TEXAS Department of State Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES CENTER FOR HEALTH STATISTICS

Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF) Base Data #1 File, Base Data #2 File Charges File, and Facility Type Indicator File

2015 Q4

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). 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.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repeals the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015 data. Rural providers and providers that are exempt from state franchise, sales, ad valorem, or other state or local taxes, and that do not seek or receive reimbursement for providing health care services to patients from any source will no longer be exempt from the data reporting requirements of Chapter 108.

PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC require DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD).

The PUDF Base Data File is split into two (2) Base Data files for 2015 due to the addition of the 25 diagnosis present on admission indicator codes (POA) and the 10 POA indicators for the external cause of injury codes. Base Data #1 File contains the required data elements. Base Data #2 File contains most of the situationally required data elements and some calculated fields. The Record ID allows for linking the files together. The providers/submitters have, by law, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e. for calendar year data be sure to check the first quarter of the following year also).

The Facility Type Indicator File is also included. This contains 12 variables including the THCIC ID and facility name and variables indicating whether the facility is a teaching facility or pediatric hospital or other specialty facility. The file also includes POA provider indicator and certification status.

A Facility Reporting Status document is included which provides information about whether the facilities reported or if they reported low numbers and their identification was masked in the data, reported no discharges or if they closed, were out of compliance and if they submitted any comments about their data.

Additionally, the submitter Comments File is included. This contains any comments that were included by the submitter when the respective data was submitted and certified from a given facility.

The 2015Q4 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 802 bytes), Base Data #2 (logical record length of 648 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 71 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

Fourth quarter, 696 hospitals:					
Base Data #1	770,199 records	166 variables	Fixed field format	605 MB	Tab-delimited 306 MB
Base Data #2	770,199 records	99 variables	Fixed field format	489 MB	Tab-delimited 205 MB
Charges	12,304,536 records	13 variables	Fixed field format	985 MB	Tab-delimited 581 MB
Facility Type Data	696 records	12 variables	Fixed field format	50 KB	Tab-delimited 37 KB

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

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

BASE DATA #1 FILE (Separated Base File 2011)	
FAC_LONG_TERM_AC_IND	Added 2004. Moved to Facility Type Indicator File in 2011
PAT_COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and
	SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and
	SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
MS_MDC name changed from CMS_MDC (2011)	Added 2004
INBOUND_INDICATOR	Available 2004 only
POA_PRINC_DIAG_CODE	Added 2011
POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_ E_CODE_10	Added 2011
MS_GROUPER_ ERROR _CODE	Added 2011
APR_GROUPER_ERROR_CODE	Added 2011
PRINC_ICD9_CODE	No longer available
OTH_ICD9_CODE_1- OTH_ICD9_CODE_24	No longer available
BASE DATA #2 FILE (added 2011) Moved calculated charge amount	nts andsSituational data elements to this file
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004

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VALUE CODE 1 to VALUE CODE 12	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004
FACILITY TYPE INDICATOR FILE (added 2011) Moved facility in	nformation data elements to this file
POA_PROVIDER_INDICATOR	Moved from Base Data #1 file to Facility Type Indicator File in 2015
CERT_STATUS	Moved from Base Data #1 file to Facility Type Indicator File in 2015

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (electronic UB-92) format to the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

Beginning with fourth (4th) quarter 2015 data ICD-10-CM diagnostic codes and ICD-10-PCS procedure codes were mandated by the Federal Government. The increased length of the codes required a change in the data file formats. Some data fields (for example, "POA_Provider_ Indicator" and Cert_Status") are moved to the "Facility Type Indicator" file.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013(c) also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the Section 108.013(e) and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers,

admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-10-CM or ICD-10-PCS codes indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter .
- The county code is suppressed if a county has fewer than five discharges for that quarter .
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.

To protect physician identities, the THSC 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, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying

information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS 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, **including any THCIC research data files;**
- 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 permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

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 electronic format and THCIC 837 format. Because these are billing forms, the data collected are administrative data and not clinical data. Beginning with 2005 all data are collected from the THCIC 837 format.
- Records with Major Diagnositic Category (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 after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- 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 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 submitted 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 if submitted by the facilities.
- 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 casemix 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 PUDF CD's are available through the THCIC website, <u>http://www.dshs.state.tx.us/thcic/</u>, 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 clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

Included with the PUDF 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 separate file called the '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 Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



Texas Hospital Inpatient Discharge Public Use Data File

Data Dictionary

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

	no wing information is provided.
Field	Unique, abbreviated name of the data element
Description	Brief explanation of the data element. Descriptions of data elements from the UB-92 are
-	taken from specifications manuals.
Data Source	Provided by the hospital on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data
	for which the data element will be released is noted following the Data Source.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a hospital that has been determined to be invalid has been assigned the value `. Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

Field 1:	RECORD_ID		
Description:	Record Identification Number. Unique number assigned to identify the record. First available		
	1 st quarter 2002. Does NO	T match the RECC	DRD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	DISCHARGE		
Description:	Discharge Quarter. Year an	nd quarter of discha	arge. yyyyQn.
Beginning Position:	13	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 3:	THCIC_ID		
Description:	Provider ID. Unique identi	fier assigned to the	provider by DSHS.
Suppression:	Hospitals with fewer than	50 discharges have	been aggregated into the Provider ID '999999'. If
			rticular gender, including 'unknown', Provider ID
	is '999998'.	0 1	
Beginning Position:	19	Data Source:	Assigned
	(True	
Length:	6	Type:	Alphanumeric
		Type:	Alphanumeric
Field 4:	TYPE_OF_ADMISSION	1	Alphanumeric
Field 4: Description:		1	Alphanumeric
Field 4: Description:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent	1	Alphanumeric
Field 4: Description:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent 3 Elective	1	Alphanumeric
Field 4: Description:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent 3 Elective 4 Newborn	1	Alphanumeric
Field 4: Description:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent 3 Elective	1	Alphanumeric
Field 4: Description:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not availa	f admission	Alphanumeric
Field 4: Description: Coding Scheme:	TYPE_OF_ADMISSION Code indicating the type or 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not availa Nevalid Notation	f admission ble	
Length: Field 4: Description: Coding Scheme: Beginning Position:	TYPE_OF_ADMISSION Code indicating the type of 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not availa	f admission	Claim
Field 4: Description: Coding Scheme:	TYPE_OF_ADMISSION Code indicating the type or 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not availa Nevalid Notation	f admission ble	

