

TEXAS HOSPITAL INPATIENT DISCHARGE DATA RESEARCH DATA FILE (RDF)

USER MANUAL - Q42015 - Q42021

Center for Health Statistics

Texas Health Care Information Collection

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 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) (https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm) 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 HSC, §108.013. In addition, under HSC, §§108.013(e) and fontion, 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).

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;
- 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, $\S\S108.014$ 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 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 (1st) 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

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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.
- 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, http://www.dshs.texas.gov/thcic/, 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.

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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 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 | Unique, abbreviated name of the data element and brief explanation of the data element. |
|---------------|---|
| T | Descriptions of data elements are taken from specifications manuals. |
| Data Source | Provided by the health care facility on the claim form (Claim) |
| | Assigned by DSHS (Assigned) |
| | 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: | REC | RECORD_ID | | | | | | |
|-----------------------|--------|------------|----------------------|---------------------|------------------|--|--|--|
| | Reco | ord Identi | fication Number. U | Jnique | number to id | entify the record within the research data file. | | |
| | Doe | s not mate | ch or link to PUDF | Reco | rd ID. Does n | natch with RECORD_ID in other Inpatient RDF | | |
| | files | | | | | | | |
| Length: | 12 | Type: | Alphanumeric | Data | Source: | Assigned | | |
| Field 2: | PAT | UNIQU | JE INDEX | | | | | |
| | Unio | que identi | fier assigned to the | patie | nt by THCIC | | | |
| Length: | 10 | Type: | Alphanumeric | Data | Source: | Assigned | | |
| Field 3: | THO | CIC ID | | | | | | |
| | Prov | ider ID. U | Unique identifier a | ssigne | d to the provid | ler by THCIC. | | |
| Length: | 6 | Type: | Alphanumeric | _ | Source: | Assigned | | |
| Field 4: | SPE | C UNIT | | | | | | |
| | | _ | _ | vs stav | occurred bas | ed on number of days by Type of Bill or | | |
| | - | enue Cod | | <i>y</i> = <i>y</i> | | | | |
| Coding Scheme: | C | Coronary | Care Unit | P | Pediatric Unit | | | |
| 8 | D | Detoxifica | ation Unit | Y | Psychiatric Unit | t | | |
| | I | Intensive | Care Unit | R | Rehabilitation U | | | |
| | Н | Hospice U | Jnit | U | Sub-acute Care | | | |
| | N | Nursery | ** *. | S | Skilled Nursing | Unit | | |
| | B O | Obstetric | | Blank | Acute Care | | | |
| T | | Oncology | | D.4 | · C | C-11-4- 4 | | |
| Length: | 1 | Type: | Alphanumeric | Data | Source: | Calculated | | |
| Field 5: | | C_UNIT | _ | | | | | |
| | | • | | t days | stay occurred | based on number of days by Type of Bill or | | |
| | | enue Cod | | | | | | |
| Coding Scheme: | Sam | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | Data | Source: | Calculated | | |
| Field 6: | | C_UNIT | _ | | | | | |
| | | | | days | stay occurred | based on number of days by Type of Bill or | | |
| | Reve | enue Cod | e. | | | | | |
| Coding Scheme: | Sam | e as SPEC | C_UNIT_1. | | | | | |
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| Length: | 1 Type: | Alphanumeric | Data Source | : | Calculated | | | | | |
|-----------------------|--------------------------|--|--------------------|----------|---|--|--|--|--|--|
| Field 7: | SPEC UNIT | * | | | | | | | | |
| | Specialty Uni | Specialty Unit in which 4 th most days stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | | |
| Coding Scheme: | Same as SPE | C UNIT 1. | | | | | | | | |
| Length: | 1 Type: | Alphanumeric | Data Source | : | Calculated | | | | | |
| Field 8: | SPEC UNIT | • | | | | | | | | |
| | _ | _ t in which 5 th mos | t days stay occı | ırred b | ased on number of days by Type of Bill or | | | | | |
| Coding Scheme: | Same as SPE | C_UNIT_1. | | | | | | | | |
| Length: | 1 Type: | Alphanumeric | Data Source | : | Calculated | | | | | |
| Field 9: | ENCOUNTE | R_INDICATOR | | | | | | | | |
| | Indicates the | number of claims | used to create tl | ne ence | ounter. Some non-acute care patients may have | | | | | |
| | | | | | rd, such as patients in rehabilitation hospitals, | | | | | |
| | long term car | e hospitals, or psy | chiatric hospita | ls. | | | | | | |
| Length: | 2 Type: | Alphanumeric | Data Source | : | Calculated | | | | | |
| Field 10: | SEX_CODE | | | | | | | | | |
| | Gender of the | patient as recorde | ed at date of adr | nissior | n or start of care. | | | | | |
| Coding Scheme: | M Male | | | | | | | | | |
| | F Female | | | | | | | | | |
| Length: | U Unknown 1 Type: | Alphanumeric | Data Source | | Claim | | | | | |
| Field 11: | BIRTH DAT | | Data Source | • | Ciaiiii | | | | | |
| rieia 11: | _ | | rdad at data af a | dmiss | ion or start of care | | | | | |
| Longth | 8 Type: | Alphanumeric | Data Source | | ion or start of care. Claim | | | | | |
| Length: Field 12: | PAT AGE (| | Data Source | • | Ciaiiii | | | | | |
| riciu 12. | | ng age of patient i | n davs or vears | on dat | e of discharge | | | | | |
| Coding Scheme: | 00 1-28 days | | 5-39 | 20 | 85-89 | | | | | |
| county seneme. | 01 29-365 da | | 0-44 | 21 | 90+ | | | | | |
| | 02 1-4 years | • | 5-49 | HIV a | and drug/alcohol use patients: | | | | | |
| | 03 5-9 | | 0-54 | 22 | 0-17 | | | | | |
| | 04 10-14 05 15-17 | | 5-59 0-64 | 23 24 | 18-44 45-64 | | | | | |
| | 06 18-19 | | 5-69 | 25 | 65-74 | | | | | |
| | 07 20-24 | | 0-74 | 26 | 75+ | | | | | |
| | 08 25-29 09 30-34 | | 5-79 0-84 | ` | Invalid | | | | | |
| Length: | 2 Type: | Alphanumeric 8 | Data Source | | Assigned | | | | | |
| Field 13: | PAT AGE Y | _ | Data Source | • | ribbighed | | | | | |
| riciu 15. | | t in years on date | of discharge | | | | | | | |
| Length: | 3 Type: | Alphanumeric | Data Source | : | Claim | | | | | |
| Field 14: | PAT AGE I | - | | | | | | | | |
| 11014 111 | | t in days on date o | of discharge. | | | | | | | |
| Length: | 5 Type: | Alphanumeric | Data Source | : | Claim | | | | | |
| Field 15: | RACE | 1 | | | | | | | | |
| | | ng the patient's ra | ce. | | | | | | | |
| Coding Scheme: | | Indian/Eskimo/Aleut | | | | | | | | |
| 8 | 2 Asian or I | Pacific Islander | | | | | | | | |
| | 3 Black | | | | | | | | | |
| | 4 White 5 Other | | | | | | | | | |
| Length: | 1 Type: | Alphanumeric | Data Source | : | Claim | | | | | |
| Field 16: | ETHNICITY | • | | | | | | | | |
| | | ng the Hispanic or | rigin of the patio | ent. | | | | | | |
| | | | | | | | | | | |
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| Coding Scheme: | 1 | Hispanic Orig | | | | | | |
|-----------------------|-----------------------------|-----------------------|--|---------------------|------------------------------------|---------------------|-------------------|-------------------------------|
| Length: | 2 | _ | Not of Hispanic Origin Type: Alphanumeric Data Source: Clain | | | | | |
| Field 17: | PAT ADDR CENSUS BLOCK GROUP | | | | | | | |
| ricia 17. | | sus block gro | _ | _ | _ | | | |
| | | | | | | es the leve | el of accuracy of | of the geocoding process will |
| | be p | rovided alor | ng with P | at_Addr | _Census_Blo | ock_Group | o (See page 54 | for details). |
| _ | | | | | | | | |
| Length: | 12 | J 1 | Numeric | | Data Sourc | e: | Calculated | |
| Field 18: | | C_ADDR_C | _ | _ | | | | |
| | | sus block of | | | | es the leve | el of accuracy o | of the geocoding process will |
| | | | | | | | age 54 for deta | |
| | r | | - 6 | | | (F | | |
| Length: | 3 | Type: N | Numeric | | Data Sourc | e: | Calculated | |
| Field 19: | PAT | C_CITY | | | | | | |
| | Patie | | | | y the patient. | | | |
| Length: | 30 | | Alphanun | neric | Data Sourc | e: | Provider | |
| Field 20: | | _STATE | | | | | | |
| Ŧ | | | | | by the patien | | D 11 | |
| Length: | 2 | | Alphanun | neric | Data Sourc | e: | Provider | |
| Field 21: | | T_ZIP | ZID 1 | | 1 11 41 | | | |
| Length: | Patie | | Alphanun | - | ded by the pa Data Sourc | | Provider | |
| Field 22: | | COUNTR | - | ICIIC | Data Sourc | ·. | Tiovidei | |
| riciu 22. | | _ | | lential ad | ldress Listn | naintained | by the Internat | ional Organization for |
| | | dardization | | iciitiai ad | idi Coo. Libi ii | iamiameu | by the internat | ional Organization for |
| Coding scheme: | | www.ISO.or | | nplete lis | t. | | | |
| Length: | 2 | | Alphanun | _ | Data Source | e: | Provider | |
| Field 23: | PAT | _COUNTY | 7 | | | | | |
| | FIPS | code of pat | ient's co | unty. | | | | |
| Coding scheme: | 001 | Anderson | 129 | Donley | 257 | Kaufman | 385 | Real |
| | 003 005 | Andrews Angelina | 131 133 | Duval Eastland | 259 261 | Kendall Kenedy | 387 389 | Red River Reeves |
| | 007 | Aransas | 135 | Ector | 263 | Kent | 391 | Refugio |
| | 009 | Archer | 137 | Edwards | 265 | Kerr | 393 | Roberts |
| | 011 013 | Armstrong Atascosa | 139 141 | Ellis El Paso | 267 269 | Kimble King | 395 397 | Robertson Rockwall |
| | 015 | Austin | 143 | Erath | 271 | Kinney | 399 | Runnels |
| | 017 | Bailey | 145 | Falls | 273 | Kleberg | 401 | Rusk |
| | 019 021 | Bandera Bastrop | 147 149 | Fannin Fayette | 275 283 | Knox La Salle | 403 405 | Sabine San Augustine |
| | 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
| | 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
| | 027 029 | Bell Bexar | 155 157 | Foard Fort Bend | 281 285 | Lampasas | s 411 413 | San Saba Schleicher |
| | 029 | Blanco | 157 | Franklin | 287 | Lavaca Lee | 415 | Scurry |
| | 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
| | 035 037 | Bosque Bowie | 163 165 | Frio Gaines | 291 293 | Liberty Limeston | 419 e 421 | Shelby Sherman |
| | 037 | Brazoria | 163 | Galveston | | Lipscomb | | Smith |
| | 041 | Brazos | 169 | Garza | 297 | Live Oak | | Somervell |
| | 043 | Brewster | 171 173 | Glassock | 299 | Llano | 427 | Starr |
| | 045 047 | Briscoe Brooks | 173 175 | Glasscock Goliad | 301 303 | Loving Lubbock | 429 431 | Stephens Sterling |
| | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
| | 051 | Burleson | 179 | Gray | 307 | McCulloc | ch 435 | Sutton |
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| 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
|-----|---------------|-------|------------|--------------|-------------|-----|--------------|
| 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 | 4 | Invalid |
| 3 | Type: Alp | hanur | neric l | Data Source: | Assigned | - | lon |

Field 24: PUBLIC_HEALTH_REGION

Length:

Public Health Region of patient's address.

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

patient ZIP code

- 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

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| | 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties | | | | | | |
|-----------------------|----------|--|--|-----------------------|-----------------|---|--|--|
| | 10 11 | Brewster, | Culberson, El Paso, Hi | | | counties Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, | | |
| | 11 | | Refugio, San Patricio, S | | | | | |
| Length: | 2 | Type: | Alphanumeric | Data Source: | : | Assigned | | |
| Field 25: | TYP | PE_OF_A | ADMISSION | | | | | |
| | Code | e indicati | ng the type of adm | nission | | | | |
| Coding Scheme: | 1 | Emergence | y | | | | | |
| | 2 | Urgent | | | | | | |
| | 3 | Elective Newborn | | | | | | |
| | 5 | Trauma C | enter | | | | | |
| | 9 | | on not available | | | | | |
| Length: | 1 | Type: | Alphanumeric | Data Source | : | Claim | | |
| Field 26: | SOU | | F_ADMISSION | | | | | |
| | | _ | ng source of the ac | dmission. | | | | |
| Coding Scheme: | | | thcare Facility Point of | | July 1, | | | |
| Coung Scheme. | | 2010 | | | | | | |
| | 2 | | Physician's Office | | | | | |
| | 4 | Transfer f | rom a hospital rom a skilled nursing fa assisted living facility | acility, intermediate | care | | | |
| | 5 | | | | | | | |
| | 6 8 | | rom another health card v Enforcement | e facility | | | | |
| | 9 | | on not available | | | | | |
| | | | rom One distinct Unit | of the Hospital to ar | other | | | |
| | D | Distinct U | Init of the Same Hospit he Paver | al Resulting in a Se | parate | | | |
| | E | | rom Ambulatory Surge | ery Center | | | | |
| | F | Transfer f | rom a Hospice Facility | • | | | | |
| | If Typ | | ssion=4 (Newborn) | | | | | |
| | 5 | Born insid | le this hospital | | | | | |
| | 6 | Born outs | ide this hospital | | | | | |
| Length: | 1 | Type: | Alphanumeric | Data Source | <u> </u> | Claim | | |
| Field 27: | FIR | ST_PAY | MENT_SRC | | | | | |
| | Code | | ng the expected pr | | payme | nt. | | |
| Coding Scheme: | 09 | Self-pay (beginning | Removed from 5010 for 2Q2012 data) | ormat, use "ZZ" | HM | Health Maintenance Organization | | |
| | 10 | Central C | ertification | | LI | Liability | | |
| | 11 | | n-federal Programs | | LM | Liability Medical | | |
| | 12 | | Provider Organization | (PPO) | MA | Medicare Part A | | |
| | 13 14 | | ervice (POS) Provider Organization | (FPO) | MB MC | Medicare Part B Medicaid | | |
| | 15 | Indemnity | Insurance | | TV | Title V | | |
| | 16 | Health Ma | aintenance Organization | n (HMO) Medicare | OF | Other Federal Program | | |
| | | KISK | | | Or | Other rederar Frogram | | |
| | AM | Automobi | le Medical | | VA | Veteran Administration Plan | | |
| | BL | Blue Cros | s/Blue Shield | | WC | Workers Compensation Health Claim | | |
| | CH | CHAMPU | | | ZZ | Charity, Indigent or Unknown | | |
| | CI | | ial Insurance | | , | Codes 09 and ZZ, combined for 2004 & 2005 | | |
| Length: | DS 2 | • | Insurance Alphanumeric | Data Sources | | Invalid Claim | | |
| | | Type: | • | Data Source. | • | Ciaiiii | | |
| Field 28: | | ST_PAY | _ | 1 4 11- | C 1 1 | | | |
| T 41 | | | Identifier (when i | - | | - | | |
| Length: | 10 | Type: | Alphanumeric | Data Source: | | Claim | | |
| Field 29: | | _ | ER_NAME | | | | | |
| | Nam | ne of prim | nary source of payi | ment. | | | | |
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Length: 35 Type: Alphanumeric Claim **Data Source:**

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| Field 30: | | | Y_PAYMENT_SI | | | |
|-----------------------|--|---------------------------|--------------------------|----------|--|---|
| | | | ng the expected sec | | y source of payn | nent. |
| Coding Scheme: | Sam | e as FIRS | T_PAYMENT_SR | C.C. | | |
| Length: | 2 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 31: | | | Y_PAYER_ID | | | |
| | Nati | onal Plan | Identifier (when in | nplem | ented by federal | government). |
| Length: | 10 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 32: | SEC | CONDAR | Y_PAYER_NAM | E | | |
| | Nam | ne of secon | ndary source of pa | yment. | • | |
| Length: | 35 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 33: | ADN | MIT_STA | RT_OF_CARE | | | |
| | Date | e patient w | as admitted to the | provio | der for inpatient | care or other start of care. Entered as |
| | | ÝYMMDI | | • | • | |
| Length: | 8 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 34: | ADN | MIT WE | EKDAY | | | |
| | | _ | ng day of week pat | ient is | admitted | |
| Coding Scheme: | 1 | Monday | | 5 | Friday | |
| 0 | 2 | Tuesday | | 6 | Saturday | |
| | 3 | Wednesda | y | 7 | Sunday | |
| | 4 | Thursday | | | ~ | |
| Length: | 1 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 35: | ADN | MIT_HO | U R | | | |
| | Code | e indicatir | ng hour during whi | ch the | patient was adm | nitted for inpatient care |
| Coding Scheme: | 00 | _ | ht-12:59 a.m. | 13 | 1:00 – 1:59 p.m. | |
| | 01 | 1:00 – 1:59 | | 14 | 2:00 – 2:59 p.m. | |
| | 02 | 2:00-2:59 | | 15 | 3:00 – 3:59 p.m. | |
| | 03 04 | 3:00-3:59 $4:00-4:59$ | | 16 17 | 4:00 – 4:59 p.m. 5:00 – 5:59 p.m. | |
| | 05 | 5:00 - 5:59 | | 18 | 6:00 – 6:59 p.m. | |
| | 06 | 6:00-6:59 | 9 a.m. | 19 | 7:00 – 7:59 p.m. | |
| | 07 | 7:00-7:59 | | 20 | 8:00 - 8:59 p.m. | |
| | 08 | 8:00 – 8:59 | | 21 | 9:00 – 9:59 p.m. | |
| | 09 10 | 9:00 - 9:59 10:00 - 10 | | 22 23 | 10:00 – 10:59 p.m. 11:00 – 11:59 p.m. | |
| | 11 | 10.00 - 10 $11:00 - 11$ | | 99 | Hour unknown | |
| | 12 | | 12:59 p.m. | | Trour willing will | |
| Length: | 2 | Type: | Alphanumeric | Data | Source: | Claim |
| Field 36: | STN | 1T PERI | OD FROM | | | |
| | Begi | inning ser | vice date of the per | riod re | flected on the st | atement. Entered as YYYYMMDD. |
| Length: | 8 | Type: | Alphanumeric | | Source: | Claim |
| Field 37: | STN | T PERI | OD THRU | | | - |
| | | | | l reflec | eted on the states | ment. Entered as YYYYMMDD. |
| Length: | 8 | Type: | Alphanumeric | | Source: | Claim |
| Field 38: | | GTH O | | | | |
| 11014 001 | | _ | _ | atemer | nt covers period | through date (STMT PERIOD THRU) |
| | | | | | | OF CARE). The minimum length of stay is 1 |
| | | | imum is 9999 days | | | (or_ermed), the minimum render erem? is t |
| Length: | 4 | Type: | Alphanumeric | | Source: | Calculated |
| Field 39: | PAT | STATU | | | | |
| Ticia co. | | _ | | of the | ending date of | service for the period of care reported |
| Coding Scheme: | 01 | | d to home or self-care (| | _ | service for the period of eare reported |
| County Scheme. | 02 | | | | | atient care |
| | Discharged/transferred to a short term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care | | | | | |
| | O4 Discharged/transferred to a facility that provides custodial or supportive care | | | | | |
| | 05 | Discharge | d/transferred to a Desig | nated Ca | ancer Center or Chil | dren's Hospital (effective 10-1-2007) |
| 201504 Proces | 1 + | | | Das | •• | |
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| www.dshs.texa | s.gov | / I HUIU | | 15 | Lasi Up | dated: May 2025 |

