUNT                 | 12     | Numeric      |
| 285                  | BLOOD ADM AMOUNT             | 12     | Numeric      |
| 286                  | OR AMOUNT                    | 12     | Numeric      |
| 287                  | LITH AMOUNT                  | 12     | Numeric      |
| 288                  | CARD AMOUNT                  | 12     | Numeric      |
| 289                  | ANES AMOUNT                  | 12     | Numeric      |
| 290                  | LAB AMOUNT                   | 12     | Numeric      |
| 291                  | RAD AMOUNT                   | 12     | Numeric      |
| 292                  | MRI AMOUNT                   | 12     | Numeric      |
| 293                  | OP AMOUNT                    | 12     | Numeric      |
| 294                  | ER AMOUNT                    | 12     | Numeric      |
| 295                  | AMBULANCE AMOUNT             | 12     | Numeric      |
| 296                  | PRO FEE AMOUNT               | 12     | Numeric      |
| 297                  | ORGAN AMOUNT                 | 12     | Numeric      |
| 298                  | ESRD AMOUNT                  | 12     | Numeric      |
| 299                  | CLINIC AMOUNT                | 12     | Numeric      |
| 300                  | TOTAL CHARGES                | 12     | Numeric      |
| 301                  | TOTAL NON COV CHARGES        | 12     | Numeric      |
| 302                  | TOTAL CHARGES ACCOMM         | 12     | Numeric      |
| 303                  | TOTAL NON COV CHARGES ACCOMM | 12     | Numeric      |
| 304                  | TOTAL CHARGES ANCIL          | 12     | Numeric      |
| 305                  | TOTAL NON COV CHARGES ANCIL  | 12     | Numeric      |
| 306                  | INBOUND INDICATOR            | 1      | Alphanumeric |
| 307                  | EMERGENCY DEPT FLAG          | 1      | Alphanumeric |
| 308                  | DISCHARGE                    | 6      | Alphanumeric |
|                      |                              |        |              |
|                      |                              |        |              |
|                      |                              |        |              |
|                      |                              |        |              |

# **CHARGES FILE**

| Data<br>Dictionary # | RDF Field Name  | Length | Field Type   |
|----------------------|---|--------|--------------|
| 1                    | RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files) | 12     | Alphanumeric |
| 2                    | REVENUE_CODE  | 4      | Alphanumeric |
| 3                    | REVENUE_CODE_SEQUENCE_NUMBER  | 3      | Alphanumeric |
| 4                    | HCPCS_QUALIFIER   | 2      | Alphanumeric |
| 5                    | HCPCS_PROCEDURE_CODE  | 5      | Alphanumeric |
| 6                    | MODIFIER_1  | 2      | Alphanumeric |
| 7                    | MODIFIER_2  | 2      | Alphanumeric |
| 8                    | MODIFIER_3  | 2      | Alphanumeric |
| 9                    | MODIFIER_4  | 2      | Alphanumeric |
| 10                   | UNIT_MEASUREMENT_CODE   | 2      | Alphanumeric |
| 11                   | UNITS_OF_SERVICE  | 7      | Numeric      |
| 12                   | UNIT_RATE   | 12     | Numeric      |
| 13                   | CHRGS_LINE_ITEM   | 14     | Numeric      |
| 14                   | CHRGS_NON_COV   | 14     | Alphanumeric |

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# **FACILITY TYPE INDICATOR FILE**

| Data<br>Dictionary # | RDF Field Name         | Length | Field Type   |
|----------------------|------------------------|--------|--------------|
| 1                    | THCIC_ID               | 6      | Alphanumeric |
| 2                    | PROVIDER_NAME          | 55     | Alphanumeric |
| 3                    | PROVIDER_ADDR          | 50     | Alphanumeric |
| 4                    | PROVIDER_CITY          | 20     | Alphanumeric |
| 5                    | PROVIDER_STATE         | 2      | Alphanumeric |
| 6                    | PROVIDER_ZIP           | 9      | Alphanumeric |
| 7                    | FAC_TEACHING_IND       | 1      | Alphanumeric |
| 8                    | FAC_PSYCH_IND          | 1      | Alphanumeric |
| 9                    | FAC_REHAB_IND          | 1      | Alphanumeric |
| 10                   | FAC_ACUTE_CARE_IND     | 1      | Alphanumeric |
| 11                   | FAC_SNF_IND            | 1      | Alphanumeric |
| 12                   | FAC_LONG_TERM_AC_IND   | 1      | Alphanumeric |
| 13                   | FAC_OTHER_LTC_IND      | 1      | Alphanumeric |
| 14                   | FAC_PEDS_IND           | 1      | Alphanumeric |
| 15                   | POA_PROVIDER_INDICATOR | 1      | Alphanumeric |
| 16                   | PROVIDER_COUNTY        | 3      | Alphanumeric |

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## **GROUPER FILE**

| Data<br>Dictionary # | RDF Field Name  | Length | Field Type   |
|----------------------|---|--------|--------------|
| 1                    | RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files) | 12     | Alphanumeric |
| 2                    | FROZEN_MS_DRG   | 3      | Alphanumeric |
| 3                    | FROZEN_MS_MDC   | 2      | Alphanumeric |
| 4                    | FROZEN_MS_GROUPER_VERSION_NBR   | 5      | Alphanumeric |
| 5                    | FROZEN_ MS_GROUPER_ERROR_CODE   | 2      | Alphanumeric |
| 6                    | FROZEN_APR_DRG  | 4      | Alphanumeric |
| 7                    | FROZEN_RISK_MORTALITY   | 1      | Alphanumeric |
| 8                    | FROZEN_ILLNESS_SEVERITY   | 1      | Alphanumeric |
| 9                    | FROZEN_APR_MDC  | 2      | Alphanumeric |
| 10                   | FROZEN_ APR_GROUPER_ VERSION_NBR  | 5      | Alphanumeric |
| 11                   | FROZEN_ APR_GROUPER_ERROR_CODE  | 2      | Alphanumeric |
| 12                   | MS_DRG  | 3      | Alphanumeric |
| 13                   | MS_MDC  | 2      | Alphanumeric |
| 14                   | MS_GROUPER_VERSION_NBR  | 5      | Alphanumeric |
| 15                   | MS_GROUPER_ERROR_CODE   | 2      | Alphanumeric |
| 16                   | APR_DRG   | 4      | Alphanumeric |
| 17                   | RISK_MORTALITY  | 1      | Alphanumeric |
| 18                   | ILLNESS_SEVERITY  | 1      | Alphanumeric |
| 19                   | APR_MDC   | 2      | Alphanumeric |
| 20                   | APR_GROUPER_ VERSION_NBR  | 5      | Alphanumeric |
| 21                   | APR_GROUPER_ERROR_CODE  | 2      | Alphanumeric |

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#### **APPENDIX**

### **History of Changes**

#### 2022 Revisions

Field 318: DISCHARGE: Additional information regarding the breakdown of months into quarters added Added Fields: Fields 1-21 in the grouper data file.

#### **External Code Sources**

https://www.census.gov/programs-surveys/geography/about/glossary.html#par textimage 4

https://www.cms.gov/glossary?term=National+Payer&items\_per\_page=10

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