BASE DATA #1 FILE

Length:	1	Туре:	Alphanumeric		
Field 5:	SOURCE_OF_ADM				
Description:	Code indicating source				
Coding Scheme:		Facility Point of Origin (Beg	inning July 1, 2010)		
	2 Clinic referral 4 Transfer from a	hospital			
		skilled nursing facility, intern	nediate care facility or assis	ted living facility	
		other health care facility	lectrate care facility of assis	led inving facility	
	8 Court/Law Enfo				
	9 Information not	available			
		sychiatric, substance abuse, re	hab hospital		
		nother home health agency	al to another Distinct Unit a	f the Same Heavital Deputting is	
		aim to the Payer	al to another Distinct Unit o	f the Same Hospital Resulting in	
	-	mubulatory Surgery Center			
	F Transfer from a				
	` Invalid				
	If Type of Admission=4 (N				
	5 Born inside this	*			
Beginning Position:	6 Born outside this 26	Data Source:	Claim		
Length:	1	Type:	Alphanumeric		
Field 6:	SPEC_UNIT_1	- , P			
Description:		ch most days during sta	v occurred based on n	umber of days by Type of	
·····		In order by number of			
		ombined in one field in t			
	individually in the fixe				
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit	
coung beneme.	D	Detoxification Unit	Y	Psychiatric Unit	
	Ι	Intensive Care Unit	R	Rehabilitation Unit	
	Н	Hospice Unit	U	Sub-acute Care Unit	
	N	Nursery	S	Skilled Nursing Unit	
	B O	Obstetric Unit Oncology Unit	Blank	Acute Care	
Beginning Position:	27	Data Source:	Calculated		
Length:	1	Type:	Alphanumeric		
Field 7:	SPEC_UNIT_2	турс.	Alphandmerie		
Description:		ch most dave during sta	w occurred based on n	umber of days by Type of	
Description.		. In order by number of			
		ombined in one field in t			
			inc 1 ab Deminicu inc	and can be accessed	
Codina Sahamaa	individually in the fixe	Coronary Care Unit	Р	Pediatric Unit	
Coding Scheme:	D	Detoxification Unit	Y	Psychiatric Unit	
	I	Intensive Care Unit	R	Rehabilitation Unit	
	Н	Hospice Unit	U	Sub-acute Care Unit	
	N	Nursery	S	Skilled Nursing Unit	
	В	Obstetric Unit	Blank	Acute Care	
Doginning Desition	0 28	Oncology Unit			
Beginning Position:		Data Source:	Alphanumaria		
Length:	1 SDEC LINIT 3	Туре:	Alphanumeric		
Field 8:	SPEC_UNIT_3	-h		·····h·····f······	
Description:				umber of days by Type of	
	Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed				
			ne Tab Delimited file	and can be accessed	
a u	individually in the fixe		D	י זז י י די	
Coding Scheme:	C D	Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit	
	I	Intensive Care Unit	R	Rehabilitation Unit	
	Н	Hospice Unit	U	Sub-acute Care Unit	
	Ν	Nursery	S	Skilled Nursing Unit	
	В	Obstetric Unit	Blank	Acute Care	
	0	Oncology Unit			
DSHS/THCIC		—— Page 11 —	лено	5 Document # E25-14163	

	29	Data Source:	Alphonumania	
Length: Field 9:	I SPEC_UNIT_4	Туре:	Alphanumeric	
Description:		hich most days during sta	w accurred based on n	umber of dove by Type
Description.		le. In order by number of		
		combined in one field in t		
	individually in the fi			and can be accessed
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
Couning Scheme:	D	Detoxification Unit	Ŷ	Psychiatric Unit
	Ι	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	Ν	Nursery	S	Skilled Nursing Uni
	B	Obstetric Unit	Blank	Acute Care
D	0	Oncology Unit		
Beginning Position:	30	Data Source:		
Length:	1	Туре:	Alphanumeric	
Field 10:	SPEC_UNIT_5			
Description:		hich most days during sta		
		le. In order by number of		
	SPEC_UNIT_5 are	combined in one field in t	the Tab Delimited file	and can be accessed
	individually in the fi	xed length file.		
Coding Scheme:	С	Coronary Care Unit	Р	Pediatric Unit
-	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H N	Hospice Unit	U S	Sub-acute Care Unit Skilled Nursing Uni
	N B	Nursery Obstetric Unit	S Blank	Acute Care
	0	Oncology Unit	Dimik	Tout Cult
Beginning Position:	31	Data Source:		
Length:	1	Type:	Alphanumeric	
Field 11:	PAT_STATE	- J. P. C.	. inprimiente	
		mailing address in Texas	s and contiguous states	Standard 2-character
	State of the patient's	mailing address in Texas	s and contiguous states	s. Standard 2-character
Description:	State of the patient's Postal Service abbre		s and contiguous states	s. Standard 2-character
Description:	State of the patient's		s and contiguous states	s. Standard 2-character
Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico		s and contiguous states	s. Standard 2-character
Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma		s and contiguous states	s. Standard 2-character
Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas	viation.	s and contiguous states	s. Standard 2-character
Description:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOKOklahomaTXTexasZZAll other states and		s and contiguous states	s. Standard 2-character
Description:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOK OklahomaTXTexasZZAll other states andFCForeign country	viation.	s and contiguous states	s. Standard 2-character
Description: Coding Scheme:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOK OklahomaTXTXTexasZZAll other states andFCForeign countryXXForeign country	viation. 1 American Territories	s and contiguous states Claim	s. Standard 2-character
Description: Coding Scheme: Beginning Position:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32	d American Territories Data Source:	Claim	s. Standard 2-character
Description: Coding Scheme: Beginning Position: Length:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOK OklahomaTXTexasZZAll other states andFCForeign countryXXForeign country322	viation. 1 American Territories		s. Standard 2-character
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOklahomaTXTexasZZAll other states andFCForeign countryXXForeign country322PAT_ZIP	d American Territories Data Source: Type:	Claim	s. Standard 2-character
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOKOklahomaTXTexasZZAll other states andFCForeign countryXXForeign country322PAT_ZIPPatient's five-digit Z	viation. I American Territories Data Source: Type: ZIP code.	Claim Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 12: Description:	State of the patient'sPostal Service abbreARArkansasLALouisianaNMNew MexicoOKOklahomaTXTexasZZAll other states andFCForeign countryXXForeign country322PAT_ZIPPatient's five-digit ZLast two digits are b	d American Territories Data Source: Type: IIP code. lank if a ZIP code has few	Claim Alphanumeric wer than 30 discharges	. If state equals 'ZZ', Z
Description: Coding Scheme: Beginning Position: Length: Field 12: Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888'	viation. d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few . If state equals 'FC' (ford	Claim Alphanumeric wer than 30 discharges eign country) ZIP code	. If state equals 'ZZ', Z s is blank. If ICD-10-Cl
Description: Coding Scheme: Beginning Position: Length: Field 12: Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or	viation. d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev . If state equals 'FC' (ford drug use or an HIV diagn	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl	. If state equals 'ZZ', Z s is blank. If ICD-10-Cl ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges	d American Territories Data Source: Type: IP code. lank if a ZIP code has few . If state equals 'FC' (for drug use or an HIV diagn the ZIP code is blank. If	Claim Alphanumeric wer than 30 discharges eign country) ZIP code osis the ZIP code is bl a hospital has fewer th	. If state equals 'ZZ', Z s is blank. If ICD-10-Cl ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in	d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few . If state equals 'FC' (for drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z	Claim Alphanumeric wer than 30 discharges eign country) ZIP code iosis the ZIP code is bl a hospital has fewer th ZIP Code is blank.	. If state equals 'ZZ', Z s is blank. If ICD-10-Cl ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Beginning Position:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev . If state equals 'FC' (fordrug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code iosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim	. If state equals 'ZZ', Z s is blank. If ICD-10-CI ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Beginning Position: Length:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5	d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few . If state equals 'FC' (for drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z	Claim Alphanumeric wer than 30 discharges eign country) ZIP code iosis the ZIP code is bl a hospital has fewer th ZIP Code is blank.	. If state equals 'ZZ', Z s is blank. If ICD-10-Cl ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Beginning Position:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev . If state equals 'FC' (fordrug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code iosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim	. If state equals 'ZZ', Z s is blank. If ICD-10-CI ank. If a hospital has fe
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description: Suppression: Beginning Position: <u>Length:</u> Field 13:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev . If state equals 'FC' (fordrug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code osis the ZIP code is bl a hospital has fewer th ZIP Code is blank. Claim Alphanumeric	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description: Suppression: Beginning Position: <u>Length:</u> Field 13:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's	d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few . If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n	Claim Alphanumeric wer than 30 discharges eign country) ZIP code osis the ZIP code is bl a hospital has fewer th ZIP Code is blank. Claim Alphanumeric	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description: Suppression: Beginning Position: <u>Length:</u> Field 13: Description:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few. If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n D). 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim Alphanumeric maintained by the Inter	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 12: Description: Suppression: Beginning Position: <u>Length:</u> Field 13: Description: Suppression:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC Suppressed if fewer	d American Territories Data Source: Type: ZIP code. lank if a ZIP code has few . If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n)). than 5 patients from one	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim Alphanumeric maintained by the Inter	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Hength: Field 13: Description: Suppression: Suppression: Suppression:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC Suppressed if fewer See www.ISO.org for	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev. If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n)). than 5 patients from one or or complete list. 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl a hospital has fewer the ZIP Code is blank. Claim Alphanumeric maintained by the Inter country.	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Field 13: Description: Suppression: Coding scheme: Beginning Position:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC Suppressed if fewer See www.ISO.org fo 39	American Territories Data Source: Type: TP code. lank if a ZIP code has fev . If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n)). than 5 patients from one or complete list. Data Source:	Claim Alphanumeric wer than 30 discharges eign country) ZIP code iosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim Alphanumeric maintained by the Inter country. Claim	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC Suppressed if fewer See www.ISO.org fo 39 2	 d American Territories Data Source: Type: ZIP code. lank if a ZIP code has fev. If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n)). than 5 patients from one or or complete list. 	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl a hospital has fewer th ZIP Code is blank. Claim Alphanumeric maintained by the Inter country.	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a
Description: Coding Scheme: Beginning Position: Length: Field 12: Description: Suppression: Field 13: Description: Suppression: Coding scheme: Beginning Position:	State of the patient's Postal Service abbre AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and FC Foreign country XX Foreign country 32 2 PAT_ZIP Patient's five-digit Z Last two digits are b code equals '88888' indicates alcohol or than fifty discharges particular gender, in 34 5 PAT_COUNTRY Country of patient's Standardization (ISC Suppressed if fewer See www.ISO.org fo 39	American Territories Data Source: Type: TP code. lank if a ZIP code has fev . If state equals 'FC' (ford drug use or an HIV diagn the ZIP code is blank. If cluding 'unknown', the Z Data Source: Type: residential address. List n)). than 5 patients from one or complete list. Data Source:	Claim Alphanumeric wer than 30 discharges eign country) ZIP code tosis the ZIP code is bl a hospital has fewer th IP Code is blank. Claim Alphanumeric maintained by the Inter country. Claim Alphanumeric	. If state equals 'ZZ', Z e is blank. If ICD-10-Cl ank. If a hospital has fe han 5 discharges of a