| | 06 | Discharged/transferred to nome under care of an organized nome health service organization in anticipation of covered skilled care |
|-----------------------|----------|--|
| | 07 | Left against medical advice |
| | 09 | Admitted as inpatient to this hospital |
| | 20 | Expired |
| | 21 | Discharged/transferred to Court/Law Enforcement |
| | 30 | Still patient |
| | 40 | Expired at home |
| | 41 | Expired in a medical facility |
| | 42 | Expired, place unknown |
| | 43 | Discharged/transferred to federal government operated health facility |
| | 50 | Hospice-home |
| | 51 61 | Hospice–medical facility (Certified) providing hospice level of care Discharged/transferred within this institution to Medicare-approved swing bed |
| | 62 | Discharged/transferred to inpatient rehabilitation facility |
| | 63 | Discharged/transferred to Medicare-certified long term care hospital |
| | 64 | Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare |
| | 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital |
| | 66 | Discharged/transferred to Critical Access Hospital (CAH) |
| | 69 | 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 |
| | 81 | Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 82 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 85 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 86 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 87 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission |
| | 88 | Ceffective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Flaithed Acute Care Hospital Impatch Readillission (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) |
| | 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 92 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| | 93 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission |
| | 94 | Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a |
| | 95 | Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| Length: | 2 | Type: Alphanumeric Data Source: Claim |
| Field 40: | DISC | CHARGE_HOUR |
| | Code | e indicating hour during which the patient was discharged from inpatient care |
| Coding Scheme: | 00 | 12 midnight-12:59 a.m. 13 1:00 – 1:59 p.m. |
| J | 01 | 1:00 – 1:59 a.m. 14 2:00 – 2:59 p.m. |
| | 02 | 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. |
| | 05 | 5:00 – 5:59 a.m. 18 6:00 – 6:59 p.m. |
| | 06 | 6:00 – 6:59 a.m. 19 7:00 – 7:59 p.m. 7:00 – 7:59 a.m. 20 8:00 – 8:59 p.m. |
| | 07 08 | 7:00 – 7:59 a.m. 20 8:00 – 8:59 p.m. 8:00 – 8:59 a.m. 21 9:00 – 9:59 p.m. |
| | 09 | 9:00 – 9:59 a.m. 21 9:00 – 3:59 p.m. 22 10:00 – 10:59 p.m. |
| | 10 | 10:00 – 10:59 a.m. 23 11:00 – 11:59 p.m. |
| | 11 | 11:00 – 11:59 a.m. 99 Hour unknown |
| | | |
| | | |
| | | |

| Length: | 12 12 noon – 12:59 p.m. 2 Type: Alphanumeric | Data Source: Cla | aim |
|-----------------------|--|---|---|
| Field 41: | TYPE OF BILL | Data Source. Ch | 3111 |
| riciu 41. | | out the claim data submitte | ed. First digit = type of facility. Second |
| | digit = type of care. Third digit | = sequence of the claim. | za. I list eight—type of facility, second |
| Coding Scheme: | I st digits–Type of Facility | 2 nd digit–Type of Care | 3 rd digits—Sequence of claim |
| _ | 1 Hospital | 1 Inpatient, including Medica | |
| | 2 Skilled nursing3 Home health | 2 Inpatient, Medicare Part B3 Outpatient | only 1 Admit through discharge claim 2 Interim—first claim |
| | 4 Religious non-medical health | 4 Outpatient Other, Medicare | |
| | care-Hospital | only | _ |
| | 5 Religious non-medical health care—Extended care | 5 Intermediate Care–Level I | 4 Interim—last claim |
| | 6 Intermediate care | 6 Intermediate Care–Level II | |
| | 7 Clinic | 7 Sub-acute inpatient – Level | I III 6 Adjustment of prior claim (Not used by Medicare) |
| | 8 Special facility | 8 Swing bed | 7 Replacement of prior claim |
| | | | 8 Void/cancel of prior claim |
| Length: | 3 Type: Alphanumeric | Data Source: Cla | aim |
| Field 42: | ADMITTING_DIAGNOSIS | | |
| | | | 7th digits if applicable. Decimal is |
| Langth | implied following the third char 7 Type: Alphanumeric | | aim |
| Length: Field 43: | 7 Type: Alphanumeric PRINC DIAG CODE | Data Source: Cla | 31111 |
| riciu 43. | | luding the 4th 5th 6th and | 7th digits if applicable. Decimal is |
| | implied following the third char | | 7 th digits if applicable. Decimal is |
| Length: | 7 Type: Alphanumeric | | aim |
| Field 44: | POA_PRINC_DIAG_CODE | | |
| | Code identifying whether Princi | pal Diagnosis code was pre | esent at the time the patient was admitted |
| | to the hospital | | |
| Coding Scheme: | Y Yes | | |
| | N No U Unknown | | |
| | W Clinically Undetermined | | |
| Length: | 1 Type: Alphanumeric | Data Source: Cla | aim |
| Field 45: | OTH_DIAG_CODE_1 | | |
| | | | 7th digits if applicable. Decimal is |
| Langth | implied following the third char 7 Type: Alphanumeric | | oim |
| Length: Field 46: | 7 Type: Alphanumeric POA OTH DIAG CODE 1 | Data Source: Cla | aim |
| 1 1ciu 40. | | Diag Code 1 code was pres | sent at the time the patient was admitted |
| | to the hospital | plug_code_1 code was pres | sent at the time the patient was admitted |
| Coding Scheme: | - | AG_CODE | |
| Length: | 1 Type: Alphanumeric | _ | aim |
| Field 47: | OTH_DIAG_CODE_2 | | |
| | | | 7th digits if applicable. Decimal is |
| | implied following the third char | | |
| Length: | 7 Type: Alphanumeric | Data Source: Cla | aim |
| Field 48: | POA_OTH_DIAG_CODE_2 | Vian Cada 2 aada waa maa | sout at the time the matient was admitted |
| | to the hospital | Diag_Code_2 code was pres | sent at the time the patient was admitted |
| Coding Scheme: | Same as field POA_PRINC_DIAG_COI |)E | |
| Length: | 1 Type: Alphanumeric | | aim |
| Field 49: | OTH_DIAG_CODE_3 | - | |
| | | | |
| 201504 B | | D | |
| 2015Q4-Preser | | Page Last Undate | ed: May 2025 |
| www.dshs.texa | s.gov/ i ncic | 17 Last Update | Eu. May 2025 |

| | ICD-10-CM | liagnosis code inc | luding the 4th | , 5th, 6th and 7th digits if applicable. Decimal is |
|-----------------------|-----------------|--------------------------|-----------------------------|---|
| | | wing the third chara | | , Juli, our and 7 th digits if applicable. Decimal is |
| Length: | 7 Type: | Alphanumeric | Data Source | c: Claim |
| Field 50: | POA OTH I | DIAG CODE 3 | | |
| | Code identify | ing whether Oth_D | Diag_Code_3 | code was present at the time the patient was admitted |
| | to the hospital | 1 | | |
| Coding Scheme: | | A_PRINC_DIAG_COD | ÞΕ | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 51: | OTH_DIAG_ | | | |
| | | | | , 5th, 6th and 7th digits if applicable. Decimal is |
| I th | • | wing the third char | | Cl-i |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 52: | | DIAG_CODE_4 | N: C-1- 4 | |
| | to the hospital | - | nag_Code_4 | code was present at the time the patient was admitted |
| Coding Scheme: | - | i A_PRINC_DIAG_COD |)F | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 53: | OTH DIAG | | Duta Source | o Cimin |
| | | | luding the 4th | , 5th, 6th and 7th digits if applicable. Decimal is |
| | | wing the third chara | | 3 11 |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 54: | POA_OTH_I | DIAG_CODE_5 | | |
| | Code identify | ing whether Oth_D | Diag_Code_5 | code was present at the time the patient was admitted |
| | to the hospital | | | |
| ~ | | A_PRINC_DIAG_COD | | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 55: | OTH_DIAG_ | _ | | |
| | | • | - | , 5th, 6th and 7th digits if applicable. Decimal is |
| Langth | • | wing the third char | acter. Data Source | e: Claim |
| Length: Field 56: | 7 Type: | Alphanumeric DIAG CODE 6 | Data Source | e: Claim |
| riciu 30: | | | Diag Code 6 | code was present at the time the patient was admitted |
| | to the hospital | | olag_code_o (| bode was present at the time the patient was admitted |
| Coding Scheme: | | A_PRINC_DIAG_COD | D E | |
| Length: | | Alphanumeric | Data Source | e: Claim |
| Field 57: | OTH DIAG | | | |
| | | | luding the 4th | , 5th, 6th and 7th digits if applicable. Decimal is |
| | implied follow | wing the third chara | acter. | |
| Length: | 7 Type: | Alphanumeric | Data Source | c: Claim |
| Field 58: | | DIAG_CODE_7 | | |
| | | | Diag_Code_7 o | code was present at the time the patient was admitted |
| | to the hospital | | | |
| ~ | | A_PRINC_DIAG_COD | | CI. |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 59: | OTH_DIAG | _ | 1 1: 41 441- | Fal. (al 174) 11-14-1611-11- Design-11- |
| | | ving the third char | | , 5th, 6th and 7th digits if applicable. Decimal is |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 60: | | DIAG CODE 8 | Data Start | v. Ciumi |
| r iciu 00. | | | iag Code 84 | code was present at the time the patient was admitted |
| | to the hospital | | <u>5_</u> 00 40 _0 (| present at the time the puttent was definited |
| Coding Scheme: | - | A_PRINC_DIAG_COD | DΕ | |
| Ü | | _ | | |
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| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
|---|--|--|--|--|
| Field 61: | OTH DIAG | <u> </u> | | |
| | | _ | luding the 4th, 5th, | 6th and 7th digits if applicable. Decimal is |
| | | wing the third char | | |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 62: | POA_OTH_I | DIAG_CODE_9 | | |
| | Code identify | ing whether Oth_I | Diag_Code_9 code v | vas present at the time the patient was admitted |
| | to the hospital | | | |
| Coding Scheme: | | A_PRINC_DIAG_COI | | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
| Field 63: | OTH_DIAG_ | | | |
| | | | | 6th and 7th digits if applicable. Decimal is |
| T 41 | _ | wing the third char | | CI. |
| Length: | 7 Type: | Alphanumeric 10 | Data Source: | Claim |
| Field 64: | | DIAG_CODE_10 | N' G 1 10 1 | |
| | | | Diag_Code_10 code | was present at the time the patient was admitted |
| Coding Scheme: | to the hospital | | NE. | |
| Length: | 1 Type: | A_PKINC_DIAG_COL Alphanumeric | Data Source: | Claim |
| Field 65: | OTH DIAG | | Data Source. | Cidilii |
| riciu 03. | | _ | luding the 4th 5th | 6th and 7th digits if applicable. Decimal is |
| | | wing the third char | | our and 7 in digits it applicable. Decimal is |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 66: | | DIAG CODE 11 | | |
| 110100 000 | | | Diag Code 11 code | was present at the time the patient was admitted |
| | to the hospital | | 8 | 1 |
| Coding Scheme: | - | A_PRINC_DIAG_COI | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
| Field 67: | OTH DIAG | CODE 12 | | |
| | 0111_2110_ | _CODE_12 | | |
| | ICD-10-CM d | liagnosis code, inc | | oth and 7th digits if applicable. Decimal is |
| | ICD-10-CM d | liagnosis code, inc | acter. | 6th and 7th digits if applicable. Decimal is |
| Length: | ICD-10-CM dimplied follow 7 Type: | liagnosis code, inc wing the third char Alphanumeric | | oth and 7th digits if applicable. Decimal is Claim |
| Length: Field 68: | ICD-10-CM of implied follow 7 Type: POA_OTH_I | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 | acter. Data Source: | Claim |
| | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I | acter. Data Source: | |
| Field 68: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I | Data Source: Diag_Code_12 code | Claim |
| Field 68: Coding Scheme: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI | Data Source: Diag_Code_12 code DE | Claim was present at the time the patient was admitted |
| Field 68: Coding Scheme: Length: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric | Data Source: Diag_Code_12 code | Claim |
| Field 68: Coding Scheme: | ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric _CODE_13 | Data Source: Diag_Code_12 code DE Data Source: | Claim was present at the time the patient was admitted Claim |
| Field 68: Coding Scheme: Length: | ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of ICD-10-CM | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I A_PRINC_DIAG_COL Alphanumeric _CODE_13 liagnosis code, inc | Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, 6 | Claim was present at the time the patient was admitted |
| Field 68: Coding Scheme: Length: Field 69: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM complied follow | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc | Diag_Code_12 code DE Data Source: Diag_Code_14 code DE Data Source: luding the 4th, 5th, 6acter. | Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is |
| Field 68: Coding Scheme: Length: Field 69: Length: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM complied follow 7 Type: | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric _CODE_13 liagnosis code, inc wing the third char Alphanumeric | Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, 6 | Claim was present at the time the patient was admitted Claim |
| Field 68: Coding Scheme: Length: Field 69: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM complied follow 7 Type: POA_OTH_I | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric _CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 | Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, 6 acter. Data Source: | Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is Claim |
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| Field 68: Coding Scheme: Length: Field 69: Length: Field 70: Coding Scheme: Length: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric | Data Source: Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, 6acter. Data Source: Diag_Code_13 code | Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is Claim |
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| Field 68: Coding Scheme: Length: Field 69: Length: Field 70: Coding Scheme: Length: | ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM complied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM code identify to the hospital Same as field PO. 1 Type: | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_14 liagnosis code, inc | Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, oacter. Diag_Code_13 code DE Data Source: Luding the 4th, 5th, oacter. | Claim Was present at the time the patient was admitted Claim Sth and 7th digits if applicable. Decimal is Claim was present at the time the patient was admitted Claim |
| Field 68: Coding Scheme: Length: Field 69: Length: Field 70: Coding Scheme: Length: Field 71: | ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_14 liagnosis code, inc wing the third char | Data Source: Diag_Code_12 code DE Data Source: luding the 4th, 5th, 6acter. Diag_Code_13 code DE Data Source: luding the 4th, 5th, 6acter. | Claim Was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is |
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| Field 68: Coding Scheme: Length: Field 69: Length: Field 70: Coding Scheme: Length: Field 71: Length: Field 72: | ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: POA_OTH_I | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_14 liagnosis code, inc wing the third char Alphanumeric | Data Source: | Claim Was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is |
| Field 68: Coding Scheme: Length: Field 69: Length: Field 70: Coding Scheme: Length: Field 71: Length: | ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: POA_OTH_I Code identify to the hospital Same as field PO. 1 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: OTH_DIAG_ICD-10-CM of implied follow 7 Type: POA_OTH_I | liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_12 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_13 liagnosis code, inc wing the third char Alphanumeric DIAG_CODE_13 ing whether Oth_I l A_PRINC_DIAG_COI Alphanumeric CODE_14 liagnosis code, inc wing the third char Alphanumeric | Data Source: Page | Claim Was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is Claim was present at the time the patient was admitted Claim 6th and 7th digits if applicable. Decimal is |

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|-----------------------|------------------|------------------------|-----------------|---|
| | to the hospita | | nag_Code_14 | code was present at the time the patient was admitted |
| Coding Scheme: | - | DA_PRINC_DIAG_COD | DE . | |
| Length: | | Alphanumeric | Data Source | e: Claim |
| Field 73: | OTH DIAG | | | |
| | | | luding the 4th. | , 5th, 6th and 7th digits if applicable. Decimal is |
| | | wing the third char | | |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 74: | POA_OTH_ | DIAG_CODE_15 | | |
| | • | - | Diag_Code_15 | code was present at the time the patient was admitted |
| ~ ~ . | to the hospita | | _ | |
| O | | DA_PRINC_DIAG_COD | | CI : |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 75: | OTH_DIAG | | 1 1: 41 441- | 54. (4) 174. 11-14-1511-11- Desired 1- |
| | | wing the third char | | , 5th, 6th and 7th digits if applicable. Decimal is |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 76: | | DIAG CODE 16 | Duta Source | Claim |
| 11014 701 | | | Diag Code 16 | code was present at the time the patient was admitted |
| | to the hospita | _ | 8 | 1 |
| Coding Scheme: | Same as field PC | OA_PRINC_DIAG_COD | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 77: | OTH_DIAG | | | |
| | | | | , 5th, 6th and 7th digits if applicable. Decimal is |
| Ŧ | • | wing the third char | | OI ! |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 78: | | DIAG_CODE_17 |): C-1- 17 | 7 4 |
| | to the hospita | | nag_code_1/ | code was present at the time the patient was admitted |
| Coding Scheme: | - | DA_PRINC_DIAG_COD | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 79: | OTH DIAG | | | |
| | | | luding the 4th, | , 5th, 6th and 7th digits if applicable. Decimal is |
| | implied follo | wing the third char | acter. | |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 80: | | DIAG_CODE_18 | | |
| | | | Diag_Code_18 | s code was present at the time the patient was admitted |
| | to the hospita | | | |
| • | | DA_PRINC_DIAG_COL | | CI. |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 81: | OTH_DIAG | | luding the 1th | , 5th, 6th and 7th digits if applicable. Decimal is |
| | | wing the third char | | , Jui, our and /ur digits if applicable. Deciliar is |
| Length: | 7 Type: | Alphanumeric | Data Source | e: Claim |
| Field 82: | | DIAG CODE 19 | | |
| | | | Diag Code 19 | code was present at the time the patient was admitted |
| | to the hospita | | U | 1 |
| Coding Scheme: | Same as field PC | OA_PRINC_DIAG_COD | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source | e: Claim |
| Field 83: | OTH_DIAG | _ | | |
| | | | | , 5th, 6th and 7th digits if applicable. Decimal is |
| | implied follo | wing the third char | acter. | |
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| www.dshs.texa | | | | Last Updated: May 2025 |
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| Length: | 7 Tv | ype: | Alphanumeric | Data Sour | ee: | Claim |
|---------------------------|--------------------------------|----------------------------------|----------------------|---------------|----------------|--|
| Field 84: | | _ | OIAG CODE 20 | >041 | | |
| ricia o4. | _ | _ | | iag Code 2 | 0 code was | s present at the time the patient was admitted |
| | to the ho | | ng whether our_b | lug_couc_2 | o code wa | s present at the time the patient was admitted |
| Coding Scheme: | | | _PRINC_DIAG_COD | E | | |
| Length: | | ype: | Alphanumeric | Data Sour | ee: | Claim |
| Field 85: | | _ | CODE 21 | | | |
| ricia os. | | | | uding the 4tl | h 5th 6th | and 7th digits if applicable. Decimal is |
| | | | ring the third chara | | ii, 5tii, 0tii | and 7 in digits if applicable. Decimal is |
| Length: | - | ype: | Alphanumeric | Data Sour | ee: | Claim |
| Field 86: | | | DIAG CODE 21 | Dun Sour | | |
| 11014 001 | | | | iag Code 2 | 1 code was | s present at the time the patient was admitted |
| | to the ho | | ng whether a m_B | g_ = = | | process as the same are parters was accurated |
| Coding Scheme: | | | _PRINC_DIAG_COD | E | | |
| Length: | | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 87: | | | CODE 22 | | | |
| | | | | uding the 4tl | h. 5th. 6th | and 7th digits if applicable. Decimal is |
| | | | ing the third chara | | , •, • | |
| Length: | _ | ype: | Alphanumeric | Data Sour | ee: | Claim |
| Field 88: | | • | OIAG CODE 22 | | | |
| | | | | iag Code 2 | 2 code was | s present at the time the patient was admitted |
| | to the ho | | - | S | | |
| Coding Scheme: | | | PRINC_DIAG_COD | E | | |
| Length: | 1 Ty | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 89: | OTH D | OIAG (| CODE 23 | | | |
| | _ | _ | - | uding the 4tl | h, 5th, 6th | and 7th digits if applicable. Decimal is |
| | | | ing the third chara | | | |
| Length: | 7 Ty | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 90: | POA O | TH D | OIAG CODE 23 | | | |
| | Code ide | entifyi | ng whether Oth_D | iag_Code_2 | 3 code was | s present at the time the patient was admitted |
| | to the ho | | | | | |
| Coding Scheme: | Same as fi | eld POA | _PRINC_DIAG_COD | E | | |
| Length: | 1 Ty | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 91: | | | CODE_24 | | | |
| | ICD-10- | -CM di | iagnosis code, incl | uding the 4tl | h, 5th, 6th | and 7th digits if applicable. Decimal is |
| | implied | follow | ing the third chara | | | |
| Length: | | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 92: | | | IAG_CODE_24 | | | |
| | | | | iag_Code_2 | 4 code was | s present at the time the patient was admitted |
| | to the ho | | | | | |
| Coding Scheme: | | | _PRINC_DIAG_COD | | | |
| Length: | | ype: | Alphanumeric | Data Sour | ce: | Claim |
| Field 93: | E_COD | _ | | | | |
| | | | | | | and 7th digits if applicable, of an additional |
| | | | • | - | | ing the third character |
| Length: | | ype: | Alphanumeric | Data Sour | ce: | Claim |
| | POA_E | _ | _ | | | |
| Field 94: | | | | le 1 code w | as present a | |
| Field 94: | | - | ng whether E_Cod | ic_1 code wa | 1 | at the time the patient was admitted to the |
| | hospital | • | _ | _ | 1 | at the time the patient was admitted to the |
| Coding Scheme: | hospital Same as fi | ield POA | _ _PRINC_DIAG_COD | E | - | • |
| Coding Scheme: Length: | hospital Same as fi 1 Ty | ield POA y pe: | _ | _ | - | at the time the patient was admitted to the Claim |
| Coding Scheme: | hospital Same as fi | ield POA y pe: | _ _PRINC_DIAG_COD | E | - | • |
| Coding Scheme: Length: | hospital Same as fi 1 Ty E_COD | ield POA y pe: DE_2 | _ _PRINC_DIAG_COD | E | ce: | • |