Description:	FIPS of	code of patient's	county.					
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
Coung scheme:	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 MaCullaab	433	Stonewall
	051 053	Burleson Burnet	179 181	Gray Grayson	307 309	McCulloch McLennan	435 437	Sutton Swisher
	055	Caldwell	181	Gregg	309	McMullen	437	Tarrant
	055	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	185	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	313	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	477 479	Washington
	095 097	Concho Cooke	223 225	Hopkins Houston	351 353	Newton Nolan	479	Webb Wharton
	097	Coryell	223	Howard	355	Nueces	481	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	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		x 1.1
D • • D • •	127	Dimmit	255	Karnes	383	Reagan		Invalid
Beginning Position:	41			Data Source:	Assign	ed; based on patie	nt ZIP	code
	· 1			7 = 1	A 1 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 Page 13 -

Alphanumeric

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3

1

PUBLIC_HEALTH_REGION

Public Health Region of patient's address.

Length:

Field 15:

Description:

DSHS/THCIC

Type:

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	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,
	2	Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
	3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo
	4	Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar,
	4	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
	7	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,
	0	San Saba, Travis, Washington, Williamson counties
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val
		Verde, Victoria, Wilson, Zavala counties
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble,
	-	Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton,
		Terrell, Tom Green, Upton, Ward, Winkler counties
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,
		McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
		Invalid
Beginning Position:	44	Data Source: Assigned
Length:	2	Type: Alphanumeric
Field 16:	РАТ	C_STATUS
Description:	Code	e indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	1	Discharged to home or self-care (routine discharge)
	2	Discharged to other short term general hospital
	3	Discharged to skilled nursing facility
	4	Discharged to intermediate care facility
	5	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
	6	Discharged to care of home health service
	7 8	Left against medical advice
	8 9	Discharged to care of Home IV provider Admitted as inpatient to this hospital
	20	Expired
	20	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 health care facility
	50	Discharged to hospice-home
	51	Discharged to hospice-medical facility
	61	Discharged/transferred within this institution to Medicare-approved swing bed
	62	Discharged/transferred to inpatient rehabilitation facility
	63	Discharged/transferred to Medicare-certified long term care hospital
	64 65	Discharged/transferred to Medicaid-certified nursing facility 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
	71	Discharged/transferred to other outpatient service
	72	Discharged/transferred to institution outpatient
	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
	0.4	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	
	85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

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www.dshs.state.tx.us/THCIC	——————————————————————————————————————	Last Updated: October, 2016