| | ICD-10-CM d | liagnosis code, inc | luding the 4th, | 5th, 6th and 7th digits if applicable, of an additional |
|-----------------------|------------------|---------------------|-----------------|---|
| | | | | d following the third character |
| Length: | 7 Type: | Alphanumeric | Data Source | : Claim |
| Field 96: | POA_E_COI | | | |
| | | ing whether E_Co | de_2 code was | present at the time the patient was admitted to the |
| | hospital | | | |
| Coding Scheme: | | A_PRINC_DIAG_COI | | CI : |
| Length: | 1 Type: | Alphanumeric | Data Source | : Claim |
| Field 97: | E_CODE_3 | | | |
| | | - | - | 5th, 6th and 7th digits if applicable, of an additional |
| Length: | 7 Type: | Alphanumeric | Data Source | d following the third character : Claim |
| Field 98: | | | Data Source | . Ciaiiii |
| rieia 98: | POA_E_COI | | da 2 aada waa | present at the time the patient was admitted to the |
| | hospital | ing whether E_Co | de_5 code was | present at the time the patient was admitted to the |
| Coding Scheme: | - | A_PRINC_DIAG_COI | DE. | |
| Length: | 1 Type: | Alphanumeric | Data Source | : Claim |
| Field 99: | E CODE 4 | Tipilailailaile | Dutu Source | · Ciann |
| - 1014 //1 | | liagnosis code. inc | luding the 4th | 5th, 6th and 7th digits if applicable, of an additional |
| | | | | d following the third character |
| Length: | 7 Type: | Alphanumeric | Data Source | _ |
| Field 100: | POA E COI | | | |
| | | _ | de 4 code was | present at the time the patient was admitted to the |
| | hospital | _ | _ | |
| Coding Scheme: | Same as field PO | A_PRINC_DIAG_COI | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source | : Claim |
| Field 101: | E_CODE_5 | | | |
| | | | | 5th, 6th and 7th digits if applicable, of an additional |
| | | | cimal is implie | d following the third character |
| Length: | 7 Type: | Alphanumeric | Data Source | : Claim |
| Field 102: | POA_E_COI | | | |
| | | ing whether E_Co | de_5 code was | present at the time the patient was admitted to the |
| Cadina Cahama | hospital | A DDING DIAG COL | DE. | |
| 8 | | A_PRINC_DIAG_COI | | Claim |
| Length: | 1 Type: | Alphanumeric | Data Source | : Claim |
| Field 103: | E_CODE_6 | | 1 4: 41 441. | 54. (4) 174. 1:ia-:f1:1:1 |
| | | | | 5th, 6th and 7th digits if applicable, of an additional d following the third character |
| Length: | 7 Type: | Alphanumeric | Data Source | |
| Field 104: | POA E COI | | Data Source | . Claim |
| riciu 104. | | _ | de 6 code was | present at the time the patient was admitted to the |
| | hospital | mg whether L_co | de_0 code was | present at the time the patient was admitted to the |
| Coding Scheme: | - | A_PRINC_DIAG_COI | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source | : Claim |
| Field 105: | E CODE 7 | | | |
| 11014 1001 | | liagnosis code, inc | luding the 4th. | 5th, 6th and 7th digits if applicable, of an additional |
| | | | | d following the third character |
| Length: | 7 Type: | Alphanumeric | Data Source | _ |
| Field 106: | POA E COI | | | |
| | | _ | de 7 code was | present at the time the patient was admitted to the |
| | hospital | | _ | 1 |
| Coding Scheme: | | A_PRINC_DIAG_COI | DE | |
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| www ashs texa | s.gov/THCIC | | 22 | Last Updated: May 2025 |

| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
|-----------------------|----------------|---------------------|-----------------------|--|
| Field 107: | E CODE 8 | | | |
| 11010 1070 | | liagnosis code, inc | luding the 4th, 5th, | 6th and 7th digits if applicable, of an additional |
| | | | | lowing the third character |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 108: | POA_E_COI | DE_8 | | |
| | Code identify | ing whether E_Co | de_8 code was pres | ent at the time the patient was admitted to the |
| | hospital | | | |
| Coding Scheme: | | A_PRINC_DIAG_COI | | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
| Field 109: | E_CODE_9 | | | |
| | | | | 6th and 7th digits if applicable, of an additional |
| T 41 | | · | _ | lowing the third character |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 110: | POA_E_COI | _ | 1 0 1 | |
| | | ing whether E_Co | de_9 code was pres | ent at the time the patient was admitted to the |
| Cading Sahama | hospital | A DDING DIAC COL | NE. | |
| Coding Scheme: | | | Data Source: | Claim |
| Length: Field 111: | 1 Type: | Alphanumeric | Data Source: | Ciaiiii |
| rieia III: | E_CODE_10 | | luding the 4th 5th | 6th and 7th digits if applicable, of an additional |
| | | | | lowing the third character |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 112: | POA E COI | | Dutu Source. | Cium |
| ricid 112. | | _ | de 10 code was pre | sent at the time the patient was admitted to the |
| | hospital | mg whether L_es | as_ro coas was pro | puntan was assisted to the |
| Coding Scheme: | - | A_PRINC_DIAG_COI | D E | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Claim |
| Field 113: | | G PROC CODE | 2 | |
| | _ | | | d during the period covered by the bill. ICD-10- |
| | PCS code. | | - | |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 114: | | G_PROC_DATE | | |
| | Date the princ | | edure was performe | d. Entered as <i>YYYYMMDD</i> . |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim |
| Field 115: | | G_PROC_DAY | | |
| | Day of princip | | | Date minus Admission/Start of Care Date |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated |
| Field 116: | | _PROC_CODE_1 | | |
| | | | | principal procedure performed during the period |
| _ | • | e bill. ICD-10-PC | | |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 117: | | _PROC_DATE_1 | | |
| | _ | cal or other proced | dure other than the p | principal procedure was performed. Entered as |
| T (1 | YYYYMMDD. | 41.1 | D 4 C | CI. |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim |
| Field 118: | | PROC_DAY_1 | | |
| | | | | incipal procedure was performed. Date of the |
| Longth | | | Admission/Start of C | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated |
| Field 119: | OTH_SUKG | _PROC_CODE_2 | 2 | |
| | | | | |
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| | | | | · |
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| | Code for surgical or other proced covered by the bill. ICD-10-PCS | | principal procedure performed during the period |
|-----------------------|---|---------------------|---|
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 120: | OTH SURG PROC DATE 2 | | |
| | | ure other than the | principal procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 121: | OTH_SURG_PROC_DAY_2 | | |
| | | | rincipal procedure was performed. Date of the |
| | surgical was performed minus Ac | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 122: | OTH_SURG_PROC_CODE_3 Code for surgical or other proced | lure other than the | principal procedure performed during the period |
| T 41 | covered by the bill. ICD-10-PCS | | CI. |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 123: | OTH_SURG_PROC_DATE_3 | - 4 4 4 | · · 1 |
| | YYYYMMDD. | | principal procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 124: | OTH_SURG_PROC_DAY_3 | | |
| | Day of surgical or other procedur | re other than the p | rincipal procedure was performed. Date of the |
| Longth | surgical was performed <i>minus</i> Ac 4 Type: Alphanumeric | Data Source: | Care Date Calculated |
| Length: Field 125: | OTH SURG PROC CODE 4 | | Calculated |
| rieiu 125: | | | principal procedure performed during the period |
| | covered by the bill. ICD-10-PCS | | principal procedure performed during the period |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 126: | OTH SURG PROC DATE 4 | | |
| | | ure other than the | principal procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 127: | OTH_SURG_PROC_DAY_4 | | |
| | | | rincipal procedure was performed. Date of the |
| T (1 | surgical was performed minus Ac | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 128: | OTH_SURG_PROC_CODE_5 | ath an than the | main aimal massadyus manfamusad dymina tha maniad |
| | covered by the bill. ICD-10-PCS | | principal procedure performed during the period |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 129: | OTH SURG PROC DATE 5 | 2 am Sourcev | |
| 11014 1221 | | ure other than the | principal procedure was performed. Entered as |
| | YYYYMMDD. | | 1 1 1 |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 130: | OTH_SURG_PROC_DAY_5 | | |
| | Day of surgical or other procedur | re other than the p | rincipal procedure was performed. Date of the |
| | surgical was performed minus Ac | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 131: | OTH_SURG_PROC_CODE_6 | | |
| | | | principal procedure performed during the period |
| Langth | covered by the bill. ICD-10-PCS | | Claim |
| Length: Field 132: | 7 Type: Alphanumeric OTH_SURG_PROC_DATE_6 | Data Source: | Claim |
| r ieiu 132; | OIH_SUKG_FKUC_DAIE_6 | | |
| 2015Q4-Prese | | Page | |
| www.dshs.tex | as.gov/THCIC | 24 Las | t Updated: May 2025 |

| | Date the surgical or obstetrical pas YYYYMMDD. | procedure other than t | he principal procedure was performed. Entered |
|-----------------------|---|-------------------------|--|
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 133: | OTH_SURG_PROC_DAY_6 | | |
| | Day of surgical or other procedu | | cipal procedure was performed. Date of the |
| | surgical was performed minus A | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 134: | OTH_SURG_PROC_CODE_7 | | |
| | | | rincipal procedure performed during the period |
| T 41 | covered by the bill. ICD-10-PCS | | CI. |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 135: | OTH_SURG_PROC_DATE_7 | | incipal procedure was performed. Entered as |
| | YYYYMMDD. | dure other than the pri | incipal procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 136: | OTH SURG PROC DAY 7 | Data Source. | Cium |
| Ticiu 150. | | are other than the prin | cipal procedure was performed. Date of the |
| | surgical was performed minus A | Admission/Start of Ca | re Date |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 137: | OTH SURG PROC CODE 8 | 8 | |
| | Code for surgical or other proce | dure other than the pr | incipal procedure performed during the period |
| | covered by the bill. ICD-10-PCS | S code. | |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 138: | OTH_SURG_PROC_DATE_8 | | |
| | Date the surgical or other proced <i>YYYYMMDD</i> . | dure other than the pri | incipal procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 139: | OTH SURG PROC DAY 8 | Data Source. | Claim |
| Tiela 10). | | are other than the prin | cipal procedure was performed. Date of the |
| | surgical was performed minus A | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 140: | OTH_SURG_PROC_CODE_9 | | |
| | | | rincipal procedure performed during the period |
| T amostla | covered by the bill. ICD-10-PCS | | Cl-: |
| Length: Field 141: | 7 Type: Alphanumeric OTH SURG PROC DATE 9 | Data Source: | Claim |
| riciu 141; | | | incipal procedure was performed. Entered as |
| | YYYYMMDD. | dure other than the pri | meipai procedure was performed. Entered as |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| Field 142: | OTH_SURG_PROC_DAY_9 | | |
| | | | cipal procedure was performed. Date of the |
| | surgical was performed minus A | | |
| Length: | 4 Type: Alphanumeric | Data Source: | Calculated |
| Field 143: | OTH_SURG_PROC_CODE_1 | | :i1 |
| | covered by the bill. ICD-10-PCS | | rincipal procedure performed during the period |
| Length: | 7 Type: Alphanumeric | Data Source: | Claim |
| Field 144: | OTH SURG PROC DATE 1 | | OMIN |
| 110141111 | | | incipal procedure was performed. Entered as |
| | YYYYMMDD. | 1 | |
| Length: | 8 Type: Alphanumeric | Data Source: | Claim |
| 00450:- | | _ | |
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| Field 145: | | | | |
|---|--|--|--|---|
| | OTH_SURG_P | | | |
| | | | | cipal procedure was performed. Date of the |
| Langth | | | dmission/Start of Car | |
| Length: | | Alphanumeric | Data Source: | Calculated |
| Field 146: | | PROC_CODE_1 | | :: |
| | | ai or other proced bill. ICD-10-PCS | | incipal procedure performed during the period |
| Length: | • | Alphanumeric | Data Source: | Claim |
| Field 147: | | PROC DATE 1 | | Ciaiiii |
| riciu 147. | | | | ncipal procedure was performed. Entered as |
| | YYYYMMDD. | ii oi oillei procee | iare other than the pri | noipai procedure was performed. Entered as |
| Length: | | Alphanumeric | Data Source: | Claim |
| Field 148: | | PROC DAY 11 | | |
| | | | re other than the prin | cipal procedure was performed. Date of the |
| | | | dmission/Start of Car | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated |
| Field 149: | OTH_SURG_P | PROC_CODE_1 | 12 | |
| | | | | incipal procedure performed during the period |
| | covered by the l | bill. ICD-10-PCS | S code. | |
| Length: | 7 Type: 2 | Alphanumeric | Data Source: | Claim |
| Field 150: | | PROC_DATE_1 | | |
| | _ | al or other proced | lure other than the pri | ncipal procedure was performed. Entered as |
| | YYYYMMDD. | | | |
| Length: | | Alphanumeric | Data Source: | Claim |
| Field 151: | | PROC_DAY_12 | | |
| | | | | cipal procedure was performed. Date of the |
| T 41 | - | | dmission/Start of Car | |
| Length: | | Alphanumeric | Data Source: | Calculated |
| Field 152: | OTH_SURG_P | | | incipal procedure performed during the period |
| | Code for surgica | ai or other proce | | incipal procedure performed during the period |
| | | SIL ICD-10-PC9 | Scode | morpus procesus personnes ausmig me person |
| Length: | covered by the l | bill. ICD-10-PCS Alphanumeric | | |
| Length: Field 153: | covered by the loop 7 Type: | Alphanumeric | Data Source: | Claim |
| Length: Field 153: | covered by the leading of the leadin | Alphanumeric PROC_DATE_1 | Data Source: | Claim |
| | covered by the leading of the leadin | Alphanumeric PROC_DATE_1 | Data Source: | |
| Field 153: | covered by the leader of the SURG_F Date the surgical YYYYMMDD. | Alphanumeric PROC_DATE_1 al or other process | Data Source: 3 dure other than the pri | Claim |
| | covered by the leader of the surgical of the s | Alphanumeric PROC_DATE_1 al or other process | Data Source: 3 dure other than the pri Data Source: | Claim ncipal procedure was performed. Entered as |
| Field 153: Length: | covered by the leader of the surgical of the s | Alphanumeric PROC_DATE_1 al or other proces Alphanumeric PROC_DAY_13 | Data Source: 3 lure other than the pri Data Source: | Claim ncipal procedure was performed. Entered as |
| Field 153: Length: | covered by the left of the left of the surgical and the s | Alphanumeric PROC_DATE_1 all or other proces Alphanumeric PROC_DAY_13 or other procedu | Data Source: 3 lure other than the pri Data Source: | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the |
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| Field 153: Length: Field 154: | OTH_SURG_F Date the surgical YYYYMMDD. 8 Type: A OTH_SURG_F Day of surgical surgical was per 4 Type: A OTH_SURG_F | Alphanumeric PROC_DATE_1 al or other procedure PROC_DAY_13 or other procedure PROC_MINUS Alphanumeric PROC_CODE_1 | Data Source: Data Source: Data Source: The other than the print demission/Start of Carlo Data Source: Data Source: | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the re Date Calculated |
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| Field 153: Length: Field 154: Length: Field 155: | covered by the left of the lef | Alphanumeric PROC_DATE_1 all or other procedure PROC_DAY_13 or other procedure formed minus A Alphanumeric PROC_CODE_1 all or other procedure foill. ICD-10-PCS | Data Source: 3 dure other than the pri Data Source: are other than the prin dmission/Start of Car Data Source: 4 dure other than the pr | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the re Date Calculated incipal procedure performed during the period |
| Field 153: Length: Field 154: Length: Field 155: Length: | covered by the left of the lef | Alphanumeric PROC_DATE_1 al or other procedure PROC_DAY_13 or other procedure rformed minus A Alphanumeric PROC_CODE_1 al or other procedure al or other procedure coill. ICD-10-PCS Alphanumeric | Data Source: 3 dure other than the printed and source: are other than the printed and source: Data Source: 4 dure other than the printed and source: Source: Code. Data Source: | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the re Date Calculated |
| Field 153: Length: Field 154: Length: Field 155: | OTH_SURG_I Day of surgical surgical was per 4 Type: OTH_SURG_I Code for surgical covered by the late to the surgical surgical was per 4 Type: OTH_SURG_I Code for surgical covered by the late to the | Alphanumeric PROC_DATE_1 al or other procedure PROC_DAY_13 or other procedure rformed minus A Alphanumeric PROC_CODE_1 al or other procedure bill. ICD-10-PCS Alphanumeric PROC_DATE_1 | Data Source: Data Source: Data Source: The other than the print demission/Start of Canal Data Source: dure other than the print demission/Start of Canal Data Source: Data Source: Data Source: Data Source: | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the re Date Calculated incipal procedure performed during the period Claim |
| Field 153: Length: Field 154: Length: Field 155: Length: | OTH_SURG_F Date the surgical surgical was per 4 Type: 4 OTH_SURG_F Code for surgical covered by the by Type: 4 OTH_SURG_F Code for surgical covered by the by Type: 4 OTH_SURG_F Date the surgical surgical covered by the by Type: 4 OTH_SURG_F Date the surgical covered by the by Type: 4 | Alphanumeric PROC_DATE_1 al or other procedure PROC_DAY_13 or other procedure rformed minus A Alphanumeric PROC_CODE_1 al or other procedure bill. ICD-10-PCS Alphanumeric PROC_DATE_1 | Data Source: Data Source: Data Source: The other than the print demission/Start of Canal Data Source: dure other than the print demission/Start of Canal Data Source: Data Source: Data Source: Data Source: | Claim ncipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the re Date Calculated incipal procedure performed during the period |
| Field 153: Length: Field 154: Length: Field 155: Length: Field 156: | covered by the letter of the surgical surgical was per 4 Type: A Type: | Alphanumeric PROC_DATE_1 al or other procedure of the pro | Data Source: Addure other than the prince of the prince o | Claim Claim Claim Cipal procedure was performed. Entered as Claim Cipal procedure was performed. Date of the re Date Calculated Calculated Claim Claim ncipal procedure performed during the period Claim |
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| 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. 7 | | OTH SURC | PROC CODE | 15 | |
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| Length: 7 Type: Alphanumeric Data Source: Claim | Field 158: | | | | principal procedure performed during the period |
| Field 159: | | | | | of incipal procedure performed during the period |
| Field 159: OTH_SURG_PROC_DATE_15 Date the surgical or other procedure other than the principal procedure was performed. Entered as 1777AM/DD. | Length• | - | | | Claim |
| Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYAMDD. | | | | | |
| Length: 8 Type: Alphanumeric | ricia 137. | | | | principal procedure was performed. Entered as |
| Field 160: OTH_SURG_PROC_DAY_15 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 | | _ | car or other proce | dure other than the p | American procedure was performed. Emerca as |
| Field 160: OTH_SURG_PROC_DAY_15 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: | 8 Type: | Alphanumeric | Data Source: | Claim |
| 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 | | | | 5 | |
| Surgical was performed minus Admission/Start of Care Date | | | | | incipal procedure was performed. Date of the |
| 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 | | | | | |
| Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | Length: | 4 Type: | Alphanumeric | Data Source: | Calculated |
| Length: 7 Type: Alphanumeric Data Source: Claim | Field 161: | OTH_SURG_ | _PROC_CODE_ | 16 | |
| Length: 7 Type: Alphanumeric Data Source: Claim | | | | | principal procedure performed during the period |
| Field 162: OTH_SURG_PROC_DATE_16 Date the surgical or other procedure other than the principal procedure was performed. Entered as | | covered by the | e bill. ICD-10-PC | S code. | |
| Date the surgical or other procedure other than the principal procedure was performed. Entered as PTYTMMIDD. Length: 8 Type: Alphanumeric Data Source: Claim | Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Length: 8 Type: Alphanumeric Data Source: Claim | Field 162: | | | | |
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| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC | c_DAY_21 her procedure other than hed minus Admission/Stanumeric | the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date e: Calculated |
| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or oth Surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or oth Surgical or oth Surgical was performed 4 Type: Alpha | c_DAY_21 her procedure other than hed minus Admission/Stanumeric | the principal procedure was performed. Date of the rt of Care Date e: Calculated In the principal procedure performed during the period e: Claim In the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date |
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| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: Length: Field 181: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC | rer procedure other than ed minus Admission/Stanumeric Data Source CODE_22 The procedure other than CD-10-PCS code. The procedure other than Data Source CDATE_22 The procedure other than Data Source CDAY_22 The procedure other than ed minus Admission/Stanumeric Data Source CCODE_23 The procedure other than Data Source CCODE_23 | the principal procedure was performed. Date of the rt of Care Date e: Calculated In the principal procedure performed during the period e: Claim In the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date e: Calculated In the principal procedure was performed during the period e: Claim |
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| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: Length: Field 183: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or or covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or or covered by the surgical or or covered by the surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or or covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Code for surgical or or covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or or covered by the bill. IC 7 Type: Alpha | c_DAY_21 her procedure other than hed minus Admission/Stanumeric | the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure performed during the period e: Claim |
| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: Length: Field 182: Length: Field 183: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. Id 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. Id 7 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. Id 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha | c_DAY_21 her procedure other than hed minus Admission/Stanumeric Data Source c_CODE_22 her procedure other than head minus Data Source c_DATE_22 her procedure other than head minus Admission/Stanumeric Data Source c_CDAY_22 her procedure other than head minus Admission/Stanumeric Data Source c_CODE_23 her procedure other than head minus Data Source c_CDATE_23 her procedure other than head minus Data Source c_DATE_23 her procedure other than h | the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure performed during the period e: Claim |
| Field 178: Length: Field 179: Length: Field 180: Length: Field 181: Length: Field 183: | OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Day of surgical or oth surgical was performed 4 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Code for surgical or of covered by the bill. IC 7 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha OTH_SURG_PROC Date the surgical or of YYYYMMDD. 8 Type: Alpha | c_DAY_21 her procedure other than hed minus Admission/Stanumeric | the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure was performed. Entered as e: Claim the principal procedure was performed. Date of the rt of Care Date e: Calculated n the principal procedure performed during the period e: Claim the principal procedure performed during the period e: Claim |

| | OFFICE OF STATE OF | | | |
|--------------------------------|---|---------------------|--|---|
| Field 184: | | _PROC_DAY_23 | | . 1 1 0 1 0 1 0 1 |
| | Day of surgice | al or other procedi | ure other than the prir Admission/Start of Ca | ncipal procedure was performed. Date of the |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated |
| Field 185: | | PROC CODE | | Cureatured |
| 11014 100. | | | | rincipal procedure performed during the period |
| | | e bill. ICD-10-PC | | |
| Length: | 7 Type: | Alphanumeric | Data Source: | Claim |
| Field 186: | | _PROC_DATE_2 | | |
| | Date the surgi | cal or other proce | dure other than the pr | incipal procedure was performed. Entered as |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim |
| Field 187: | OTH_SURG | PROC_DAY_24 | ļ | |
| | | | | ncipal procedure was performed. Date of the |
| Longth | surgical was p | Alphanumeric | Admission/Start of Ca Data Source: | re Date Calculated |
| Length: Field 188: | MS MDC | Aiphanumenc | Data Source: | Calculated |
| rieiu 100: | | stic Category (MI | DC) as assigned by so | oftware developed for the Centers for Medicare |
| | | | | E Financing Administration (HCFA)) for |
| | | | beneficiaries. First av | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Assigned |
| Field 189: | APR_MDC | | | |
| | , . | . . | , . | M APR-DRG Grouper, version 20. |
| Length: | 2 Type: | Alphanumeric | Data Source: | Assigned |
| Field 190: | MS_DRG | | | (0 |
| | | | | (formerly Health Care Financing DRG) as assigned for hospital payment for |
| | Medicare ben | | osis Keiaied Group (1 | DRO) as assigned for nospital payment for |
| Length: | 3 Type: | Alphanumeric | Data Source: | Assigned |
| Field 191: | APR DRG | | | 8 |
| | _ | fined (APR) Diag | nosis Related Group | (DRG) as assigned by 3M APR-DRG Grouper. |
| Length: | 4 Type: | Alphanumeric | Data Source: | Assigned |
| Field 192: | RISK_MOR | | | |
| | | | | Patient Refined (APR) Diagnosis Related |
| Cadina Sahama | | from the 3M API | R-DRG Grouper. Indi | icates the likelihood of dying. |
| Coding Scheme: | Minor Moderate | | | |
| | 3 Major | | | |
| T | 4 Extreme | | T | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Assigned |
| Field 193: | ILLNESS_SI | | C .1 .1 | |
| | | | | ll Patient Refined (APR) Diagnosis Related cates the extent of physiologic decompensation |
| Coding Scheme: | 1 Minor | from the 5W At 1 | X-DKG Grouper. mar | eates the extent of physiologic decompensation |
| county seneme. | 2 Moderate | | | |
| | 3 Major | | | |
| | 4 Extreme No class | | | |
| | o specified | | | |
| Length: | 1 Type: | Alphanumeric | Data Source: | Assigned |
| Field 194: | _ | PER_VERSION | _ | |
| T amouth: | | | 2-DRG Grouper used. | |
| Length: | 5 Type: | Alphanumeric | Data Source: | Assigned |
| 201504 B | | | | |
| | nt. | | Dogo | |
| 2015Q4-Presei www.dshs.texa | | | Page 29 | Jpdated: May 2025 |

| Field 195: | APR | R_GROUPER_ERROR_0 | CODE | | | | | |
|-----------------------|--|--|-------------|---|---|--|--|--|
| | Erro | or code assigned by the 3M | APR-D | ORG Grouper. | | | | |
| Coding Scheme: | 00 | No errors. DRG successfully assigned | 12 | Gestational age/bi | rth weight conflict (APR only) | | | |
| | 01 | Diagnosis code cannot be used a principal diagnosis | as 19 | DisableHac = 0 ar | nd at least one HAC POA is invalid or exempt | | | |
| | 02 | Record does not meet criteria fo any DRG | or 20 | DisableHac is inv | alid and at least one HAC POA is N or U | | | |
| | 03 | Invalid Age | 21 | DisableHac is inv | alid and at least one HAC POA is invalid or exempt | | | |
| | 04 | Invalid Sex | 22 | | nd at least one HAC POA is exempt | | | |
| | 05 | Invalid Discharge Status | 23 | DisableHac is inv | alid and at least one HAC POA is exempt | | | |
| | 06 | Invalid birthweight (AP & APR only) | 24 | DisableHac = 0 ar values that are no | nd there are multiple HACs that have different HAC POA t Y, W, N, U | | | |
| | 09 | Invalid discharge age in days (A & APR only) | AP 25 | | alid and there are multiple HACs that have different HAC | | | |
| I awath. | 11 | Invalid Principal Diagnosis | Date | a Carreage | Assismed | | | |
| Length: | 2 | Type: Alphanumeric | | a Source: | Assigned | | | |
| Field 196: | _ | _GROUPER_VERSION_ | _ | 1 + 10 - / | C 1- CMC DDC C 1 1 - 1 - 1 | | | |
| | | orted as HCFA_GROUPEF | | | formerly CMS DRG Grouper and previously rsion used to assign MS DRG and, MS MDC | | | |
| Length: | 5 | Type: Alphanumeric | Data | a Source: | Assigned | | | |
| Field 197: | | GROUPER ERROR C | | | | | | |
| | _ | or codes identify potential v | | ns with MS DRO | G code assignment | | | |
| Coding Scheme: | | No errors. DRG successfully assigned. | 19 | | nd at least one HAC POA is invalid or exempt | | | |
| | 01 | Diagnosis code cannot be used as principal diagnosis | | DisableHac is inv | alid and at least one HAC POA is N or U | | | |
| | 02 | Record does not meet criteria fo any DRG | 21 | DisableHac is inv | alid and at least one HAC POA is invalid or exempt | | | |
| | 03 | Invalid Age | 22 | DisableHac = 0 as | nd at least one HAC POA is exempt | | | |
| | 04 | Invalid Sex | 23 | | alid and at least one HAC POA is exempt | | | |
| | 05 | Invalid Discharge Status | 24 | DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U | | | | |
| | 10 | Illogical Principal Diagnosis (CMS only) | 25 | Disable Has is invalid and there are multiple HACs that have different HA | | | | |
| | 11 | Invalid Principal Diagnosis | | 1 OA values that a | are not 1 of w | | | |
| Length: | 2 | Type: Alphanumeric | Data | a Source: | Assigned | | | |
| Field 198: | ATT | TENDING PHYSICIAN | UNIF | ID | | | | |
| | | | | _ | tifier assigned to the licensed physician | | | |
| | Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the | | | | | | | |
| | patient's medical care and treatment. Physician is an individual licensed to practice medicine under | | | | | | | |
| | the Medical Practice Act. Can include an individual other than a physician who admits patients to | | | | | | | |
| | hospitals or who provides diagnostic or therapeutic procedures to inpatients, including | | | | | | | |
| | psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized | | | | | | | |
| | by the hospital to admit or treat patients. | | | | | | | |
| Coding Scheme: | | 999999 Temporary license or lice | | | | | | |
| Length: | 10 | Type: Alphanumeric | | a Source: | Assigned | | | |
| Field 199: | | ERATING_PHYSICIAN_ | | - | | | | |
| | | | | | oplicable). Unique identifier assigned to the | | | |
| | | | | | ling physician. Physician is an individual | | | |
| | | | | | ice Act. Can include an individual other than a | | | |
| | | | | | ovides diagnostic or therapeutic procedures to | | | |
| | | | | | ntists, nurse practitioners, nurse midwives, and | | | |
| Coding Scheme: | | iatrists authorized by the hogosopposes or lice | | | | | | |
| | 77777 | 177777 Temporary license of lice | | | CIICU | | | |
| ~ | | Type Alphanumaria | Dota | a Saurca | Assigned | | | |
| Length: | 10 | Type: Alphanumeric | | a Source: | Assigned | | | |
| _ | 10 nt | | Data Pag | ge | Assigned pdated: May 2025 | | | |

| E: 11200 | 000 | CUD CODE 1 | | | | |
|-----------------------|--------------|---|---------------------|------------|---|--|
| Field 200: | OCCUR_CODE_1 | | | | | |
| 6 11 6 1 | | le describing a significant e | vent relating | | | |
| Coding Scheme: | 01 | Auto accident | 1 1 | 40 | Scheduled date of admission | |
| | 02 | No Fault Insurance Involved - In Auto Accident/Other | ncluding | 41 | Date of first test of pre-admission testing | |
| | 03 | Accident/ Tort Liability | | 42 | Date of discharge (hospice only) | |
| | 04 | Accident/ Employment Related | | 43 | Scheduled date of canceled surgery | |
| | 05 | Other accident | | 44 | Date treatment started - OT | |
| | 06 | Crime Victim | 1 | 45 | Date treatment started - ST | |
| | 09 10 | Start of Infertility Treatment Cy Last Menstrual Period | cie | 46 47 | Date treatment started - Cardiac rehabilitation Date cost outlier status begins | |
| | 11 | Onset of Symptoms/ Illness | | Al | Birthdate - Insured A | |
| | 12 | Date of Onset for a Chronically Dependent Individual | | A2 | Effective Date - Insured A Policy | |
| | 16 | Date of Last Therapy | | A3 | Payer A benefits exhausted | |
| | 17 | Date Outpatient OT Plan Establ | ished or | A4 | | |
| | | Last Reviewed | | | Split Bill Date | |
| | 18 | Date of Retirement - Patient/Ber | neficiary | B1 | Birthdate - Insured B | |
| | 19 | Date of Retirement - Spouse | | B2 | Effective date - Insured B Policy | |
| | 20 21 | Date Guarantee of Payment Beg Date UR Notice Received | gan | B3 C1 | Payer B benefits exhausted Birthdate - Insured C | |
| | 22 | Date Active Care Ended | | C2 | Effective date - Insured C Policy | |
| | 24 | Date Insurance Denied | | C3 | Payer C benefits exhausted | |
| | 25 | Date Benefits Terminated by Pri Payer | imary | DR | Katrina disaster related | |
| | 26 | Date SNF Bed Became Availab | le | E1 | Birthdate - Insured D | |
| | 27 | Date Home Health Plan Establis | | E2 | | |
| | | Last Reviewed | | | Effective date - Insured D Policy | |
| | 28 | Date Comprehensive Outpatien Rehabilitation Plan Established Reviewed | | E3 | Payer D benefits exhausted | |
| | 29 | Date Outpatient PT Plan establis last reviewed | shed or | F1 | Birthdate - Insured E | |
| | 30 | Date Outpatient ST Plan establis last reviewed | shed or | F2 | Effective date - Insured E Policy | |
| | 31 | Date beneficiary notified of inte (accommodations) | | F3 | Payer E benefits exhausted | |
| | 32 | Date beneficiary notified of inte (procedures or treatments) | | G1 | Birthdate - Insured F | |
| | 37 | Date of inpatient hospital discha non-covered transplant patients | | G2 | Effective date - Insured F Policy | |
| | 38 | Date treatment started for home therapy | | G3 | Payer F benefits exhausted | |
| | 39 | Date discharged on a continuous if IV therapy | s course | | | |
| Length: | 2 | Type: Alphanumeric | Data Sou | rce: | Claim | |
| Field 201: | | CUR DATE 1 | - | | | |
| 11014 2010 | | e of occurrence, as YYYYM | MDD | | | |
| Length: | 8 | Type: Alphanumeric | Data Sou | rce: | Claim | |
| Field 202: | OC | CUR DAY 1 | | | | |
| | Occ | currence Day equals Occurr | ence Date <i>mi</i> | nus Adm | nission/Start of Care Date. | |
| Length: | 4 | Type: Alphanumeric | Data Sou | | Calculated | |
| Field 203: | OCC | CUR CODE 2 | | | | |
| | | le describing a significant e | vent relating | to the cla | aim. | |
| Coding Scheme: | | ne as OCCUR CODE 1. | | | | |
| Length: | 2 | Type: Alphanumeric | Data Sou | rce: | Claim | |
| _ | | Type. Tupnamumene | | | Cianni | |
| 2015Q4-Preser | | /TILCIC | Page | · · · | Talatal Mar 2025 | |
| www.dshs.texa | s.gov | 7/THCIC | 31 | Last l | Updated: May 2025 | |

Field 204: OCCUR_DATE_2

Date of occurrence, as YYYYMMDD.

Length: 8 Type: Alphanumeric Data Source: Claim

Field 205: OCCUR_DAY_2

Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.

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| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
|-----------------------|---|-----------------------------------|------------------------|-----------------------------|--|
| Field 206: | OCCUR CO | | Dum Soulte. | July Million | |
| ricia 200. | Code describing a significant event relating to the claim. | | | | |
| Coding Scheme: | | | vent relating to the c | iuiii. | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 207: | OCCUR DA | 1 | Data Source. | Ciami | |
| riciu 207. | _ | rrence, as <i>YYYYMN</i> | ∕/DD | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 208: | OCCUR DA | | Data Source. | Cium | |
| riciu 200. | _ | _ | ence Date minus Ad | mission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Field 209: | OCCUR CO | | Data Source. | Calculated | |
| riciu 209. | _ | _ | vent relating to the c | laim | |
| Coding Scheme: | | | vent relating to the c | iaiiii. | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 210: | OCCUR DA | 1 | Data Source. | Ciaiiii | |
| r'iciu 410. | | NTE_4 rrence, as <i>YYYYMN</i> | MDD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 211: | OCCUR DA | | Data Source. | Ciaini | |
| rieiu 211: | _ | _ | maa Data minus Ad | mission/Start of Care Date. | |
| Longth | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Length: Field 212: | OCCUR CO | | Data Source: | Calculated | |
| rieia 212: | _ | _ | vant nalatina ta tha a | lains | |
| Coding Sohomor | | | vent relating to the c | iaini. | |
| Coding Scheme: | | | Data Source: | Claim | |
| Length: | J 1 | Alphanumeric | Data Source: | Claim | |
| Field 213: | OCCUR_DA | NTE_5 rrence, as <i>YYYYMN</i> | ADD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 214: | OCCUR DA | • | Data Source. | Ciaini | |
| r iciu 214. | _ | _ | anca Dota minus Ad | mission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Field 215: | OCCUR CO | · · | Data Source. | Carounaca | |
| riciu 213. | _ | _ | vent relating to the c | laim | |
| Coding Scheme: | | | vent relating to the c | iaiiii. | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 216: | OCCUR DA | <u> </u> | Data Source. | Ciaini | |
| riciu 210. | _ | rrence, as <i>YYYYMN</i> | ADD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 217: | OCCUR DA | • | Dutii Source. | Cimin | |
| riciu 217. | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | | | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Field 218: | OCCUR_CC | | Data Source. | Calculated | |
| riciu 210. | | | vent relating to the c | laim | |
| Coding Scheme: | | CUR CODE 1. | vent relating to the c | iaiiii. | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 219: | OCCUR DA | | Data Source. | Cidilli | |
| 1 ICIU #17. | | rrence, as YYYYMN | MDD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 220: | OCCUR DA | | Zana Soulter | | |
| 1 ICIU 22U. | _ | _ | ence Date minus Ad | mission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Lugui. | -т турс. | Aiphanumene | Data Soulte. | Calculated | |
| 2015Q4-Presei | | | Page | | |
| www.dshs.texa | s.gov/THCIC | | 33 Last | Updated: May 2025 | |
| | | | | | |

| E: 11221 | OCCUP CO | NDE 0 | | | |
|--|---|---|--|---|--|
| Field 221: | OCCUR_CODE_8 Code describing a significant event relating to the eleins | | | | |
| Cadina Sahama | Code describing a significant event relating to the claim. Same as OCCUR CODE 1. | | | | |
| Coding Scheme: | | Alphanumeric | Data Cauraa | Claim | |
| Length: | 2 Type: | • | Data Source: | Ciaim | |
| Field 222: | OCCUR_DA | TE_8 rrence, as <i>YYYYMM</i> | ממא | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 223: | OCCUR DA | | Data Source. | Ciann | |
| Tielu 225. | _ | _ | nce Date minus | Admission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | | |
| Field 224: | OCCUR CO | | 2000 2000 200 | CW1CW1AWA | |
| 11014 22 11 | _ | ing a significant ev | ent relating to th | he claim. | |
| Coding Scheme: | | CUR_CODE_1. | 8 | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 225: | OCCUR DA | TE 9 | | | |
| | | rence, as YYYYMM | DD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 226: | OCCUR_DA | Y_9 | | | |
| | Occurrence D | ay equals Occurren | nce Date minus | Admission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Field 227: | OCCUR_CO | _ | | | |
| | | ing a significant ev | ent relating to tl | he claim. | |
| Coding Scheme: | | CUR_CODE_1. | | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 228: | OCCUR_DA | | (D, D | | |
| T 41 | | rence, as YYYYMM | | CI. | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 229: | OCCUR_DA | | maa Data <i>min</i> aa | Admission/Start of Care Date | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Admission/Start of Care Date. Calculated | |
| Field 230: | OCCUR_CO | | Data Source. | Calculated | |
| Ticiu 250. | | ing a significant ev | ent relating to tl | he claim | |
| Coding Scheme: | | CUR CODE 1. | ent retaining to th | ne claim. | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | |
| Field 231: | OCCUR DA | | | | |
| | Date of occur | rence, as YYYYMM | DD. | | |
| Length: | 8 Type: | Alphanumeric | Data Source: | Claim | |
| Field 232: | OCCUR_DA | Y_11 | | | |
| | Occurrence D | ay equals Occurren | nce Date minus | Admission/Start of Care Date. | |
| Length: | 4 Type: | Alphanumeric | Data Source: | Calculated | |
| Field 233: | OCCUR CO | DE 12 | | | |
| | _ | _ | | | |
| ~ ~ . | | ing a significant ev | ent relating to tl | he claim. | |
| Coding Scheme: | Same as OCC | CUR_CODE_1. | | | |
| Length: | Same as OCC 2 Type: | CUR_CODE_1. Alphanumeric | ent relating to the Data Source: | | |
| _ | Same as OCC 2 Type: OCCUR_DA | CUR_CODE_1. Alphanumeric TE_12 | Data Source: | | |
| Length: Field 234: | Same as OCC 2 Type: OCCUR_DA Date of occur | CUR_CODE_1. Alphanumeric ATE_12 rence, as YYYYMM | Data Source: | Claim | |
| Length: Field 234: Length: | Same as OCC 2 Type: OCCUR_DA Date of occur 8 Type: | CUR_CODE_1. Alphanumeric TE_12 Trence, as YYYYMM Alphanumeric | Data Source: | Claim | |
| Length: Field 234: | Same as OCC 2 | CUR_CODE_1. Alphanumeric TE_12 Tence, as YYYYMM Alphanumeric TY_12 | Data Source: ODD. Data Source: | Claim | |
| Length: Field 234: Length: Field 235: | Same as OCC 2 Type: OCCUR_DA Date of occur 8 Type: OCCUR_DA Occurrence D | CUR_CODE_1. Alphanumeric TE_12 Trence, as YYYYMM Alphanumeric TY_12 Day equals Occurred | Data Source: DDD. Data Source: nce Date minus | Claim Claim Admission/Start of Care Date. | |
| Length: Field 234: Length: Field 235: Length: | Same as OCC 2 Type: OCCUR_DA Date of occur 8 Type: OCCUR_DA Occurrence D 4 Type: | CUR_CODE_1. Alphanumeric ATE_12 Trence, as YYYYMM Alphanumeric AY_12 Day equals Occurred Alphanumeric | Data Source: ODD. Data Source: | Claim Claim Admission/Start of Care Date. | |
| Length: Field 234: Length: Field 235: Length: Field 236: | Same as OCC 2 Type: OCCUR_DA Date of occur 8 Type: OCCUR_DA Occurrence D 4 Type: OCCUR_SP | CUR_CODE_1. Alphanumeric TE_12 Trence, as YYYYMM Alphanumeric TY_12 Day equals Occurred | Data Source: DDD. Data Source: nce Date minus | Claim Claim Admission/Start of Care Date. | |
| Length: Field 234: Length: Field 235: Length: | Same as OCC 2 Type: OCCUR_DA Date of occur 8 Type: OCCUR_DA Occurrence D 4 Type: OCCUR_SP | CUR_CODE_1. Alphanumeric ATE_12 Trence, as YYYYMM Alphanumeric AY_12 Day equals Occurred Alphanumeric | Data Source: Data Source: Data Source: Data Source: Page | Claim Claim Admission/Start of Care Date. | |