Field 21:	LENGTH_OF_STAY				
Length:	1	Туре:	Alphanumeric		
Beginning Position:	51	Data Source:	Assigned		
	4 Thursday		` Invalid		
	2 Tuesday 3 Wednesday		6 Saturday 7 Sunday		
Coding Scheme:	1 Monday		5 Friday		
Description:	Code indicating day of v	veek patient is admit	ted		
Field 20:	ADMIT_WEEKDAY				
Length:	1	Туре:	Alphanumeric		
Beginning Position:	50	Data Source:	Claim		
	2 Not of Hispanic Origin Nutrient Invalid				
Coding Scheme:	1 Hispanic Origin				
	suppressed (code is blank).				
Suppression:			e race the ethnicity of patients of that race is		
Description:	Code indicating the Hisp				
Field 19:	ETHNICITY				
Length:	1	Туре:	Alphanumeric		
Beginning Position:	49	Data Source:	Claim		
	Invalid				
	5 Other				
	3 Black 4 White				
	2 Asian or Pacific Island	ler			
Coding Scheme:	1 American Indian/Eski	mo/Aleut			
Suppression:			e race that race is changed to 'Other' (code equals :		
Description:	Code indicating the patie	ent's race.			
Field 18:	RACE	• •			
Length:	1	Type:	Alphanumeric		
Beginning Position:	48	Data Source:	Claim		
	U Unknown Invalid				
	F Female U Unknown				
Coding Scheme:	M Male		-		
	'999998' and Hospital N		Code are blank for those patients.		
••			cular gender, including unknown, Provider ID is		
Suppression:			dicates drug or alcohol use or an HIV diagnosis.		
Description:		recorded at date of a	dmission or start of care.		
Field 17:	SEX_CODE	-760			
Length:	2	Type:	Alphanumeric		
Beginning Position:	46	Data Source:	Claim		
	Note:	Care Hospital Inpatient R	eadmission (effective 10-1-2013)		
			alth Care Institution not Defined Elsewhere in this Code List		
	Readmission (effective	e 10-1-2013)			
		npatient Readmission (effect of To a Critical Access Ho	ospital (CAR) with a Planned Acute Care Hospital Inpatient		
	93 Discharged/Transferre	ed to a Psychiatric Hospita	al or Psychiatric Distinct Part Unit of a Hospital with a Plann		
	a Planned Acute Care	Hospital Inpatient Readm	ission (effective 10-1-2013)		
	Hospital Inpatient Rea	admission (effective 10-1-			
	1		Hospital Inpatient Readmission (effective 10-1-2013) Long Term Care Hospital (LTCH) with a Planned Acute Ca		
	90 Discharged/Transferre	ed to an Inpatient Rehabili	tation Facility (IRF) including Rehabilitation Distinct Part		
		admission (effective 10-1-	dicare Approved Swing Bed with a Planned Acute Care 2013)		
	Readmission (effective	,	diarra America d Scrie - Dadarith - Diarrad Acute Care		
	(effective 10-1-2013) 88 Discharged/Transferre	ed to a Federal Health Car	e Facility with a Planned Acute Care Hospital Inpatient		
	Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission				

5 6 7	Religious non-medical health care–Extended care Intermediate care Clinic Special facility	5 6 7 8	Intermedi	iate Care–Le e inpatient –	evel II	5 6 7 8	Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
5 6	Religious non-medical health care–Extended care Intermediate care	6	Intermedi	iate Care–Le	evel II	5	Late charge(s) only claim Adjustment of prior claim (Not
5	Religious non-medical health care–Extended care						
5	Religious non-medical health	5	Intermedi	late Care-LA		•	Interim–last claim
			T., 4	iate Care-Le	evel I	4	Textening last slains
	care–Hospital	4	Part B on	ly		5	internit–continuing ciann
		3			dicare	2	Interim–first claim Interim–continuing claim
		2	Inpatient,		Part B only	1	Admit through discharge claim
1	nospitai	1	Inpatient, Part A	including N	vieuicare	0	Non-payment/Zero claim
					Andican-		git-Sequence of claim
Seco	nd digit = type of care.	Third di	git = seq	uence of t			
		n about	the claim	n data sub	mitted. Fi	rst dig	git = type of facility.
	E OF BILL	rype.		¹ upnant			
			ource:		imeric		
	e as field 24, FIRST_PA			Claim			
	• •		•	ce of payı	nent.		
				-			
2		Type:		Alphanu	imeric		
58			ource:	Claim			
DS	Disability Insurance			`	Invalid		
CI	Commercial Insurance			~~			Z, combined for 2004 & 2005
CH	CHAMPUS			WC ZZ			
AM BI	Automobile Medical Blue Cross/Blue Shield			VA WC			
	Medicare Risk		- /				0
15 16		ization (H	MO)	OF		eral Pr	ogram
14 15		zation (EF	PO)	MC TV	Medicaid		
13	Point of Service (POS)			MB	Medicare		
11 12			O)	LM MA			1
10	Central Certification			LI	Liability	And: -	1
	beginning 2Q2012 data)		.,				
09						aintena	nce Organization
		l nrimar	v source	of navme	nt		
	ST PAVMENT CDC	i ype:		Aiphant	meric		
			ource:				
	30-34			A	L		
08	25-29	18	75-79				Invalid
00	20-24	10	70-74				75+
							45-64 65-74
04	10-14	14	55-59			23	18-44
03	5-9	13	50-54			22	0-17
	-						90+ 7 and drug/alcohol use patients:
00		10	35-39			20	85-89
Code		nt in day		rs on date	of dischar	rge.	
	AGE	J 1					
			our ce.				
52							5
cure	uate. The minimum teng	Sun or ou	ay 10 1 GC	ay. Inc m	aAmum 1	5 111	
	52 4 PAT Code 00 01 02 03 04 05 06 07 08 09 56 2 FIRS Code 09 10 11 12 13 14 15 16 AM BL CH CI DS 58 2 SEC Code Same 60 2 FIRS 58 2 SEC Code Same 60 2 SEC Code Same 60 2 SEC Code 58 2 3 SEC Code 58 2 3 SEC Code 58 2 SEC Code 58 2 3 SEC Code 58 2 3 SEC Code 58 2 3 SEC C Code 58 2 SEC C Code 58 2 3 SEC C Code 58 2 3 SEC C Code 58 2 SEC C	52 4 PAT_AGE Code indicating age of patient 00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24 08 25-29 09 30-34 56 2 FIRST_PAYMENT_SRC Code indicating the expected 09 Self Pay (Removed from 50 beginning 2Q2012 data) 10 Central Certification 11 Other Non-federal Program 12 Preferred Provider Organiz 13 Point of Service (POS) 14 Exclusive Provider Organiz 15 Indemnity Insurance 16 Health Maintenance Organ 15 Indemnity Insurance 16 Health Maintenance Organ Matcare Risk AM Automobile Medical BL Blue Cross/Blue Shield CH CHAMPUS	52Data S4Type:PAT_AGECode indicating age of patient in day001-28 days100129-365 days11021-4 years12035-9130410-14140515-17150618-19160720-24170825-29180930-341956Data S2Type:FIRST_PAYMENT_SRCCode indicating the expected primary09Self Pay (Removed from 5010 formation beginning 2Q2012 data)10Central Certification1111Other Non-federal Programs1212Preferred Provider Organization (PP13Point of Service (POS)14Exclusive Provider Organization (EF15Indemnity Insurance16Health Maintenance Organization (EF15Indemnity Insurance16Health Maintenance Organization (EF15Indemnity Insurance16Blue Cross/Blue ShieldCHCHAMPUSCICommercial InsuranceDSDisability Insurance58Data S2Type:Type:Type:Type:SECONDARY_PAYMENT_SRCCode indicating the expected secondSame as field 24, FIRST_PAYMENT60<	52Data Source:4Type:PAT_AGECode indicating age of patient in days or year001-28 days10 35.39 0129-365 days11 40.44 021-4 years12 45.49 035-91350.540410-1414 55.59 0515-171560.640618-191665.690720-241770.740825-291875.790930.341980.8456Data Source:2Type:FIRST_PAYMENT_SRCCode indicating the expected primary source09Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)1010Central Certification1111Other Non-federal Programs212Preferred Provider Organization (PPO)1313Point of Service (POS)1414Exclusive Provider Organization (EPO)15Indemnity Insurance16Health Maintenance Organization (EPO)15Indemnity Insurance16Health Maintenance Organization (EPO)15Indemnity Insurance16Blue Cross/Blue ShieldCHCHAMPUSCICommercial InsuranceDSDisability Insurance58Data Source:2Type:T	52Data Source: Type:Calculat AlphanuPAT_AGECode indicating age of patient in days or years on date 001-28 days10 $35-39$ 0129-365 days1140-4440021-4 years12 $45-49$ 40035-91350-54400410-141455-5950515-171560-64660618-191665-6970720-241770-74700825-291875-7970930-341980-8456Data Source:Assigne Type:AlphanuFIRST_PAYMENT_SRCCode indicating the expected primary source of payme og self Pay (Removed from 5010 format, use "ZZ"HM beginning 2Q012 data)10Central CertificationLI11Other Non-federal ProgramsLM12Preferred Provider Organization (PPO)MA13Point of Service (POS)MB14Exclusive Provider Organization (HMO)OFMedicare RiskAMAutomobile MedicalVAAll.Blue Cross/Blue ShieldWCCHCHAMPUSZZCICommercial InsuranceS58Data Source:Claim2Type:Alphanu58Disability InsuranceS58Data Source:Claim2TypeClaim2TypeAlphanu<	4Type:AlphanumericPAT_AGECode indicating age of patient in days or years on date of dischar001-28 days10 $35-39$ 0129-365 days11 $40-44$ 021-4 years12 $45-49$ 035-91350-540410-1414 $55-59$ 0515-171560-640618-191665-690720-241770-740825-291875-790930-341980-8456Data Source:AlphanumericFIRST_PAYMENT_SRCCode indicating the expected primary source of payment.09Self Pay (Removed from 5010 format, use "ZZ"HM10Central CertificationLILiability 111Other Non-federal ProgramsLMLiability 112Preferred Provider Organization (PPO)MAMedicare13Point of Service (POS)MBMedicare14Exclusive Provider Organization (HMO)OFOther FedMedicare RiskWCWCK workers CAMAutomobile MedicalVAVeteran ABLBlue Cross/Blue ShieldWCWCC Workers CCode indicating the expected secondary source of payment.Same Codes 09DSDisability Insurance`` Codes 09DSDisability Insurance`` Invalid58Data Source:Claim2	52 Data Source: Calculated 4 Type: Alphanumeric PAT_AGE Code indicating age of patient in days or years on date of discharge. 00 1-28 days 10 35.39 20 01 29.365 days 11 40-44 21 02 1.4 years 12 45.49 HIV 03 5.9 13 50.54 22 04 10-14 14 55.59 23 05 15.17 15 60-64 24 06 18.19 16 65.69 25 07 20-24 17 70-74 26 08 25.29 18 75.79 5 09 30.34 19 80-84 56 Cateria Certification LI Liability Central Certification LI Liability 10 Central Certification LI Liability Medica 12 Prefered Provider Organization (PO) MA Medicare Part A 13