| | Code describing a significant ev | ent relating to | o the clai | im that may affect payer processing. |
|-----------------------|--|---------------------------------------|------------|--|
| Coding Scheme: | 70 Qualifying stay dates (for SNF us | | 78 | SNF prior stay dates |
| County Scheme. | 71 Prior stay dates | , / | 80 | Prior Same SNF prior stay dates for Payment Ban Purposes |
| | 72 First/Last Visit | | 81 | Antepartum Days at Reduced Level of Care |
| | 73 Benefit eligibility period | | M0 | QIO/UR approved stay dates |
| | Noncovered level of care/Leave of | of absence | M1 | Provider liability - no utilization |
| | 75 SNF level of care | | M2 | Inpatient respite dates |
| | 76 Patient Liability Period | | M3 | ICF level of care |
| T4h | 77 Provider Liability - Utilization Ch | - | M4 | Residential level of care |
| Length: | 2 Type: Alphanumeric | Data Sour | ce: | Claim |
| Field 237: | OCCUR_SPAN_FROM_1 | · · D · | CO | F |
| T41 | Occurrence Span From is the Be | - | | |
| Length: | 8 Type: Alphanumeric | Data Source | :e: | Claim |
| Field 238: | OCCUR_SPAN_THRU_1 | 1: D | 0 | F 4 |
| T 41 | Occurrence Span Thru is the End | • | | |
| Length: | 8 Type: Alphanumeric | Data Sour | ce: | Claim |
| Field 239: | OCCUR_SPAN_CODE_2 | | | 20 |
| G 11 G 1 | | | o the clai | m that may affect payer processing. |
| Coding Scheme: | Same as OCCUR_SPAN_CODE | _ | | CI. |
| Length: | 2 Type: Alphanumeric | Data Sourc | e: | Claim |
| Field 240: | OCCUR_SPAN_FROM_2 | · · · · · · · · · · · · · · · · · · · | CO | F |
| T41 | Occurrence Span From is the Be | - | | |
| Length: | 8 Type: Alphanumeric | Data Source | e: | Claim |
| Field 241: | OCCUR_SPAN_THRU_2 | 1: D . C. | | T |
| | Occurrence Span Thru is the End | | | |
| Length: | 8 Type: Alphanumeric | Data Sour | ce: | Claim |
| Field 242: | OCCUR_SPAN_CODE_3 | | .1 1 . | |
| | | | o the clai | m that may affect payer processing. |
| Coding Scheme: | | _ | | C1-: |
| Length: | 2 Type: Alphanumeric | Data Sourc | :e: | Claim |
| Field 243: | OCCUR_SPAN_FROM_3 | -:: D-4- | -60 | |
| T | Occurrence Span From is the Be | ginning Date Data Source | | Claim |
| Length: | 8 Type: Alphanumeric | Data Sourc | :e: | Claim |
| Field 244: | OCCUR_SPAN_THRU_3 | 1: D-4£4 | 0 | E4 |
| T41 | Occurrence Span Thru is the End | - | | |
| Length: | 8 Type: Alphanumeric | Data Sour | ce: | Claim |
| Field 245: | OCCUR_SPAN_CODE_4 | 41-4: 4. | - 411-: | |
| Cading Sahama | | _ | o me ciai | im that may affect payer processing. |
| Coding Scheme: | Same as OCCUR_SPAN_CODE 2 Type: Alphanumeric | 2_1. Data Sourc | | Claim |
| Length: | = -J P *** | Data Sourc | ie. | Clailli |
| Field 246: | OCCUR_SPAN_FROM_4 | ainnina Data | of Oaar | uman aa Evant |
| Length: | Occurrence Span From is the Be 8 Type: Alphanumeric | Data Sour | | Claim |
| Field 247: | | Data Sourc | | Ciaini |
| riciu 247. | OCCUR_SPAN_THRU_4 Occurrence Span Thru is the End | ding Data of | Occurran | aca Evant |
| Length: | 8 Type: Alphanumeric | Data Sour | | Claim |
| Field 248: | CONDITION_CODE_1 | Data Sour | | Cium |
| Ficia 240. | Code describing a condition rela | ting to the cl | aim | |
| Coding Scheme: | 01 Military service related | ang wall th | 83 | C-section/Inductions 39 weeks or greater |
| County Scheme. | 02 Condition is employment related | | 84 | Dialysis for Acute Kidney Injury (AKI) |
| | Patient covered by insurance not reflected here | | 85 | Delayed Recertification of Hospice Terminal Illness |
| | refrected field | | 0.5 | Delayed receitmeation of Hospice Terminal liness |
| | | | | |
| | 04 Information only bill | | 86 | Additional Hemodialysis Treatment with Medical |
| 201504-Presei | 04 Information only bill. | Ρασο | 86 | Additional Hemodialysis Treatment with Medical |
| 2015Q4-Preser | <u>t</u> | Page | | Additional Hemodialysis Treatment with Medical pdated: May 2025 |

Justification

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| 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 |
| 07 | Treatment of non-terminal condition for hospice patient Beneficiary would not provide | A2 | Physically handicapped children's program |
| 08 | information concerning other insurance coverage | A3 | Special Federal Funding |
| 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 | Α9 | 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, |
| 21 | Billing for denial notice | AD | deformity, or abnormality 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 | D Ho | A T T | |
| 25 26 | Patient is non-US resident VA eligible patient chooses to receive services in a Medicare certified facility | AH | Elective abortion |
| | Patient referred to a sole community hospital for a diagnostic laboratory test | AI | Sterilization |
| 27 28 | hospital for a diagnostic laboratory fest Patient and/or spouse's EGHP is secondary to Medicare | AJ | Payer responsible for co-payment |
| 29 | Disabled beneficiary and/or family member's LGHP is secondary to | AK | Air ambulance required |
| | Medicare Non-research services provided to | AL | Specialized treatment/bed unavailable |
| 30 | patients enrolled in a qualified clinical trial | | Non-emergency medically necessary stretcher transport |
| | uiai | AM | required |
| 31 | Patient is student (full time - day) Patient is student (cooperative/work | AN | Pre-admission screening not required |
| 32 | study program) | В0 | Medicare coordinated care demonstration claim |
| 33 | Patient is student (full time - night) | В1 | Beneficiary is ineligible for demonstration program |
| 34 | Patient is student (part-time) | B4 | Admission unrelated to discharge on same day |
| 36 | General care patient in a special unit | BP | Gulf Oil Spill of 2010 |
| 37 | Ward accommodation at patient request | C1 | Approved as billed |
| 38 | Semi-private room not available | C2 | Automatic approval as billed based on focused review |
| 39 | Private room medically necessary | C3 | Partial approval |
| 40 | Same day transfer | C4 | Admission/services denied |
| 41 | Partial hospitalization | C5 | Post payment review applicable |
| 42 | Continuing care not related to inpatient 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 |
| 4- | | | · · |
| 45 | Ambiguous Gender Category | D1 | Changes to Charges |
| 46 | Non-availability statement on file Transfer from another Home Health | D3 | Second or Subsequent Interim PPS Bill |
| 47 | 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 | | |
| 50 | Product Replacement for Known Recall of a Product | D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |

| | D7 | Change to Make Medicare the Secondary | | | |
|----|-----------|---------------------------------------|------|------------------------|--|
| | Payer | | | | |
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| 01 | 504-Pres | sent | Page | | |
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| | | | | | |

| | 51 | Attestation of Unrelated Outpatien Nondiagnostic Services | t | D8 | Change to Make Medicare the Primary Payer |
|-----------------------|--|---|-------------|----------------------------|--|
| | 52 | Out of Hospice Service Area | | D9 | Any Other Change |
| | 53 | Initial placement of a medical dev provided as part of a clinical trial of | | DR | Disaster related |
| | 54 | free sample No Skilled Home Health Visits in Period. Policy Exception Documenthe Home Health Agency | | E0 | Changes in Patient Status |
| | | CATELLA TALL | | CO. | But an Edward |
| | 55 56 | SNF bed not available Medical appropriateness | | G0 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 organization enrollee | | | |
| | 36 | organization enrollee | | Н3 | Reoccurrence of GI Bleed Comorbid Category |
| | 59 | Non-primary ESRD facility | | H4 | Reoccurrence of Pneumonia Comorbid Category |
| | 60 | Day outlier | | H5 | Reoccurrence of Pericarditis Comorbid Category |
| | 61 | Cost outlier | | P1 | Do not Resuscitate Order (DNR) |
| | 66 | Provider does not wish cost outlier payment | • | P7 | Direct Inpatient Admission from Emergency Room |
| | 67 | Beneficiary elects not to use life tirreserve (LTR) days | me | 1 / | 1 6 7 |
| | 07 | reserve (LTR) days | racarua | R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| | 68 | Beneficiary elects to use life time (LTR) days | icscive | R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| | 69 | IME/DGME/N&AH Payment Onl | у | 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 Identified Duplicate Claim |
| | 72 | Self care in unit | | R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
| | 73 | Self care training | | R7 | Request for reopening Reason Code - Corrections other than clerical errors |
| | 74 | Home | | R8 | Request for reopening Reason Code - New and Material Evidence |
| | 75 | Home - 100% reimbursement | | R9 | Request for reopening Reason Code - Faulty Evidence |
| | 76 | Back-up in facility dialysis | | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| | | Provider accepts or is obligated/red | quired | | |
| | due to a contractual arrangement of to accept payment by a primary payment | or law yer as | W2 | Duplicate of Original Bill | |
| | 78 | 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 | | W5 | Level III Appeal |
| | 81 | C-section/Inductions <39 Weeks- Medical Necessity | | | |
| | 82 | C-section/Inductions < 39 Weeks- | | | |
| T | | Elective | Data Car | | Claim |
| Length: | 2 | Type: Alphanumeric | Data Sou | irce: | Ciaini |
| Field 249: | | NDITION_CODE_2 | | | |
| | | e describing a condition relat | _ | claım. | |
| Coding Scheme: | Sam | e as CONDITION_CODE_1 | | | |
| Length: | 2 | Type: Alphanumeric | Data Sou | ırce: | Claim |
| Field 250: | CO | NDITION CODE 3 | | | |
| | Cod | e describing a condition relat | ting to the | claim. | |
| Coding Scheme: | | e as CONDITION CODE 1 | | | |
| Length: | 2 | Type: Alphanumeric | Data Sou | irce: | Claim |
| Field 251: | CO | NDITION CODE 4 | 2 500 | | |
| | | ADITION_CODE_4 | D | | |
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Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

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| Field 252: CONDITION_CODE_5 Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 253: CONDITION_CODE_6 Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 Code describing a condition relating to the claim. | |
|--|----------|
| Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 253: CONDITION_CODE_6 Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Length: 2 Type: Alphanumeric Data Source: Claim Field 253: CONDITION_CODE_6 Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Field 253: CONDITION_CODE_6 Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Code describing a condition relating to the claim. Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Coding Scheme: Same as CONDITION_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Length: 2 Type: Alphanumeric Data Source: Claim Field 254: CONDITION_CODE_7 | |
| Field 254: CONDITION_CODE_7 | |
| | |
| Code describing a condition relating to the claim. | |
| | |
| Coding Scheme: Same as CONDITION_CODE_1. | |
| Length: 2 Type: Alphanumeric Data Source: Claim | |
| Field 255: CONDITION_CODE_8 | |
| Code describing a condition relating to the claim. | |
| Coding Scheme: Same as CONDITION_CODE_1. | |
| Length: 2 Type: Alphanumeric Data Source: Claim | |
| Field 256: VALUE_CODE_1 | |
| Code describing information that may affect payer processing. | |
| Coding Scheme: 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation | |
| | |
| Inpatient professional component charges which are combined billed 60 HHA branch MSA | |
| Professional component included in | |
| 05 charges and also billed separately to 61 Place of Residence where service is furnished (Figure 1) to 61 carrier | HA and |
| Carrier | |
| 06 Blood deductible 66 Medicaid spend down amount | |
| Life time reserve amount in the first calendar year 67 Peritoneal dialysis | |
| Coinsurance amount in the first calendar | |
| Lifetime reserve amount in the second 68 EPO-drug | |
| 10 calendar year Coincurance amount in the second 60 State charity care percentage | |
| calendar year | |
| Working aged beneficiary/spouse with employer group health plan 80 Covered Days | |
| ESRD beneficiary in a Medicare 13 coordination period with an employer 81 Non-covered Days | |
| 13 coordination period with an employer 81 Non-covered Days group health plan | |
| 82 Co-insurance Days | |
| 14 No fault, including auto/other 83 Lifetime Reserve Days | |
| 15 Worker's compensation 84 Shorter Duration Hemodialysis | |
| Public health service (PHS) or other federal agency A0 Special zip code reporting | |
| | |
| 21 Catastrophic Al Deductible payer A | |
| 22 Surplus A2 Coinsurance payer A 23 Recurring monthly income A3 Estimated responsibility payer A | |
| 24 Medicaid Rate Code A4 Covered self-administrable drugs - emergency | |
| Offset to the patient - payment amount - prescription drugs A5 Covered self-administrable drugs - administrable and situation furnished to patient | in form |
| Offset to the patient - payment amount - hearing and ear services and situation furnished to patient Covered self-administrable drugs - diagnostic str | idy and |
| Offset to the nationt - nayment amount - other | idy alid |
| Officer to the national payment amount $\Delta 7$ Co-neyment never Δ | |
| dental servicês | |
| Offset to the patient - payment amount - A8 Patient weight | |
| A9 Patient height | |
| Regulatory surcharges, assessments, allowances | or |
| health care related taxes - payer A | |
| 31 Patient Liability Amount AB Other assessments or allowances (e.g., medical | |
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education) - payer A

| | 32 | Multiple p | patient ambulance trans | sport | B1 | Deductible payer B |
|-----------------------------|---|--------------------------|---|-----------------|-------------|---|
| | 33 | podiatric | | | B2 | Coinsurance payer B |
| | 34 | Offset to to | he patient - payment and lical services | mount - | P.4 | |
| | 35 | Offset to the health ins | he patient - payment as urance premiums | mount - | В3 | Estimated responsibility payer B |
| | | | 1 | | B7 | Co-payment payer B |
| | 37 | Units of b | lood furnished | | BA | Regulatory surcharges, assessments, allowances or health care related taxes - payer B |
| | 38 | Blood dec | ductible units | | BB | Other assessments or allowances (e.g., medical education) - payer B |
| | 39 | Units of b | lood replaced | | C1 | Deductible payer C |
| | 40 | New cove | rage not implemented | by HMO | C2 | Coinsurance payer C |
| | 41 | Black lung | g | | C3 | Estimated responsibility payer C |
| | 42 | VA | £ .: | £ | C7 | Co-payment payer C |
| | 43 | LGHP | beneficiary under age 6 | os with | CA | Regulatory surcharges, assessments, allowances or health care related taxes - payer C |
| | | Amount p | rovider agreed to acce | pt from | | health care related taxes - payer e |
| | 44 | than charg received | ayer when this amount ges but higher than pay | is less ment | СВ | Other assessments or allowances (e.g., medical education) - payer C |
| | 45 | Accident | hour | | D3 | Patient estimated responsibility |
| | 46 | Number o | of grace days | | D4 | Clinical Trial Number Assigned by NLM/NIH |
| | 47 | | ity insurance | | D5 | Last Kt/V Reading |
| | 48 | Hemoglob | oin reading | | FC | Patient Paid Amount |
| | 49 | Hematocr | rit reading | | FD | Credit Received from the Manufacturer for a Medical Device |
| | 50 | Physical 7 | Therapy visits | | G8 | Facility where Inpatient Hospice Service is Delivered |
| | 51 | Occupation | onal Therapy visits | | Y1 | Part A Demonstration Payment |
| | 52 | | herapy visits | | Y2 | Part B Demonstration Payment |
| | 53 | | ehab visits | | Y3 | Part B Coinsurance |
| | 54 | | birth weight in grams | | Y4 | Conventional Provider Payment |
| | 55 | | threshold for charity | care | Y5 | Part B Deductible |
| | 56 57 | | ırse - home visit hours alth aide - home visit h | Ollee | | |
| Length: | 2 | Type: | Alphanumeric | Data So | urce: | Claim |
| Field 257: | | | • | Dutti So | , ur cc. | Ciami |
| riciu 257. | VALUE_AMOUNT_1 Amount (in cents, no decimal point included) that may be affected. | | | | | |
| Length: | 9 | Type: | Numeric | Data So | | Claim |
| Field 258: | | LUE CO | | Data 50 | ui cc. | Cium |
| rieiu 250: | | _ | _ | _4 cc. | | |
| | | | ing information th | at may arre | ect payer p | rocessing. |
| Coding Scheme: | Samo | | | T D 4 C | | CI. |
| Length: | 2 | Type: | Alphanumeric | Data So | urce: | Claim |
| Field 259: | | | IOUNT_2 | _ : 4 : 1 4 | 41 | 1 |
| T 41 | | ` | ents, no decimal p | | | • |
| Length: | 9 | Type: | Numeric | Data So | urce: | Claim |
| Field 260: | | LUE_CO | _ | | | |
| | | | ing information th | at may affe | ect payer p | rocessing. |
| Coding Scheme: | Sam | e as VAL | .UE_CODE_1. | | | |
| Length: | 2 | Type: | Alphanumeric | Data So | urce: | Claim |
| Field 261: | | _ | IOUNT_3 | | | |
| | Amo | ount (in c | ents) that may be a | affected. | | |
| Length: | 9 | Type: | Numeric | Data So | urce: | Claim |
| Field 262: | VAI | LUE_CO | DE_4 | | | |
| | Code | e describi | ing information th | at may affe | ect payer p | rocessing. |
| Coding Scheme: | Same | e as VAL | UE CODE 1. | - | | - |
| Length: | 2 | Type: | Alphanumeric | Data So | urce: | Claim |
| Field 263: | VAI | | IOUNT 4 | | | |
| | | _ | ents, no decimal p | oint includ | led) that m | av be affected. |
| | | | | | | |
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| T 41 | 0 70 | NT ' | D 4 C | | | |
|-----------------------|----------------|---------------------|----------------------------|-------------------|--|--|
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 264: | VALUE_CO | _ | , cc | | | |
| | | - | at may affect payer pr | ocessing. | | |
| Coding Scheme: | | | D + C | OI. | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 265: | VALUE_AMOUNT_5 | | | | | |
| | • | - | oint included) that may | | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 266 : | VALUE_CO | _ | | | | |
| | | • | t may affect payer pro | ocessing. | | |
| Coding Scheme: | | | | | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 267: | VALUE_AM | IOUNT_6 | | | | |
| | Amount (in c | | oint included) that may | y be affected. | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 268: | VALUE_CO | DE_7 | | | | |
| | Code describ | ing information tha | t may affect payer pro | ocessing. | | |
| Coding Scheme: | Same as VAL | LUE_CODE_1. | | | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 269: | VALUE AM | IOUNT 7 | | | | |
| | | | oint included) that may | y be affected. | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 270: | VALUE CO | | | | | |
| | _ | _ | t may affect payer pro | ocessing. | | |
| Coding Scheme: | | • | | | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 271: | VALUE AM | | | | | |
| 11014 2711 | _ | - | oint included) that may | y be affected | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 272: | VALUE CO | | 2444 804144 | | | |
| 1 ICIG 2/2. | _ | _ | t may affect payer pro | ncessing | | |
| Coding Scheme: | | • | a may arreet payer pro | occome. | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 273: | VALUE AM | | Dutu Source: | Cimin | | |
| riciu 275. | | | oint included) that may | y he affected | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 274: | VALUE CO | | Data Source. | Ciaini | | |
| riciu 274. | _ | _ | t may affect payer pro | ocassina | | |
| Coding Scheme: | | UE CODE 1. | u may affect payer pro | ocessing. | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| | VALUE AM | | Data Source: | Clailli | | |
| Field 275: | _ | _ | sint in also dad) that may | r ha affactad | | |
| I amostla | , | • | oint included) that may | | | |
| Length: | 9 Type: | Numeric Numeric | Data Source: | Claim | | |
| Field 276: | VALUE_CO | _ | t may affect payer pro | | | |
| Cadina Cabama | | • | it may affect payer pro | ocessing. | | |
| _ | | LUE_CODE_1. | D 4 C | OI. | | |
| Length: | 2 Type: | Alphanumeric | Data Source: | Claim | | |
| Field 277: | VALUE_AM | | | 1 00 1 | | |
| _ | • | | oint included) that may | | | |
| Length: | 9 Type: | Numeric | Data Source: | Claim | | |
| Field 278: | VALUE_CO | DE_12 | | | | |
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| www.dshs.texa | | | | pdated: May 2025 | | |
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| Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 279: VALUE_AMOUNT_12 Amount (in cents, no decimal point included) that may be affected Length: 9 Type: Numeric Data Source: Claim Field 280: PRIVATE_AMOUNT Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01- Length: 12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
|---|---|--|--|--|--|--|
| Field 279: VALUE_AMOUNT_12 Amount (in cents, no decimal point included) that may be affected Length: 9 Type: Numeric Data Source: Claim Field 280: PRIVATE_AMOUNT Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01- Length: 12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Amount (in cents, no decimal point included) that may be affected Length: 9 Type: Numeric Data Source: Claim Field 280: PRIVATE_AMOUNT Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01- Length: 12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Length:9 Type:NumericData Source:ClaimField 280:PRIVATE_AMOUNTAccommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01-Length:12 Type:NumericData Source:CalculatedField 281:SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Field 280: PRIVATE_AMOUNT Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01-12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorith Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 01-Length: 12 Type: Numeric Data Source: Calculated SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 014 Length: 12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | 4X | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | | | | | | |
| Field 281: SEMI_PRIVATE_AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | er | | | | | |
| Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR | er | | | | | |
| | er | | | | | |
| algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 010V, 012V, 012V, 010V | | | | | | |
| 010X, 012X, 013X, 016X-019X Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Length:12Type:NumericData Source:CalculatedField 282:WARD AMOUNT | | | | | | |
| Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum | (in | | | | | |
| cents) of charges associated with revenue codes 0100-0219, revenue center 015X. | (III | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 283: ICU AMOUNT | | | | | | |
| Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR | | | | | | |
| algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center | er | | | | | |
| 020X. | | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 284: CCU_AMOUNT | | | | | | |
| | Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR | | | | | |
| algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue cente 021X. | r | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 285: OTHER_AMOUNT | | | | | | |
| Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sur | m (in | | | | | |
| cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0 | | | | | | |
| 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. | | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 286: PHARM_AMOUNT | | | | | | |
| Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. | | | | | | |
| (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 025 026X, 063X. |)X, | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 287: MEDSURG AMOUNT | | | | | | |
| Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDI | PAR | | | | | |
| algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, rev | | | | | | |
| center 027X, 062X. | | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 288: DME_AMOUNT | | | | | | |
| Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using ME | | | | | | |
| algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, recenters 0290-0292, 0294-0299. | venue | | | | | |
| Length: 12 Type: Numeric Data Source: Calculated | | | | | | |
| Field 289: USED DME AMOUNT | | | | | | |
| Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated usi | ากฐ | | | | | |
| MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 010 | | | | | | |
| 0219, revenue center 0293. | | | | | | |
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| www.dshs.texas.gov/THCIC 45 Last Updated: May 2025 | | | | | | |

| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
|----------------------------|--|---|---|---|--|--|--|--|
| Field 290: | PT_AMOUN | NT | | | | | | |
| | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. | | | | | | | |
| | ` | s) of charges ass | ociated with revenue co | odes other than 0100-0219, revenue center | | | | |
| I amosth. | 042X. | N | Data Carres | C-11-4- 1 | | | | |
| Length: Field 291: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 291: | OT_AMOU! | | ecupational Therapy Ch | narge Amount. Calculated using MEDPAR | | | | |
| | | | | revenue codes other than 0100-0219, revenue | | | | |
| | center 043X. | | and get upper three with | | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 292: | SPEECH_A | MOUNT | | | | | | |
| | | | | e Amount. Calculated using MEDPAR | | | | |
| | - | , | charges associated with | revenue codes other than 0100-0219, revenue | | | | |
| I | center 044X, | | Data Carres | C-11-4- 4 | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 293: | IT_AMOUN | | nalation Therapy Charo | ge Amount. Calculated using MEDPAR | | | | |
| | | | | revenue codes other than 0100-0219, revenue | | | | |
| | center 041X, | | and get upper three with | | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 294: | BLOOD_AN | 10UNT | | | | | | |
| | | | | e patient's stay. Calculated using MEDPAR | | | | |
| | - | , | charges associated with | revenue codes other than 0100-0219, revenue | | | | |
| T41 | center 038X. | | D-4- C | 0.1-14-1 | | | | |
| Length: Field 295: | 12 Type: | Numeric M A MOUNT | Data Source: | Calculated | | | | |
| rieid 295: | BLOOD_ADM_AMOUNT Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using | | | | | | | |
| | MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100- | | | | | | | |
| | | e center 039X. | r come, or charges asso | · · · · · · · · · · · · · · · · · · · | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 296: | OR_AMOU | OR_AMOUNT | | | | | | |
| | Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. | | | | | | | |
| | | | ociated with revenue co | odes other than 0100-0219, revenue center | | | | |
| I amodh. | 036X, 071X- | | Data Carres | C-11-4- 4 | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 297: | LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum | | | | | | | |
| | | | | other than 0100-0219, revenue center 079X. | | | | |
| Length: | 12 Type: | Numeric | Data Source: | Calculated | | | | |
| Field 298: | CARD AMO | | | | | | | |
| Field 298: | CARD ANIC | Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum | | | | | | |
| | _ | | rdiology Charge Amou | int. Calculated using MEDPAR algorithm. Sum | | | | |
| | Ancillary Ser | vice Charge, Ca | | unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, | | | | |
| | Ancillary Ser (in cents) of 6 073X. | vice Charge, Ca charges associate | ed with revenue codes | other than 0100-0219, revenue center 048X, | | | | |
| Length: | Ancillary Ser (in cents) of 6 073X. 12 Type: | vice Charge, Ca charges associate Numeric | | | | | | |
| | Ancillary Ser (in cents) of o 073X. 12 Type: ANES_AMO | vice Charge, Ca charges associate Numeric DUNT | Data Source: | other than 0100-0219, revenue center 048X, Calculated | | | | |
| Length: | Ancillary Ser (in cents) of 6 073X. 12 Type: ANES_AMC Ancillary Ser | vice Charge, Ca charges associate Numeric DUNT vice Charge, An | Data Source: | other than 0100-0219, revenue center 048X, Calculated nt. Calculated using MEDPAR algorithm. Sum | | | | |
| Length: Field 299: | Ancillary Ser (in cents) of 6 073X. 12 Type: ANES_AMC Ancillary Ser (in cents) of 6 | vice Charge, Ca charges associate Numeric DUNT vice Charge, An charges associate | Data Source: esthesia Charge Amoued with revenue codes of | other than 0100-0219, revenue center 048X, Calculated nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. | | | | |
| Length: Field 299: Length: | Ancillary Ser (in cents) of 6 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of 6 12 Type: | Numeric Numeric OUNT rvice Charge, Ancharges associate Numeric | Data Source: | other than 0100-0219, revenue center 048X, Calculated nt. Calculated using MEDPAR algorithm. Sum | | | | |
| Length: Field 299: | Ancillary Ser (in cents) of o 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of o 12 Type: LAB_AMO | Numeric DUNT Tyice Charge, An charges associated Numeric Numeric Charge, An charges associated Numeric UNT | Data Source: esthesia Charge Amoued with revenue codes of Data Source: | other than 0100-0219, revenue center 048X, Calculated nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated | | | | |
| Length: Field 299: Length: | Ancillary Ser (in cents) of o 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of o 12 Type: LAB_AMO Ancillary Ser | Numeric DUNT rvice Charge, An charges associate Numeric DUNT rvice Charge, An charges associate Numeric UNT rvice Charge, La | Data Source: esthesia Charge Amoued with revenue codes of Data Source: boratory Charge Amou | other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum | | | | |
| Length: Field 299: Length: | Ancillary Ser (in cents) of o 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of o 12 Type: LAB_AMO Ancillary Ser | Numeric DUNT vice Charge, Ancharges associate Numeric DUNT vice Charge, Ancharges associate Numeric UNT vice Charge, Lacharges associate charges associate | Data Source: esthesia Charge Amoued with revenue codes of Data Source: boratory Charge Amou | other than 0100-0219, revenue center 048X, Calculated nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated | | | | |
| Length: Field 299: Length: | Ancillary Ser (in cents) of 6 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of 6 12 Type: LAB_AMOU Ancillary Ser (in cents) of 6 031X, 074X- | Numeric DUNT vice Charge, Ancharges associate Numeric DUNT vice Charge, Ancharges associate Numeric UNT vice Charge, Lacharges associate charges associate | Data Source: esthesia Charge Amoued with revenue codes of Data Source: boratory Charge Amou | other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum | | | | |

| | 12 Type: Nu | meric Data Source | ce: Calculated | | | | | |
|---|--|--|---|--|--|--|--|--|
| Field 301: | RAD_AMOUNT | | | | | | | |
| | Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum | | | | | | | |
| | (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 028X, | | | | | | | |
| | 032X-035X, 040X | | | | | | | |
| Length: | | meric Data Source | ce: Calculated | | | | | |
| Field 302: | MRI_AMOUNT | | | | | | | |
| | | | unt. Calculated using MEDPAR algorithm. Sum (in | | | | | |
| | , | | des other than 0100-0219, revenue center 061X. | | | | | |
| Length: | * * | meric Data Source | ce: Calculated | | | | | |
| Field 303: | | | es Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue | | | | | |
| | center 049X-050X | | at with revenue codes other than 0100-0217, revenue | | | | | |
| Length: | | imeric Data Source | ce: Calculated | | | | | |
| Field 304: | ER AMOUNT | Division Division | | | | | | |
| 11010001 | _ | Charge, Emergency Room | Charge Amount. Calculated using MEDPAR | | | | | |
| | | | ed with revenue codes other than 0100-0219, revenue | | | | | |
| Length: | 12 Type: Nu | meric Data Source | ce: Calculated | | | | | |
| Field 305: | AMBULANCE_A | | | | | | | |
| | | | e Amount. Calculated using MEDPAR algorithm. Sum | | | | | |
| | ` / | , | codes other than 0100-0219, revenue center 054X. | | | | | |
| Length: | <i>V</i> I | meric Data Source | ce: Calculated | | | | | |
| Field 306: | PRO_FEE_AMOUNT | | | | | | | |
| | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. | | | | | | | |
| | Sum (in cents) of 096X-098X. | charges associated with rev | venue codes other than 0100-0219, revenue center | | | | | |
| Length: | | meric Data Source | ce: Calculated | | | | | |
| Field 307: | ORGAN AMOU | | Calculated | | | | | |
| Ticia 507. | Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR | | | | | | | |
| | | | ed with revenue codes other than 0100-0219, revenue | | | | | |
| | | | , | | | | | |
| | center 081X, 0892 | 1. | | | | | | |
| Length: | center 081X, 0892 | meric Data Source | ce: Calculated | | | | | |
| Length: Field 308: | center 081X, 0892 | meric Data Source | ce: Calculated | | | | | |
| | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service | meric Data Source Charge, End Stage Renal D | Dialysis Charge Amount. Calculated using MEDPAR | | | | | |
| | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in | The Charge, End Stage Renal In cents) of charges associated | | | | | | |
| Field 308: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 | That Source Charge, End Stage Renal In cents) of charges associate X-085X, 088X. | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue | | | | | |
| Field 308: Length: | center 081X, 0892 12 Type: Nu ESRD_AMOUN Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu | Charge, End Stage Renal Data Source on cents) of charges associate K-085X, 088X. Inneric Data Source | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue | | | | | |
| Field 308: | center 081X, 0892 12 Type: Nu ESRD_AMOUN Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU | Charge, End Stage Renal In cents) of charges associated X-085X, 088X. Immeric Data Source NT | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated | | | | | |
| Field 308: Length: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service | Charge, End Stage Renal Incents) of charges associated A-085X, 088X. Immeric Data Source NT Charge, Clinic Visit Charge | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum | | | | | |
| Field 308: Length: Field 309: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charge | Charge, End Stage Renal Incents) of charges associate X-085X, 088X. The Charge Data Source NT Charge, Clinic Visit Charges associated with revenue | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. | | | | | |
| Field 308: Length: Field 309: Length: | center 081X, 0892 12 Type: Nu ESRD_AMOUN Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charg 12 Type: Nu | Charge, End Stage Renal Incents) of charges associated NT Charge, Clinic Visit Charges associated with revenue Imeric Data Source | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. | | | | | |
| Field 308: Length: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charg 12 Type: Nu TOTAL_CHARC | Charge, End Stage Renal Incents) of charges associated NT Charge, Clinic Visit Charges associated with revenue Imeric Data Source Data Source Stages associated with revenue Imeric Data Source Data S | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. ce: Calculated | | | | | |
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| Field 308: Length: Field 309: Length: Field 310: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charg 12 Type: Nu TOTAL_CHARC Sum (in cents) of anon-covered ancil | Charge, End Stage Renal II cents) of charges associate X-085X, 088X. Imeric Data Source NT Charge, Clinic Visit Charge ges associated with revenue Imeric Data Source GES accommodation charges, no lary charges. Replaces TO | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. ce: Calculated on-covered accommodation charges, ancillary charges, TAL_CHARGES_23. | | | | | |
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| Field 308: Length: Field 309: Length: Field 310: Length: Field 311: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charg 12 Type: Nu TOTAL_CHARC Sum (in cents) of a non-covered ancil 12 Type: Nu TOTAL_NON_C Sum (in cents) of a 12 Type: Nu TOTAL_NON_C Sum (in cents) of a 12 Type: Nu TOTAL_CHARC | COV_CHARGES Charge, End Stage Renal II Charge, End Stage Renal II Charge, End Stage Renal II Charge, Charges associate Charge, Clinic Visit Charge Ses associated with revenue Commercic Data Source Cov_CHARGES Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Commodation Charges, not covered accommodation Cov_CHARGES C | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. ce: Calculated on-covered accommodation charges, ancillary charges, TAL_CHARGES_23. ce: Claim on charges, non-covered ancillary charges. ce: Claim | | | | | |
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| Field 308: Length: Field 309: Length: Field 310: Length: Field 311: Length: | center 081X, 0892 12 Type: Nu ESRD_AMOUNT Ancillary Service algorithm. Sum (in center 080X, 0822 12 Type: Nu CLINIC_AMOU Ancillary Service (in cents) of charg 12 Type: Nu TOTAL_CHARC Sum (in cents) of a non-covered ancil 12 Type: Nu TOTAL_NON_C Sum (in cents) of a 12 Type: Nu TOTAL_CHARC Sum (in cents) of a 12 Type: Nu TOTAL_CHARC Sum (in cents) of a | COV_CHARGES Charge, End Stage Renal II Charge, End Stage Renal II Charge, End Stage Renal II Charge, Charges associate Charge, Clinic Visit Charge Ses associated with revenue Commercic Data Source Cov_CHARGES Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Con-covered accommodation Commercic Data Source Cov_CHARGES Commodation Charges, not covered accommodation Cov_CHARGES C | Dialysis Charge Amount. Calculated using MEDPAR ed with revenue codes other than 0100-0219, revenue ce: Calculated e Amount. Calculated using MEDPAR algorithm. Sum codes other than 0100-0219, revenue center 051X. ce: Calculated on-covered accommodation charges, ancillary charges, TAL_CHARGES_23. ce: Claim on charges, non-covered ancillary charges. ce: Claim | | | | | |

| Length: | 12 | Type: | Numeric | Data Source: | Claim | | | |
|-----------------------|-----------------------------|--|-----------------------|-----------------------|----------|--|--|--|
| Field 313: | TO | TAL_NO | N_COV_CHARG | SES_ACCOMM | | | | |
| | Sum | Sum (in cents) of non-covered accommodations charges. | | | | | | |
| Length: | 12 | Type: | Numeric | Data Source: | Claim | | | |
| Field 314: | TO | TOTAL_CHARGES_ANCIL | | | | | | |
| | Sum | Sum (in cents) of covered and non-covered ancillary charges. | | | | | | |
| Length: | 12 | Type: | Numeric | Data Source: | Claim | | | |
| Field 315: | TOTAL_NON_COV_CHARGES_ANCIL | | | | | | | |
| | Sum | (in cents |) of non-covered a | ncillary charges. | | | | |
| Length: | 12 | Type: | Numeric | Data Source: | Claim | | | |
| Field 316: | INB | INBOUND_INDICATOR | | | | | | |
| | Indi | cates the f | Format of data as s | ubmitted. | | | | |
| Coding Scheme: | 8 | 837 forma | t | | | | | |
| | D Data entry | | | | | | | |
| | U | UB-04 format | | | | | | |
| Length: | 1 | Type: | Alphanumeric | Data Source: | Claim | | | |
| Field 317: | EM | ERGENO | CY_DEPT_FLAG | r | | | | |
| | Indi | cator of e | nergency departm | ent visit | | | | |
| Coding Scheme: | Y | visit was e | mergency related | | | | | |
| | N | Visit was | not emergency related | | | | | |
| Length: | 1 | Type: | Alphanumeric | Data Source: | Assigned | | | |
| Field 318: | | CHARG | | | | | | |
| | Disc | - | • | arter of discharge. y | yyyQn. | | | |
| Length: | 6 | Type: | Alphanumeric | Data Source: | Assigned | | | |

CHARGES DATA FILE

| D: 114 | DEC | ODD ID | | |
|-----------------------|--------------|--|---------------------|---|
| Field 1: | | ORD_ID | | |
| | | | | dentify the record within the research data |
| | | | Record ID. I | Does match with RECORD_ID in other |
| | Inpati | ent RDF files | | |
| Length: | 12 | Type: Alphanumeric I | Data Source: | Assigned |
| Field 2: | REV | ENUE CODE | | |
| | | | ccommodatio | on, ancillary service or billing calculation |
| | | d to the services being billed. | | en, mieniar j ser viee er eining eareanaiser |
| Coding Scheme: | 0100 | All-inclusive room charges plus ancill | ary 0527 | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage |
| | 0101 | All-inclusive room charges | 0528 | Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
| | 0110 | Room charges for private rooms - gene | eral 0529 | Freestanding Clinic - other |
| | 0111 | Room charges for private rooms - medical/surgical/GYN | 0530 | Osteopathic service - general |
| | 0112 | Room charges for private rooms - obstetrics | 0531 | Osteopathic service - therapy |
| | 0113 | Room charges for private rooms - pediatric | 0539 | Osteopathic service - other |
| | 0114 | Room charges for private rooms - psychiatric | 0540 | Ambulance service - general |
| | 0115 | Room charges for private rooms - hospice | 0541 | Ambulance service - supplies |
| | 0116 | Room charges for private rooms - detoxification | 0542 | Ambulance service - medical transport |
| | 0117 | Room charges for private rooms - oncology | 0543 | Ambulance service - heart mobile |
| | 0118 | Room charges for private rooms - rehabilitation | 0544 | Ambulance service - oxygen |
| | 0119 0120 | Room charges for private rooms - other Room charges for semi-private rooms general | - | Ambulance service - air ambulance - rooms - pediatric |
| | 0121 | Room charges for semi-private rooms medical/surgical/GYN | | |
| | 0122 | Room charges for semi-private rooms obstetrics | | |
| | 0123 | Room charges for semi-private rooms pediatric | | |
| | 0124 | Room charges for semi-private rooms psychiatric | | |
| | 0125 | Room charges for semi-private rooms hospice | | |
| | 0126 | Room charges for semi-private rooms detoxification | | |
| | 0127 | Room charges for semi-private rooms oncology | | |
| | 0128 | Room charges for semi-private rooms rehabilitation | | |
| | 0129 | Room charges for semi-private rooms other | | |
| | 0130 | Room charges for semi-private - 3/4 b - rooms - general | | |
| | 0131 | Room charges for semi-private - 3/4 braces - rooms - medical/surgical/GYN | eds | |
| | 0132 | Room charges for semi-private - 3/4 b - rooms - obstetrics | | |
| | 0133 | Room charges for semi-private - 3/4 b | eds | |
| 2015Q4-Present | | Page | | |
| www.dehe toyae | /TII | CIC 40 | I act IIv | ndated: May 2025 |