Description: Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.

			d accommodation charges, ancillary charges, non-
	covered ancillary charges. I		
Beginning Position:	65	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 27:	TOTAL_NON_COV_CH		
	Sum of non-covered accom	modation charge	s, non-covered ancillary charges.
Beginning Position:	77	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 28:	TOTAL_CHARGES_AC	СОММ	
	Sum of covered and non-co	vered accommod	ation charges.
Beginning Position:	89	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 29:	TOTAL_NON_COV_CH	ARGES ACCO	MM
	Sum of non-covered accom		
Beginning Position:	101	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 30:	TOTAL CHARGES AN		
	Sum of covered and non-co		harges
Beginning Position:	113	Data Source:	Claim
Length:	12	Type:	Numeric
Field 31:	TOTAL_NON_COV_CH		
	Sum of non-covered ancilla		_
Beginning Position:	125	Data Source:	Claim
	125		Numeric
Length: Field 32:	ADMITTING DIAGNOS	Туре:	Ivuillenc
Fleid 52:			h 5th 6th and 7th digits if applicable Desimal is
			h, 5th, 6th and 7th digits if applicable. Decimal is
D D	implied following the third		
Beginning Position:	137	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 33:	PRINC_DIAG_CODE	c .1 · · · 1	
Field 33:	ICD-10-CM diagnosis code		diagnosis, including the 4th, 5th, 6th and 7th digits
	ICD-10-CM diagnosis code if applicable. Decimal is im	plied following t	he third character.
Beginning Position:	ICD-10-CM diagnosis code if applicable. Decimal is im 144	plied following the Data Source:	he third character. Claim
Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7	plied following the Data Source: Type:	he third character.
Beginning Position:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO	plied following the Data Source: Type: DE	he third character. Claim Alphanumeric
Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P	plied following the Data Source: Type: DE	he third character. Claim
Beginning Position: Length: Field 34:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital	plied following the Data Source: Type: DE	he third character. Claim Alphanumeric
Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes	plied following the Data Source: Type: DE	he third character. Claim Alphanumeric
Beginning Position: Length: Field 34:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes N No	plied following the Data Source: Type: DE	he third character. Claim Alphanumeric
Beginning Position: Length: Field 34:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes	plied following the Data Source: Type: DE	he third character. Claim Alphanumeric
Beginning Position: Length: Field 34:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	plied following the Data Source: <u>Type:</u> DE rincipal Diagnon	he third character. Claim Alphanumeric
Beginning Position: Length: Field 34: Coding Scheme:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 N Invalid	plied following the Data Source: Type: DE rincipal Diagnon only)	he third character. Claim <u>Alphanumeric</u> sis code was present at the time the patient was
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Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code	plied following t Data Source: Type: DE rincipal Diagnon only) Data Source: Type: c, including the 4t	he third character. Claim <u>Alphanumeric</u> sis code was present at the time the patient was Claim
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third	plied following t Data Source: Type: DE rincipal Diagnon only) Data Source: Type: c, including the 4t	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152	plied following t Data Source: Type: DE rincipal Diagnon only) Data Source: Type: c, including the 4t	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: s, including the 4theorem of the source: Data Source: Data Source: Type:	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
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Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7 POA_OTH_DIAG_CODE	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: e, including the 4theoreter. Data Source: Type: 2.1	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
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Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_CO Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7 POA_OTH_DIAG_CODE Code identifying whether C admitted to the hospital Y Yes N No	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: e, including the 4theoreter. Data Source: Type: 2.1	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7 POA_OTH_DIAG_CODE Code identifying whether C admitted to the hospital Y Yes N No U Unknown	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: e, including the 4theoreter. Data Source: Type: 2.1	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7 POA_OTH_DIAG_CODE Code identifying whether C admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: s, including the 4theorem of the second s	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 34: Coding Scheme: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36: Coding Scheme:	ICD-10-CM diagnosis code if applicable. Decimal is im 144 7 POA_PRINC_DIAG_COM Code identifying whether P admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code implied following the third 152 7 POA_OTH_DIAG_CODE Code identifying whether C admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined	plied following the Data Source: Type: DE rincipal Diagnon only) Data Source: Type: s, including the 4theorem of the second s	he third character. Claim Alphanumeric sis code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric tode was present at the time the patient was
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	Invalid		
Beginning Position:	159	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 37:	OTH_DIAG_CODE_2		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	160	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 38:	POA_OTH_DIAG_CODE	_	
		th_Diag_Code_2	code was present at the time the patient was
a 11 a 1	admitted to the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012) Invalid	only)	
Beginning Position:	167	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 39:	OTH_DIAG_CODE_3	Type.	Alphalumene
r ieiu 37.		including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character	ii, 5tii, 6tii and 7tii tights ii applicable. Decimai is
Beginning Position:	168	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 40:	POA OTH DIAG CODE		Alphalumene
rielu 40:			code was present at the time the patient was
	admitted to the hospital	un_Diag_Code_3	code was present at the time the patient was
Coding Schomor	Y Yes		
Coding Scheme:	N No		
	U Unknown		
	W Clinically Undetermined	1 \	
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$ Invalid	only)	
Beginning Position:	175	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 41:	OTH DIAG CODE 4	••	
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	176	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 42:	POA_OTH_DIAG_CODE		*
			code was present at the time the patient was
	admitted to the hospital		I
Coding Scheme:	Y Yes		
	N No		
	U Unknown W Clinically Undetermined		
	WClinically Undetermined1Space (1st & 2nd Qtr 2012)	only)	
	Invalid	onry)	
Beginning Position:	183	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 43:	OTH_DIAG_CODE_5		
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	184	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 44:	POA_OTH_DIAG_CODE		-
			code was present at the time the patient was
	admitted to the hospital		1 1
	·····		
DSHS/THCIC			DSHS Document # E25-14163