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www.dshs.texas.gov/THCIC

| 0546 | Ambulance service - neonatal 0547 |
|------|--|
| | Ambulance service - pharmacy |
| 0548 | Ambulance service - telephone transmission EKG $$ 0549 |
| | Ambulance service - other |
| 0550 | Skilled nursing - general 0551 |
| | Skilled nursing - visit charge |
| 0552 | Skilled nursing - hourly charge 0559 |
| | Skilled nursing - other |
| 0560 | Medical social services - general 0561 |
| | Medical social services - visit charge |
| 0562 | Medical social services - hourly charge 0569 |
| | Medical social services - other |
| 0570 | Home health aide - general 0571 |
| | Home health aide - visit charge |

| 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric | 0572 | Home health aide - hourly charge |
|--------------|---|--------------|--|
| 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice | 0579 | Home health aide - other |
| 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification | 0580 | Other visits (home health) - general |
| 0137 | 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 - 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 |
| 0158 | Room charges for ward rooms - | 0623 0624 | Medical/surgical supplies - surgical dressings Medical/surgical supplies - FDA investigational |
| 0159 | rehabilitation Room charges for ward rooms - other | 0631 | devices Drugs requiring specific identification - single |
| 0160 | Room charges for other rooms - general | 0632 | source Drugs requiring specific identification - multiple |
| 0164 | Room charges for other rooms – Sterile | 0633 | source Drugs requiring specific identification - restrictive |
| 0167 | Environment Room charges for other rooms – self care | 0634 | prescription Drugs requiring specific identification - EPO, less |
| 0169 | Room charges for other rooms - other | 0635 | than 10,000 units Drugs requiring specific identification - EPO, 10,000 |
| | - | | or more units |
| 0170 0171 | Room charges for nursery - general | 0636 0637 | Drugs requiring specific identification - requiring detailed coding |
| | Room charges for nursery - newborn level I | | Drugs requiring specific identification - self- administrable |
| 0172 | Room charges for nursery - newborn level II | 0640 | Home IV therapy services - general |
| 0173 | Room charges for nursery - newborn level III | 0641 | Home IV therapy services – non-routine nursing, central line |
| | | | |

| 0174 | Room charges for nursery - newborn level IV | 0642 | Home IV therapy services - IV site care, central line |
|--------------|--|--------------|---|
| 0179 | Room charges for nursery - other | 0643 | Home IV therapy services - IV start/change, peripheral line |
| 0180 | Room charges for LOA - general | 0644 | Home IV therapy services – non-routine nursing, peripheral line |
| 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 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 - | 0672 | Outpatient special residence - contracted |
| 0212 | myocardial infarction Room charges for coronary care - | 0679 | Outpatient special residence - other |
| 0213 | pulmonary care Room charges for coronary care - heart | 0681 | Trauma response - level I |
| | transplant | | |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 0682 | Trauma response - level II |
| 0219 | Room charges for coronary care - other | 0683 | Trauma response - level III |
| 0220 | Special charges - general | 0684 | Trauma response - level IV |
| 0221 | Special charges - admission charge | 0689 | Trauma response - other |
| 0222 | Special charges - technical support charge | 0690 | Pre-hospice/Palliative Care Services - general |
| 0223 0224 | Special charges - UR service charge Special charges - late discharge, | 0691 0692 | Pre-hospice/Palliative Care Services – visit charge 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 – consultation |
| 0231 | Incremental nurcing care surgary | 0695 | and education Pre-hospice/Palliative Care Services – inputient care |
| 0231 | Incremental nursing care - nursery Incremental nursing care - OB | 0695 | Pre-hospice/Palliative Care Services – inpatient care 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 |
| | Радо | | |

| (effective 7/1/17) 0300 Laboratory - general 0301 Laboratory - chemistry 0302 Laboratory - immunology 0303 Laboratory - renal patient (home) 0304 Laboratory - non-routine dialysis 0305 Laboratory - hemotology 0306 Laboratory - bacteriology and microbiology 0307 Laboratory - urology 0309 Laboratory - urology 0309 Laboratory - urology 0309 Laboratory - other 0309 Cappo Hemodialysis - outpatient or home - other 0309 Laboratory - other 0309 Laboratory - other | | | | |
|--|-------|---|-------|---|
| All-inclusive ancillary - specialty All-inclusive ancillary - other O294 All-inclusive ancillary - other O295 Pharmacy - general O273 EKG/ECG services - Holter monitor O275 Pharmacy - generic drugs O273 Pharmacy - take-home O276 Pharmacy - drugs incident to other diagnostic services O277 Pharmacy - drugs incident to radiology O278 Pharmacy - drugs incident to radiology O279 Pharmacy - drugs incident to radiology O270 Pharmacy - other O270 Pharmacy - drugs incident to radiology O270 Pharmacy - other O270 Pharmacy - drugs incident to radiology O270 Pharmacy - drugs incident to radiology O270 Pharmacy - other O270 Pharmacy - drugs incident to radiology O270 Pharmacy - other O2 | | | | |
| All-inclusive ancillary - other 0729 | | | | |
| Deciding Pharmacy - generic drugs 0730 EKG/ECG services - general | | | | |
| Description Pharmacy - peneric drugs 0731 EKG/EGC services - Identer monitor | | | | |
| Planmacy - non-generic drugs 0732 EKG/ECG services - telemetry | | | | |
| Description of the properties of the propertie | | | | |
| diagnostic services diagnostic services diagnostic services pharmacy - dugs incident to natiology disposition services diagnostic services diagnostic services diagnostic services pharmacy - dugs incident to radiology disposition services diagnostic services diagnost | | | | |
| diagnostic services 2025 Pharmacy - experimental drugs 2026 Pharmacy - experimental drugs 2027 Pharmacy - nonprescription 2028 Pharmacy - nonprescription 2028 Pharmacy - vivo solutions 2029 Pharmacy - other 2029 Pharmacy - other 2020 IV Therapy - general 2021 Vilverapy - pharmacy services 2021 Vilverapy - pharmacy services 2020 IV Therapy - supplies 2020 IV Therapy - supplies 2020 IV Therapy - pharmacy services 2021 Vilverapy - other 2020 IV Therapy - supplies 2021 Medical surgical supplies and devices - general 2022 Medical surgical supplies and devices - sterile 2023 Medical surgical supplies and devices - prosthetic/orthotic 2024 Medical surgical supplies and devices - prosthetic/orthotic 2025 Medical surgical supplies and devices - prosthetic/orthotic 2026 Medical surgical supplies and devices - official surgical supp | | | | |
| Oz50 Pharmacy - caperimental drugs Oz60 Oz50 Pharmacy - nonprescription Oz62 Pharmacy - other Oz60 Oz62 Pharmacy - other Oz60 Oz60 Pharmacy - other Oz60 | 020 . | | 0, 10 | 220 services 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 |
| | angiocardiography | | |
| 0322 | Radiology - diagnostic - arthrography | 0851 | CCPD - outpatient or home - composite or other rate |
| 0323 | Radiology - diagnostic - arteriography | 0852 | CCPD - outpatient or home - home supplies |
| 0324 | Radiology - diagnostic - chest x-ray | 0853 | CCPD - outpatient or home - home equipment |
| 0329 | Radiology - diagnostic - other | 0854 | CCPD - outpatient or home - maintenance 100% |
| 0330 | Radiology - therapeutic and/or | 0855 | CCPD - outpatient or home - support services |
| | chemotherapy administration - general | | 1 11 |
| 0331 | Radiology - therapeutic and/or | 0859 | CCPD - outpatient or home - other |
| | chemotherapy administration - | | 1 |
| | chemotherapy - injected | | |
| 0332 | Radiology - therapeutic and/or | 0860 | Magnetoencephalography (MEG) - General |
| | chemotherapy administration - | | |
| | chemotherapy - oral | | |
| 0333 | Radiology - therapeutic and/or | 0861 | Magnetoencephalography (MEG) - MEG |
| 0000 | chemotherapy administration - radiation | 0001 | magneteenteephategraphy (miles) miles |
| | therapy | | |
| 0335 | Radiology - therapeutic and/or | 0880 | Miscellaneous dialysis - general |
| 0333 | chemotherapy administration - | 0000 | Wilsechalicous diarysis general |
| | chemotherapy - IV | | |
| 0339 | Radiology - therapeutic and/or | 0881 | Miscellaneous dialysis - ultrafiltration |
| 0337 | chemotherapy administration - other | 0001 | wiiscondificous didiysis diddiffication |
| 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 |
| 0342 | procedures | 0700 | Behavior health treatments/services - general |
| 0343 | Nuclear medicine - diagnostic | 0901 | Behavior health treatments/services - electroshock |
| 0343 | radiopharmaceuticals | 0701 | Behavior health treatments/services - electroshock |
| 0344 | Nuclear medicine - therapeutic | 0902 | Behavior health treatments/services - milieu therapy |
| 0577 | radiopharmaceuticals | 0702 | Behavior health treatments/services - mined therapy |
| 0349 | Nuclear medicine - other | 0903 | Behavioral health treatments/services - play therapy |
| 0350 | CT scan - general | 0904 | Behavior health treatments/services - activity |
| 0330 | C1 Scall - general | 0304 | therapy |
| 0351 | CT scan - head | 0905 | Behavior health treatments/services - intensive |
| 0331 | C1 Scall - licad | 0903 | outpatient services - psychiatric |
| 0352 | CT scan - body | 0906 | Behavior health treatments/services - intensive |
| 0332 | C1 Scall - body | 0700 | outpatient services - chemical dependency |
| 0359 | CT scan - other | 0907 | Behavior health treatments/services - community |
| 0339 | C1 Scall - Other | 0907 | behavioral health program |
| 0360 | Operating room services - general | 0911 | Behavior health treatment/services - rehabilitation |
| 0361 | Operating room services - general Operating room services - minor surgery | 0911 | Behavior health treatment/services - renabilitation Behavior health treatment/services - partial |
| 0301 | Operating room services - minor surgery | 0912 | hospitalization - less intensive |
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| 0302 | Operating room services - organ transplant other than kidney | 0913 | hospitalization - intensive |
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| 0369 | Operating room services - other | 0915 | 13 |
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| 0274 | services | 0010 | Behavior health treatment/services - other |
| 0374 | Anesthesia - acupuncture | 0919 | |
| 0379 | Anesthesia - other | 0920 | Other diagnostic services - general |
| 0380 | Blood - general | 0921 | Other diagnostic services - peripheral vascular lab |
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| | 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 |
| 0389 | (cryoprecipitate) Blood - other | 0940 | Other thereneutic services general |
| 0309 | Dioou - onici | U24U | Other therapeutic services - general |
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| 0390 | Blood and blood component administration, storage and processing - | 0941 | Other therapeutic services - recreational therapy |
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| 0391 | Blood and blood component | 0942 | Other therapeutic services - education/training |
| | administration, storage and processing - | | |
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| 0392 | Blood and blood component | 0943 | Other therapeutic services - cardiac rehabilitation |
| | administration, storage and processing – | | |
| 0399 | processing and storage Blood and blood component | 0944 | Other therapeutic services - drug rehabilitation |
| 0399 | administration, storage and processing - | 0944 | Other therapeutic services - drug renaomitation |
| | other | | |
| 0400 | Other imaging services - general | 0945 | Other therapeutic services - alcohol rehabilitation |
| 0401 | Other imaging services - diagnostic | 0946 | 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 |
| | mammography | | rehabilitation |
| 0404 | Other imaging services - PET | 0949 | Other therapeutic services - other |
| 0409 | Other imaging services - other | 0951 | Other therapeutic services – athletic training |
| 0410 | Respiratory services - general | 0952 | Other therapeutic services - kinesiotherapy |
| 0412 | Respiratory services - inhalation | 0953 | Other therapeutic services – chemical dependency |
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| 0419 | therapy Respiratory services - other | 0961 | Professional fees - psychiatric |
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| 0420 | Physical therapy - general Physical therapy - visit charge | 0963 | Professional fees - anesthesiologist (MD) |
| 0422 | Physical therapy - visit charge | 0964 | Professional fees - anesthetist (CRNA) |
| 0423 | Physical therapy - group rate | 0969 | Professional fees - other |
| 0424 | Physical therapy - evaluation or | 0971 | Professional fees - laboratory |
| | reevaluation | | |
| 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 | 0977 | Professional fees - physical therapy |
| | reevaluation | | |
| 0439 | Occupational therapy - other | 0978 | Professional fees - occupational therapy |
| 0440 | Speech-language pathology - general | 0979 | Professional fees - speech therapy |
| 0441 | Speech-language pathology - visit charge | 0981 | Professional fees - emergency room |
| 0442 | Speech-language pathology - hourly charge | 0982 | Professional fees - outpatient services |
| 0443 | Speech-language pathology - group rate | 0983 | Professional fees - clinic |
| 0444 | Speech-language pathology - group rate Speech-language pathology - evaluation | 0984 | Professional fees - medical social services |
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| 0449 | Speech-language pathology - other | 0985 | Professional fees - EKG |
| 0450 | Emergency room - general | 0986 | Professional fees - EEG |
| 0451 | Emergency room - EMTALA emergency | 0987 | Professional fees - hospital visit |
| | medical screening services | | |
| 0452 | 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 | Pulmonary function - other | 0992 | Patient convenience items - private linen service |
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| 0481 | Cardiology - cardiac cath lab | 0998 | Patient convenience items - admission kits Patient convenience items - beauty shop/barber |
| 0482 | Cardiology - stress test | 0999 | Patient convenience items - other |
| 0483 | Cardiology - echocardiology | 1000 | Behavior health accommodations - general |
| 0489 | Cardiology - other | 1001 | Behavior health accommodations - residential |
| | <u> </u> | | treatment - psychiatric |
| 0490 | Ambulatory surgical care - general | 1002 | Behavior health accommodations - residential |
| | | | treatment - chemical dependency |
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| | 0499 | , , | 1003 | Behavior health accommodations - supervised living |
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| | 0509 | | 1005 | Behavior health accommodations - group home |
| | 0510 0511 | 2 | 2100 2101 | Alternative therapy services - general Alternative therapy services - acupuncture |
| | 0511 | | 2101 | Alternative therapy services - acupuncture Alternative therapy services - acupressure |
| | 0512 | | 2102 | Alternative therapy services - massage |
| | 0514 | | 2104 | Alternative therapy services - reflexology |
| | 0515 | Clinic - pediatric | 2105 | Alternative therapy services - biofeedback |
| | 0516 | Clinic - urgent care | 2106 | Alternative therapy services - hypnosis |
| | 0517 | * 1 | 2109 | Alternative therapy services - other |
| | 0519 | | 3101 | Adult day care, medical and social - hourly |
| | 0520 | 2 2 | 3102 | Adult day care, social - hourly |
| | 0521 | 2 | 3103 | Adult day care, medical and social - daily |
| | 0522 | 2 | 3104 | Adult day care, social - daily |
| | 0523 | RHC/FQHC Practitioner Freestanding Clinic - family practice | 3105 | Adult foster care - daily |
| | 0523 | | 3103 | Adult foster care - other |
| | 0324 | RHC/FQHC Practitioner to a Member in | 3107 | Addit loster care - other |
| | | a Covered Part A Stay at SNF | | |
| | 0525 | Freestanding Clinic - Visit by | | |
| | | RHC/FQHC Practitioner to a Member in | | |
| | | a SNF (not Covered Part A Stay) or NF | | |
| | | or ICF MR or Other Residential Facility | | |
| | 0526 | Freestanding Clinic - urgent care | | |
| Length: | 4 | Type: Alphanumeric Data S | Source | : Claim |
| Field 3: | REV | ENUE CODE SEQUENCE NUMB | ER | |
| | | gnment of numbers to indicate the orde | | bmission of the revenue codes |
| Length: | 3 | Type: Alphanumeric Data S | ource | : Assigned |
| Field 4: | НСР | CS QUALIFIER | | |
| 11014 11 | | A Common Procedure Coding System | (HCP | S) Codes Indicator |
| Length: | 2 | Type: Alphanumeric Data S | | |
| | | PCS PROCEDURE CODE | ource | · Claim |
| Field 5: | нск | 4 5 PRIN RINI RR (()) | | |
| | | - | | |
| | HCF | A Common Procedure Coding System | (HCP | CS) code applicable to ancillary services or |
| | HCF accor | A Common Procedure Coding System mmodations. | | , |
| Coding Scheme: | HCF accor | A Common Procedure Coding System mmodations. | | CS) code applicable to ancillary services or Sets/ANHCPCS/list.asp for complete list. |
| Coding Scheme: | HCF accor | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease | CodeS | Sets/ANHCPCS/list.asp for complete list. |
| Coding Scheme: Length: | HCF accor See I | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S | CodeS | Sets/ANHCPCS/list.asp for complete list. |
| Coding Scheme: | HCF accor See // 5 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 | CodeS Source | Sets/ANHCPCS/list.asp for complete list. : Claim |
| Coding Scheme: Length: Field 6: | HCF accordance See // 5 MOI Ident | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the | CodeSource | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service |
| Coding Scheme: Length: | HCF accor See // 5 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 | CodeS Source | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a |
| Coding Scheme: Length: Field 6: | HCF accordance See // 5 MOI Ident | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the | CodeSource | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Idente 22 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services | eCodeSource ne perf | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life |
| Coding Scheme: Length: Field 6: | HCF accordance for the second section of the second section of the second secon | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia | eCodeSource ne perf P4 P5 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation |
| Coding Scheme: Length: Field 6: | HCF accordance for the second section of the second section of the second secon | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a | eCodeSource ne perf P4 P5 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Ident 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SoliFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period | eCodeSource ne perf P4 P5 P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes |
| Coding Scheme: Length: Field 6: | HCF accordance for the second section of the second section of the second secon | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation | eCodeSource ne perf P4 P5 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Ident 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same | eCodeSource ne perf P4 P5 P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Ident 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care | eCodeSource ne perf P4 P5 P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Ident 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the | eCodeSource ne perf P4 P5 P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes |
| Coding Scheme: Length: Field 6: | HCF according See // 5 MOI Ident 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care | eCodeSource ne perf P4 P5 P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | PS P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component | PECODES Source The perf P4 P5 P6 E1 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SolFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters | PS P6 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component | PECODES Source The perf P4 P5 P6 E1 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SolFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters | PECODES Source The perf P4 P5 P6 E1 E2 E3 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Upper right eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date | PECODES Source The perf P4 P5 P6 E1 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 26 27 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SolFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services | PECODES Source PA PS P6 E1 E2 E3 E4 | Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Upper right eyelid |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 26 27 32 33 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SolFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service | eCodeSource ne perf P4 P5 P6 E1 E2 E3 E4 F1 | Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Ident 22 23 24 25 26 27 32 33 47 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SoliFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon | eCodeSource ne perf P4 P5 P6 E1 E2 E3 E4 F1 F2 | Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services | PS P6 E1 E2 E3 F4 F5 F4 F5 | Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SoliFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures | PS P6 E1 E2 E3 F4 F1 F2 F3 F4 | Sets/ANHCPCS/list.asp for complete list. Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit |
| Coding Scheme: Length: Field 6: Coding Scheme: | HCF according See 1/5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data SoliFIER_1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure | PS P6 E1 E2 E3 F4 F5 F4 F5 | Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb |
| Coding Scheme: Length: Field 6: | HCF according See 1/5 MOI Idente 22 23 24 25 26 27 32 33 47 50 51 52 53 | A Common Procedure Coding System mmodations. http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data Sofifies Data Sofifies Data Sofies Differ 1 tifies special circumstances related to the Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Page | E2 E3 E4 F1 F2 F3 F4 | Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb |

54Surgical Care OnlyF7Right hand, third digit55Postoperative Management OnlyF8Right hand, fourth digit56Preoperative Management OnlyF9Right hand, fifth digit

| | 57 Decision for Surgery FA Left hand, thumb | |
|-----------------------|---|-----------------|
| | 58 Staged or Related Procedure or Service by the GG Performance and payment of a scree | |
| | Same Physician or Other Qualified Health Care Professional During the Postoperative Period mammography and diagnostic mamies same patient, same day. | nography on |
| | 59 Distinct Procedural Service GH Diagnostic mammogram converted in mammogram on same day | from screening |
| | 62 Two Surgeons LC Left circumflex coronary artery | |
| | 63 Procedure Performed on Infants less than 4kg LD Left anterior descending coronary ar | tery |
| | 66 Surgical Team L Left main coronary artery | |
| | 73 Discontinued Outpatient Hospital/Ambulatory LT Left side of the body procedure | |
| | Surgery Center (ASC) Procedure prior to the Administration of Anesthesia | |
| | 74 Discontinued Outpatient Hospital/Ambulatory Q Ambulance service provided under a | rrangement by |
| | Surgery Center (ASC) Procedure after M a provider of services | |
| | Administration of Anesthesia | |
| | 76 Repeat Procedure by Same Physician or Other QN Ambulance service furnished directly | y by a provider |
| | Qualified Health Care Professional of services 77 Repeat Procedure by Another Physician or RC Right coronary artery | |
| | Other Qualified Health Care Professional | |
| | 78 Unplanned Return to the Operating/Procedure RI Ramus intermedius coronary artery Room by the Same Physician or Other | |
| | Qualified Health Care Professional Following | |
| | Initial Procedure for a Related Procedure | |
| | During the Postoperative Period | |
| | 79 Unrelated Procedure or Service by the Same RT Right side of the body procedure Physician or Other Qualified Health Care | |
| | Professional During the Postoperative Period | |
| | 80 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 Reference (Outside) Laboratory T4 Left foot, fifth digit | |
| | 91 Repeat Clinical Diagnostic Laboratory Test T5 Right foot, great toe 92 Alternative Laboratory Platform Testing T6 Right foot, second digit | |
| | 95 Synchronous Telemedicine Service Rendered T7 Right foot, third digit | |
| | Via a Real-Time Interactive Audio and Video Telecommunications System | |
| | 99 Multiple Modifiers T8 Right foot, fourth digit | |
| | 1P Performance Measure Exclusion Modifier due T9 Right foot, fifth digit to Medical Reasons | |
| | 2P Performance Measure Exclusion Modifier due TA Left foot, great toe to Patient Reasons | |
| | 3P Performance Measure Exclusion Modifier due XE Separate Encounter to System Reasons | |
| | 8P Performance Measure Reporting Modifier- XS Separate Structure Action not performed, reason not otherwise | |
| | specified P1 A normal healthy patient XP Separate Practitioner | |
| | P2 A patient with mild systemic disease XU Unusual Non-Overlapping Service | |
| | P3 A patient with severe systemic disease | |
| Length: | 2 Type: Alphanumeric Data Source: Claim | |
| Field 7: | MODIFIER 2 | |
| riciu 7. | Identifies special circumstances related to the performance of the service. | |
| Coding Scheme: | Same as MODIFIER 1 | |
| Length: | 2 Type: Alphanumeric Data Source: Claim | |
| | •• | |
| Field 8: | MODIFIER_3 | |
| G 11 G 1 | Identifies special circumstances related to the performance of the service. | |
| Coding Scheme: | Same as MODIFIER_1 | |
| Length: | 2 Type: Alphanumeric Data Source: Claim | |
| Field 9: | MODIFIER_4 | |
| | Identifies special circumstances related to the performance of the service. | |
| Coding Scheme: | Same as MODIFIER_1 | |
| Length: | 2 Type: Alphanumeric Data Source: Claim | |
| Field 10: | UNIT_MEASUREMENT_CODE | |
| | | |
| 2015Q4-Present | | |
| www.dshs.texas.g | gov/THCIC 58 Last Updated: May 2025 | |

| | Code | specifyir | g the units in which | h a value is being e | expressed. |
|----------------|-------|-------------|----------------------|----------------------|------------|
| Coding Scheme: | DA | Days | _ | • | • |
| 8 | 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: | CHR | RGS_LIN | E_ITEM | | |
| | Total | l amount o | of the charge | | |
| Length: | 14 | Type: | Numeric | Data Source: | Assigned |
| Field 14: | CHR | RGS_NO | N_COV | | |
| | Total | l non-cove | ered 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 |
| T 41 | Hospital name provided by the hospital. |
| Length: | 55 Type: Alphanumeric Data Source: Provider |
| Field 3: | PROVIDER_ADDR |
| T 41 | Hospital address provided by the hospital. |
| Length: | 50 Type: Alphanumeric Data Source: Provider |
| Field 4: | PROVIDER_CITY |
| T4h | Hospital city provided by the hospital. |
| Length: | 20 Type: Alphanumeric Data Source: Provider |
| Field 5: | PROVIDER_STATE |
| I anath | Hospital state provided by the hospital. |
| Length: | 2 Type: Alphanumeric Data Source: Provider |
| Field 6: | PROVIDER_ZIP Haggital ZID as do gravided by the haggital |
| Langth | Hospital ZIP code provided by the hospital. 9 Type: Alphanumeric Data Source: Provider |
| Length: Field 7: | FAC TEACHING IND |
| rieiu /: | Teaching Facility Indicator. |
| Coding Scheme: | A Member, Council of Teaching Hospitals |
| Couring Scheme. | X Other Teaching facility |
| Length: | 1 Type: Alphanumeric Data Source: Provider |
| Field 8: | FAC PSYCH IND |
| riciu o. | Psychiatric Facility Indicator. |
| Length: | 1 Type: Alphanumeric Data Source: Provider |
| Field 9: | FAC REHAB IND |
| riciu >. | Rehabilitation Facility Indicator. |
| Length: | 1 Type: Alphanumeric Data Source: Provider |
| Field 10: | FAC ACUTE CARE IND |
| - 1014 101 | Acute Care Facility Indicator. |
| Length: | 1 Type: Alphanumeric Data Source: 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. |
| Coding Scheme: | C Member, Council of Teaching Hospitals |
| | 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 Hospitals, Inpatient Rehabilitation |
| 201504 Barrer | . P |
| 2015Q4-Present | |
| www.dshs.texas | gov/THCIC 60 Last Updated: May 2025 |
| | |

Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals.

Coding Scheme:

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Mixed (Facility has sections that would be exempted from reporting POA for those

R Required
X Exempt

Length: Invalid

Length: 1 Type: Alphanumeric Data Source: Assigned

| Field 16: | PRO | VIDER_COU | JNTY | 7 | | | | |
|----------------|------|---------------|-------|-----------|-----|-------------|-----|---------------|
| | FIPS | code of provi | der's | county. | | | | |
| Coding scheme: | 001 | Anderson | 129 | Donley | 257 | Kaufman | 385 | Real |
| | 003 | Andrews | 131 | Duval | 259 | Kendall | 387 | Red River |
| | 005 | Angelina | 133 | Eastland | 261 | Kenedy | 389 | Reeves |
| | 007 | Aransas | 135 | Ector | 263 | Kent | 391 | Refugio |
| | 009 | Archer | 137 | Edwards | 265 | Kerr | 393 | Roberts |
| | 011 | Armstrong | 139 | Ellis | 267 | Kimble | 395 | Robertson |
| | 013 | Atascosa | 141 | El Paso | 269 | King | 397 | Rockwall |
| | 015 | Austin | 143 | Erath | 271 | Kinney | 399 | Runnels |
| | 017 | Bailey | 145 | Falls | 273 | Kleberg | 401 | Rusk |
| | 019 | Bandera | 147 | Fannin | 275 | Knox | 403 | Sabine |
| | 021 | Bastrop | 149 | Fayette | 283 | La Salle | 405 | San Augustine |
| | 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
| | 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
| | 027 | Bell | 155 | Foard | 281 | Lampasas | 411 | San Saba |
| | 029 | Bexar | 157 | Fort Bend | 285 | Lavaca | 413 | Schleicher |
| | 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
| | 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
| | 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
| | 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
| | 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
| | 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
| | 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
| | 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
| | 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
| | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
| | 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
| | 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
| | 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 |
| 2015Q4-Presei | nt | | | Page | · | | | |

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| | | | * | | | | provider ZIP code | |
|---------|-----|------------|----------|-----------|---------------------|-----------|-------------------|------------|
| Length: | 3 | Type: | Alphanun | neric | Data Source: | | Assigned, based | d on |
| | 127 | Dimmit | 255 | Karnes | 383 | Reagan | 4 | Invalid |
| | 125 | Dickens | 253 | Jones | 381 | Randall | | |
| | 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
| | 121 | Denton | 249 | Jim Wells | s 377 | Presidio | 505 | Zapata |
| | 119 | Delta | 247 | Jim Hogg | g 375 | Potter | 503 | Young |
| | 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
| | 115 | Dawson | 243 | Jeff Davi | s 371 | Pecos | 499 | Wood |
| | 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
| | 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
| | 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
| | 107 | Crosby | 235 | Irion | 363 | Palo Pint | o 491 | Williamson |
| | 105 | Crockett | 233 | Hutchins | on 361 | Orange | 489 | Willacy |
| | 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger |
| | 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |

Note about LCODE:

The "Census Block" and "Census Block Group" coding are geographic identifiers derived from a process called Geocoding. Geocoding is the process of assigning a geographic coordinate to a record for a given physical address. LCODE (Location code) quantifies the level of accuracy of the geocoding process. LCODE classification:

- "A" code indicates that the record is accurate to the address level.
- "Z" code indicates the record is accurate to at least the ZIP code level.
 - o "ZB" code indicates the record is accurate to the Census Block Group level.
 - o "ZT" code indicates the record is accurate to at least the Census Tract level.
 - o "ZC" code indicates the record is accurate to the ZIP code level.
- An "E" code indicates an error in geocoding and no value is provided.

The Block Group should be a 12-digit numerical value. If the LCODE is "ZT" or "ZC" a record should not have a value for Block Group. The LCODE will be included any time a data request includes Pat_Addr_Census_Block or Pat Addr Census Block Group.

DATA ELEMENT

BASE DATA FILE

| Data 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 |

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| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|----------------------|--------|--------------|
| 38 | LENGTH_OF_STAY | 4 | Alphanumeric |
| 39 | PAT_STATUS | 2 | Alphanumeric |
| 40 | DISCHARGE_HOUR | 2 | Alphanumeric |
| 41 | TYPE_OF_BILL | 3 | Alphanumeric |
| 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 |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|----------------------|--------|--------------|
| 84 | POA_OTH_DIAG_CODE_20 | 1 | Alphanumeric |
| 85 | OTH_DIAG_CODE_21 | 7 | Alphanumeric |
| 86 | POA_OTH_DIAG_CODE_21 | 1 | Alphanumeric |
| 87 | OTH_DIAG_CODE_22 | 7 | Alphanumeric |
| 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 |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|-----------------------|--------|--------------|
| 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 |
| 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 |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|-----------------------------|--------|--------------|
| 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 |
| 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 | MS_MDC | 2 | Alphanumeric |
| 189 | APR_MDC | 2 | Alphanumeric |
| 190 | MS_DRG | 3 | Alphanumeric |
| 191 | APR_DRG | 4 | Alphanumeric |
| 192 | RISK_MORTALITY | 1 | Alphanumeric |
| 193 | ILLNESS_SEVERITY | 1 | Alphanumeric |
| 194 | APR_GROUPER_ VERSION_NBR | 5 | Alphanumeric |
| 195 | APR_GROUPER_ERROR_CODE | 2 | Alphanumeric |
| 196 | MS_GROUPER_VERSION_NBR | 5 | Alphanumeric |
| 197 | MS_GROUPER_ERROR_CODE | 2 | Alphanumeric |
| 198 | ATTENDING_PHYSICIAN_UNIF_ID | 10 | Alphanumeric |
| 199 | OPERATING_PHYSICIAN_UNIF_ID | 10 | Alphanumeric |
| 200 | OCCUR_CODE_1 | 2 | Alphanumeric |
| 201 | OCCUR_DATE_1 | 8 | Alphanumeric |
| 202 | OCCUR_DAY_1 | 4 | Alphanumeric |
| 203 | OCCUR_CODE_2 | 2 | Alphanumeric |
| 204 | OCCUR_DATE_2 | 8 | Alphanumeric |
| 205 | OCCUR_DAY_2 | 4 | Alphanumeric |
| 206 | OCCUR_CODE_3 | 2 | Alphanumeric |
| 207 | OCCUR_DATE_3 | 8 | Alphanumeric |
| 208 | OCCUR_DAY_3 | 4 | Alphanumeric |
| 209 | OCCUR_CODE_4 | 2 | Alphanumeric |
| 210 | OCCUR_DATE_4 | 8 | Alphanumeric |
| 211 | OCCUR_DAY_4 | 4 | Alphanumeric |
| 212 | OCCUR_CODE_5 | 2 | Alphanumeric |
| 213 | OCCUR_DATE_5 | 8 | Alphanumeric |
| 214 | OCCUR_DAY_5 | 4 | Alphanumeric |
| 215 | OCCUR_CODE_6 | 2 | Alphanumeric |
| 216 | OCCUR_DATE_6 | 8 | Alphanumeric |
| 217 | OCCUR_DAY_6 | 4 | Alphanumeric |
| 218 | OCCUR_CODE_7 | 2 | Alphanumeric |
| 219 | OCCUR_DATE_7 | 8 | Alphanumeric |
| 220 | OCCUR_DAY_7 | 4 | Alphanumeric |
| 221 | OCCUR_CODE_8 | 2 | Alphanumeric |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|-------------------|--------|--------------|
| 222 | OCCUR_DATE_8 | 8 | Alphanumeric |
| 223 | OCCUR_DAY_8 | 4 | Alphanumeric |
| 224 | OCCUR_CODE_9 | 2 | Alphanumeric |
| 225 | OCCUR_DATE_9 | 8 | Alphanumeric |
| 226 | OCCUR_DAY_9 | 4 | Alphanumeric |
| 227 | OCCUR_CODE_10 | 2 | Alphanumeric |
| 228 | OCCUR_DATE_10 | 8 | Alphanumeric |
| 229 | OCCUR_DAY_10 | 4 | Alphanumeric |
| 230 | OCCUR_CODE_11 | 2 | Alphanumeric |
| 231 | OCCUR_DATE_11 | 8 | Alphanumeric |
| 232 | OCCUR_DAY_11 | 4 | Alphanumeric |
| 233 | OCCUR_CODE_12 | 2 | Alphanumeric |
| 234 | OCCUR_DATE_12 | 8 | Alphanumeric |
| 235 | OCCUR_DAY_12 | 4 | Alphanumeric |
| 236 | OCCUR_SPAN_CODE_1 | 2 | Alphanumeric |
| 237 | OCCUR_SPAN_FROM_1 | 8 | Alphanumeric |
| 238 | OCCUR_SPAN_THRU_1 | 8 | Alphanumeric |
| 239 | OCCUR_SPAN_CODE_2 | 2 | Alphanumeric |
| 240 | OCCUR_SPAN_FROM_2 | 8 | Alphanumeric |
| 241 | OCCUR_SPAN_THRU_2 | 8 | Alphanumeric |
| 242 | OCCUR_SPAN_CODE_3 | 2 | Alphanumeric |
| 243 | OCCUR_SPAN_FROM_3 | 8 | Alphanumeric |
| 244 | OCCUR_SPAN_THRU_3 | 8 | Alphanumeric |
| 245 | OCCUR_SPAN_CODE_4 | 2 | Alphanumeric |
| 246 | OCCUR_SPAN_FROM_4 | 8 | Alphanumeric |
| 247 | OCCUR_SPAN_THRU_4 | 8 | Alphanumeric |
| 248 | CONDITION_CODE_1 | 2 | Alphanumeric |
| 249 | CONDITION_CODE_2 | 2 | Alphanumeric |
| 250 | CONDITION_CODE_3 | 2 | Alphanumeric |
| 251 | CONDITION_CODE_4 | 2 | Alphanumeric |
| 252 | CONDITION_CODE_5 | 2 | Alphanumeric |
| 253 | CONDITION_CODE_6 | 2 | Alphanumeric |
| 254 | CONDITION_CODE_7 | 2 | Alphanumeric |
| 255 | CONDITION_CODE_8 | 2 | Alphanumeric |
| 256 | VALUE_CODE_1 | 2 | Alphanumeric |
| 257 | VALUE_AMOUNT_1 | 9 | Numeric |
| 258 | VALUE_CODE_2 | 2 | Alphanumeric |
| 259 | VALUE_AMOUNT_2 | 9 | Numeric |
| 260 | VALUE_CODE_3 | 2 | Alphanumeric |
| 261 | VALUE_AMOUNT_3 | 9 | Numeric |
| 262 | VALUE_CODE_4 | 2 | Alphanumeric |
| 263 | VALUE_AMOUNT_4 | 9 | Numeric |
| 264 | VALUE_CODE_5 | 2 | Alphanumeric |
| 265 | VALUE_AMOUNT_5 | 9 | Numeric |
| 266 | VALUE_CODE_6 | 2 | Alphanumeric |
| 267 | VALUE_AMOUNT_6 | 9 | Numeric |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|------------------------------|--------|--------------|
| 268 | VALUE_CODE_7 | 2 | Alphanumeric |
| 269 | VALUE_AMOUNT_7 | 9 | Numeric |
| 270 | VALUE_CODE_8 | 2 | Alphanumeric |
| 271 | VALUE_AMOUNT_8 | 9 | Numeric |
| 272 | VALUE_CODE_9 | 2 | Alphanumeric |
| 273 | VALUE_AMOUNT_9 | 9 | Numeric |
| 274 | VALUE_CODE_10 | 2 | Alphanumeric |
| 275 | VALUE_AMOUNT_10 | 9 | Numeric |
| 276 | VALUE_CODE_11 | 2 | Alphanumeric |
| 277 | VALUE_AMOUNT_11 | 9 | Numeric |
| 278 | VALUE_CODE_12 | 2 | Alphanumeric |
| 279 | VALUE_AMOUNT_12 | 9 | Numeric |
| 280 | PRIVATE_AMOUNT | 12 | Numeric |
| 281 | SEMI_PRIVATE_AMOUNT | 12 | Numeric |
| 282 | WARD_AMOUNT | 12 | Numeric |
| 283 | ICU_AMOUNT | 12 | Numeric |
| 284 | CCU_AMOUNT | 12 | Numeric |
| 285 | OTHER_AMOUNT | 12 | Numeric |
| 286 | PHARM_AMOUNT | 12 | Numeric |
| 287 | MEDSURG_AMOUNT | 12 | Numeric |
| 288 | DME_AMOUNT | 12 | Numeric |
| 289 | USED_DME_AMOUNT | 12 | Numeric |
| 290 | PT_AMOUNT | 12 | Numeric |
| 291 | OT_AMOUNT | 12 | Numeric |
| 292 | SPEECH_AMOUNT | 12 | Numeric |
| 293 | IT_AMOUNT | 12 | Numeric |
| 294 | BLOOD_AMOUNT | 12 | Numeric |
| 295 | BLOOD_ADM_AMOUNT | 12 | Numeric |
| 296 | OR_AMOUNT | 12 | Numeric |
| 297 | LITH_AMOUNT | 12 | Numeric |
| 298 | CARD_AMOUNT | 12 | Numeric |
| 299 | ANES_AMOUNT | 12 | Numeric |
| 300 | LAB_AMOUNT | 12 | Numeric |
| 301 | RAD_AMOUNT | 12 | Numeric |
| 302 | MRI_AMOUNT | 12 | Numeric |
| 303 | OP_AMOUNT | 12 | Numeric |
| 304 | ER_AMOUNT | 12 | Numeric |
| 305 | AMBULANCE_AMOUNT | 12 | Numeric |
| 306 | PRO_FEE_AMOUNT | 12 | Numeric |
| 307 | ORGAN_AMOUNT | 12 | Numeric |
| 308 | ESRD_AMOUNT | 12 | Numeric |
| 309 | CLINIC_AMOUNT | 12 | Numeric |
| 310 | TOTAL_CHARGES | 12 | Numeric |
| 311 | TOTAL_NON_COV_CHARGES | 12 | Numeric |
| 312 | TOTAL_CHARGES_ACCOMM | 12 | Numeric |
| 313 | TOTAL_NON_COV_CHARGES_ACCOMM | 12 | Numeric |

| Data Dictionary# | RDF Field Name | Length | Field Type |
|---------------------|-----------------------------|--------|--------------|
| 314 | TOTAL_CHARGES_ANCIL | 12 | Numeric |
| 315 | TOTAL_NON_COV_CHARGES_ANCIL | 12 | Numeric |
| 316 | INBOUND_INDICATOR | 1 | Alphanumeric |
| 317 | EMERGENCY_DEPT_FLAG | 1 | Alphanumeric |
| 318 | DISCHARGE | 6 | Alphanumeric |

CHARGES FILE

| Data 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 |

FACILITY TYPE INDICATOR FILE

| Data 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 |