	Y Yes N No U Unknown W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012 Invalid	-	
Beginning Position:	191	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_6 ICD-10-CM diagnosis cod implied following the third		h, 5th, 6th and 7th digits if applicable. Decima
Beginning Position:	192	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 46: Coding Scheme:	POA_OTH_DIAG_COD Code identifying whether 0 admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined	Oth_Diag_Code_6	5 code was present at the time the patient was
Beginning Position:	1 Space (1 st & 2 nd Qtr 2012 Invalid		Claim
Length:	1	Туре:	Alphanumeric
Field 47:	OTH_DIAG_CODE_7 ICD-10-CM diagnosis cod implied following the third	e, including the 4t	h, 5th, 6th and 7th digits if applicable. Decima
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
	Code identifying whether	Jui Diag Code /	
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DSHS/THCIC DSHS Document # E25-14163	0			
	0			

Field 59:	OTH_DIAG_CODE_13		
		le, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	248	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	POA_OTH_DIAG_COD		
		Oth_Diag_Code_1	3 code was present at the time the patient was
Coding Schomor	admitted to the hospital Y Yes		
Coding Scheme:	N No		
	U Unknown	1	
	WClinically Undetermined1Space (1 st & 2 nd Qtr 2012)		
	Invalid	-	
Beginning Position:	255	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14	la in alta din a 4h a 44	h 54h (4h and 74h digita if angligable Designal is
	implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	256	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	POA_OTH_DIAG_COD	V A	1
			4 code was present at the time the patient was
	admitted to the hospital	-	
Coding Scheme:	Y Yes N No		
	N No U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$ Invalid	2 only)	
Beginning Position:	263	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	264 7	Data Source:	Claim
Length: Field 64:	POA_OTH_DIAG_COD	Type:	Alphanumeric
			5 code was present at the time the patient was
	admitted to the hospital	oui_Diug_couc_i	is code was present at the time the patient was
Coding Scheme:	Y Yes		
0	N No U Unknown		
	W Clinically Undetermined	1	
	1 Space $(1^{st} \& 2^{nd} Qtr 201)$	2 only)	
Beginning Position:	Invalid 271	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16	√ 1	1
		le, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	272	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 66:	POA_OTH_DIAG_COD		6 and a way proposed of the time of the method
		Oun_Diag_Code_1	6 code was present at the time the patient was
Coding Scheme:	admitted to the hospital Y Yes		
county seneme.	N No		
	U Unknown		
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	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
	` Invalid	•	
Beginning Position:	279	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 67:	OTH_DIAG_CODE_17		
	implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	280	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 68:	POA_OTH_DIAG_COD	E_17	
	Code identifying whether (Oth_Diag_Code_1	7 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$	only)	
D D	` Invalid	Data Carrier	
Beginning Position:	287	Data Source:	Claim
Length:	1 OTH DIAC CODE 19	Туре:	Alphanumeric
Field 69:	OTH_DIAG_CODE_18	a including the At	h 5th 6th and 7th digits if annliaghly Desimalis
	implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	288	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 70:	POA OTH DIAG COD	V 1	Alphanumenc
rielu /0:		_	8 code was present at the time the patient was
	admitted to the hospital		to code was present at the time the patient was
Coding Scheme:	Y Yes		
County Scheme.	N No		
	U Unknown		
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
	Invalid	(omy)	
Beginning Position:	295	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 71:	OTH_DIAG_CODE_19		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	296	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 72:	POA_OTH_DIAG_COD		
		Oth_Diag_Code_1	9 code was present at the time the patient was
~ ~ ~ ~ ~	admitted to the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$	only)	
Beginning Position:	Invalid 303	Data Source:	Claim
Length:	1		Alphanumeric
		Туре:	
•	OTH DIAG CODE 20		
•	OTH_DIAG_CODE_20	e including the At	h 5th 6th and 7th digits if applicable Decimal is
•	ICD-10-CM diagnosis code		h, 5th, 6th and 7th digits if applicable. Decimal is
Field 73:	ICD-10-CM diagnosis code implied following the third	character.	
Field 73: Beginning Position:	ICD-10-CM diagnosis code implied following the third 304	character. Data Source:	Claim
Field 73:	ICD-10-CM diagnosis code implied following the third	character. Data Source: Type:	

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Coding Scheme:	admit Y	tted to the hospital Yes		
Coung Scheme.	N	No		
	U W	Unknown Clinically Undetermined		
	w 1	Clinically Undetermined Space (1 st & 2 nd Qtr 2012 c Invalid	only)	
Beginning Position:	311	mvand	Data Source:	Claim
Length: Field 75:	1 0TU	DIAC CODE 21	Туре:	Alphanumeric
riela /5:		_DIAG_CODE_21	including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
		ed following the third of		ii, 5tii, 6tii and 7tii trigits ii applicable. Deennai is
Beginning Position:	312	eu tono wing the tintu (Data Source:	Claim
Length:	7		Туре:	Alphanumeric
Field 76:	POA	_OTH_DIAG_CODE		•
			th_Diag_Code_2	1 code was present at the time the patient was
		tted to the hospital		
Coding Scheme:	Y N	Yes No		
	U	Unknown		
	W	Clinically Undetermined		
	1	Space (1 st & 2 nd Qtr 2012 c Invalid	only)	
Beginning Position:	319	Invalid	Data Source:	Claim
Length:	1		Туре:	Alphanumeric
Field 77:	ОТН	_DIAG_CODE_22		•
				h, 5th, 6th and 7th digits if applicable. Decimal is
		ed following the third o		
Beginning Position:	320		Data Source:	Claim
Length:	7		Туре:	Alphanumeric
Field 78:	-	_OTH_DIAG_CODE		2 code was present at the time the patient was
	Coue	tted to the hospital	un_Diag_Code_2	2 code was present at the time the patient was
	admit			
Coding Scheme:	admit Y	Yes		
Coding Scheme:	Y N	Yes No		
Coding Scheme:	Y N U	Yes No Unknown		
Coding Scheme:	Y N	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 c	mly)	
-	Y N U W 1	Yes No Unknown Clinically Undetermined	-	
Beginning Position:	Y N U W 1 327	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 c	Data Source:	Claim
Beginning Position: Length:	Y N U W 1 327 1	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 o Invalid	-	Claim Alphanumeric
Beginning Position: Length:	Y N U W 1 327 1 OTH	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid	Data Source: Type:	Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 79:	Y N U W 1 327 1 OTH ICD-1	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid	Data Source: Type: including the 4t	
Beginning Position: Length: Field 79:	Y N U W 1 327 1 OTH ICD-1	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid	Data Source: Type: including the 4t	Alphanumeric
Beginning Position: Length: Field 79: Beginning Position:	Y N U W 1 327 1 ICD-1 implie	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid	Data Source: Type: including the 4t character.	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position: Length: Field 79: Beginning Position: Length:	Y N U W 1 327 1 OTH ICD- implie 328 7 POA	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE	Data Source: Type: including the 4t character. Data Source: Type: _23	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 79: Beginning Position: Length:	Y N U W 1 327 1 OTH ICD- implia 328 7 POA Code	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid _DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE identifying whether Of	Data Source: Type: including the 4t character. Data Source: Type: _23	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Y N U W 1 327 1 OTH ICD- implia 328 7 POA Code admitt Y	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE	Data Source: Type: including the 4t character. Data Source: Type: _23	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Y N U W 1 327 1 OTH ICD- implia 328 7 POA Code admitt Y N	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid _DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE identifying whether Of the hospital Yes No	Data Source: Type: including the 4t character. Data Source: Type: _23	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Y N U W 327 1 OTH ICD- implia 328 7 POA Code admit Y N U	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid _DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE identifying whether Of identifying whether Of tted to the hospital Yes No Unknown	Data Source: Type: including the 4t character. Data Source: Type: _23	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Y N U W 1 327 1 OTH ICD- implia 328 7 POA Code admitt Y N	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid DIAG_CODE_23 10-CM diagnosis code, ed following the third of OTH_DIAG_CODE identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of	Data Source: Type: including the 4t character. Data Source: Type: 4_23 th_Diag_Code_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80: Coding Scheme:	Y N U W 1 327 1 OTH ICD implid 328 7 POA Code admit Y N U W 1	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid DIAG_CODE_23 10-CM diagnosis code, ed following the third of _OTH_DIAG_CODE identifying whether Of the hospital Yes No Unknown Clinically Undetermined	Data Source: Type: including the 4t character. Data Source: Type: 223 th_Diag_Code_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric 3 code was present at the time the patient was
Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Y N U W 327 1 OTH ICD- implid 328 7 POA Code admit Y N U W	Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of Invalid DIAG_CODE_23 10-CM diagnosis code, ed following the third of OTH_DIAG_CODE identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of	Data Source: Type: including the 4t character. Data Source: Type: 4_23 th_Diag_Code_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric

	implied following the third	character.	, ;, ;
Beginning Position:	336	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 82:	POA_OTH_DIAG_COD	E_24	
		Oth_Diag_Code_2	24 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012 Invalid	only)	
Beginning Position:	343	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 83:	E_CODE_1		•
		e, including the 4t	h, 5th, 6th and 7th digits if applicable, of the
	primary external cause of in	njury. A decimal	is implied following the third character.
Beginning Position:	344	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 84:	POA_E_CODE_1		
		E_Code_1 code w	vas present at the time the patient was admitted to
	the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012 Invalid	only)	
Beginning Position:	351	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 85:	E_CODE_2	1 урс.	<i>i</i> upitalitatione
riciu 05.		e including the 4t	h, 5th, 6th and 7th digits if applicable, of an
			is implied following the third character.
Beginning Position:	352	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 86:	POA_E_CODE_2	71	I to the second s
		E Code 2 code w	vas present at the time the patient was admitted to
	the hospital		I I I I I I I I I I I I I I I I I I I
Coding Scheme:	Y Yes		
8	N No		
	U Unknown W Clinically Undetermined		
	1 Space $(1^{\text{st}} \& 2^{\text{nd}} \text{Qtr } 2012)$	only)	
	Invalid	-	
Beginning Position:	359	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 87:	E_CODE_3	the star at the star of the	h 54h (4h and 74h 1' '4 '6 and ' 11 - 6
			h, 5th, 6th and 7th digits if applicable, of an
Doginning Desition	additional external cause of 360	Data Source:	is implied following the third character. Claim
Beginning Position:			
Length:	7 BOA E CODE 2	Туре:	Alphanumeric
Field 88:	POA_E_CODE_3	Code 2 code	as present at the time the nations was admitted to
		2_Code_5 code W	as present at the time the patient was admitted to
Coding Solomon	the hospital Y Yes		
Coding Scheme:	N No		
	U Unknown		
	W Clinically Undetermined	only)	
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$	omy)	
DSHS/THCIC		D 44	DSHS Document # E25-14163
		— Раде 24 —	

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

	` Invalid		
Beginning Position:	367	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 89:	E_CODE_4		
riciu 07.		including the At	h, 5th, 6th and 7th digits if applicable, of an
	•	-	is implied following the third character.
Beginning Position:	368	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 90:	POA_E_CODE_4	Type.	Aiphandmene
riciu 90.		Code 4 code w	as present at the time the patient was admitted to
	the hospital		as present at the time the patient was admitted to
Coding Scheme:	Y Yes		
coung beneme.	N No		
	U Unknown		
	WClinically Undetermined1Space (1st & 2nd Qtr 2012 of	only)	
	I Space (1 & 2 Qui 2012 (Invalid	Jilly)	
Beginning Position:	375	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 91:	E CODE 5	J I	
		, including the 4t	h, 5th, 6th and 7th digits if applicable, of an
			is implied following the third character.
Beginning Position:	376	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 92:	POA_E_CODE_5	1,1,00	
		Code 5 code w	vas present at the time the patient was admitted to
	Code identifying whether E	_Code_5 code w	vas present at the time the patient was admitted to
		_Code_5 code w	vas present at the time the patient was admitted to
	Code identifying whether E the hospital Y Yes N No	_Code_5 code w	vas present at the time the patient was admitted to
	Code identifying whether E the hospital Y Yes N No U Unknown	_Code_5 code w	vas present at the time the patient was admitted to
	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined		vas present at the time the patient was admitted to
	Code identifying whether E the hospital Y Yes N No U Unknown		as present at the time the patient was admitted to
Coding Scheme:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of		vas present at the time the patient was admitted to Claim
Coding Scheme: Beginning Position:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Nuvalid	only) Data Source:	
Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1	only)	Claim
Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6	only) Data Source: Type:	Claim Alphanumeric
Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code	only) Data Source: Type: , including the 4t	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an
Coding Scheme: Beginning Position: Length: Field 93:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of	only) Data Source: Type: , including the 4t injury. Decimal	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character.
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code	only) Data Source: Type: , including the 4t injury. Decimal Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: Length:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Nuvalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7	only) Data Source: Type: , including the 4t injury. Decimal	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character.
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: Length:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6	Data Source: Type: , including the 4t injury. Decimal Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: Length:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E	Data Source: Type: , including the 4t injury. Decimal Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94:	Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 o Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6	Data Source: Type: , including the 4t injury. Decimal Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No	Data Source: Type: , including the 4t injury. Decimal Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown	Data Source: Type: , including the 4t injury. Decimal Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined	Data Source: Type: , including the 4t injury. Decimal Data Source: Type: _Code_6 code w	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown	Data Source: Type: , including the 4t injury. Decimal Data Source: Type: _Code_6 code w	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94: Coding Scheme:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid	only) Data Source: Type: , including the 4t injury. Decimal Data Source: Type: _Code_6 code w only)	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94: Coding Scheme: Beginning Position:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Space (1 st & 2 nd Qtr 2012 of	only) Data Source: Type: , including the 4t injury. Decimal 1 Data Source: Type: _Code_6 code w only) Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94: Coding Scheme: Beginning Position: Length:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 391 1	only) Data Source: Type: , including the 4t injury. Decimal Data Source: Type: _Code_6 code w only)	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94: Coding Scheme: Beginning Position: Length:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 391 1 E_CODE_7	only) Data Source: Type: , including the 4t injury. Decimal 1 Data Source: Type: _Code_6 code w only) Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric
Coding Scheme: Beginning Position: <u>Length:</u> Field 93: Beginning Position: <u>Length:</u> Field 94: Coding Scheme: Beginning Position: Length:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 391 1 E_CODE_7 ICD-10-CM diagnosis code	Data Source: Type: , including the 4t injury. Decimal : Data Source: Type: _Code_6 code w only) Data Source: Type: , including the 4t	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an
Coding Scheme: Beginning Position: Length: Field 93: Beginning Position: Length: Field 94: Coding Scheme: Beginning Position: Length: Field 95:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of	only) Data Source: Type: , including the 4t injury. Decimal 1 Data Source: Type: _Code_6 code w only) Data Source: Type: , including the 4t injury. Decimal 1	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character.
Coding Scheme: Beginning Position: Length: Field 93: Beginning Position: Length: Field 94: Coding Scheme: Beginning Position: Length: Field 95: Beginning Position: Length:	Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 383 1 E_CODE_6 ICD-10-CM diagnosis code additional external cause of 384 7 POA_E_CODE_6 Code identifying whether E, the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 of Invalid 391 1 E_CODE_7 ICD-10-CM diagnosis code	Data Source: Type: , including the 4t injury. Decimal : Data Source: Type: _Code_6 code w only) Data Source: Type: , including the 4t	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an is implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an

	Code ide the hospi		Code_7 code w	as present at the time the patient was admitted to
Coding Scheme:	Y Ye			
county senemer	N No			
		iknown		
		inically Undetermined ace (1 st & 2 nd Qtr 2012 or	nlv)	
Desimina Desition.	` Inv	valid	-	
Beginning Position:	399 1		Data Source:	Claim
Length: Field 97:	E_CODI	F 9	Туре:	Alphanumeric
rielu 97:			including the Atl	n, 5th, 6th and 7th digits if applicable, of an
				s implied following the third character.
Beginning Position:	400		Data Source:	Claim
Length:	7		Type:	Alphanumeric
Field 98:		CODE_8	1 ypc.	
			Code 8 code w	as present at the time the patient was admitted to
	the hospi			r r r r r r r r r r r r r r r r r r r
Coding Scheme:	Y Ye			
8	N No			
		hknown inically Undetermined		
		ace $(1^{\text{st}} \& 2^{\text{nd}} \text{Qtr } 2012 \text{ or})$	nlv)	
		valid		
Beginning Position:	407		Data Source:	Claim
Length:	1		Туре:	Alphanumeric
Field 99:	E_CODI			
				n, 5th, 6th and 7th digits if applicable, of an
				s implied following the third character.
Beginning Position:	408		Data Source:	Claim
Length:	7		Туре:	Alphanumeric
Field 100:		_CODE_9		
		ntifying whether E_	Code_9 code w	as present at the time the patient was admitted to
				as present at the time the patient was admitted to
	the hospi			as present at the time the patient was admitted to
Coding Scheme:	the hospi Y Ye	s		as present at the time the patient was admitted to
Coding Scheme:	the hospi Y Ye N No	s		as present at the time the patient was admitted to
Coding Scheme:	the hospi Y Ye N No U Un W Cli	s) iknown inically Undetermined		as present at the time the patient was admitted to
Coding Scheme:	the hospi Y Ye N No U Un W Cli 1 Spi	s o hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or	ıly)	as present at the time the patient was admitted to
-	the hospi Y Ye N No U Un W Cli 1 Spi Nu	s o hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid	-	
Beginning Position:	the hospi Y Ye N No U Un W Cli 1 Spi Nu 415	s o hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid	Data Source:	Claim
Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid	-	
Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10	Data Source: Type:	Claim Alphanumeric
Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi 1 Inv 415 1 E_CODI ICD-10-0	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code,	Data Source: Type: including the 4tl	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an
Coding Scheme: Beginning Position: Length: Field 101: Beginning Position:	the hospi Y Ye N No U Un W Cli 1 Spa N 415 1 E_CODI ICD-10-0 additiona	E_{10} be a set of the set of	Data Source: Type: including the 4tl njury. Decimal i	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character.
Beginning Position: Length: Field 101: Beginning Position:	the hospi Y Ye N No U Un W Cli 1 Spi N 415 1 E_CODI ICD-10-0 additiona 416	E_{10} be a set of the set of	Data Source: Type: including the 4tl njury. Decimal i Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim
Beginning Position: Length: Field 101: Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-0 additiona 416 7	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in	Data Source: Type: including the 4tl njury. Decimal i	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character.
Beginning Position: Length: Field 101: Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-0 additiona 416 7 POA_E _	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in _CODE_10	Data Source: Type: including the 4th njury. Decimal i Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-0 additiona 416 7 POA_E_ Code ide	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in <u>CODE_10</u> ntifying whether E_1	Data Source: Type: including the 4th njury. Decimal i Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-C additiona 416 7 POA_E_ Code ide the hospi	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in <u>CODE_10</u> ntifying whether E tal	Data Source: Type: including the 4th njury. Decimal i Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-0 additiona 416 7 POA_E_ Code ide	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in <u>CODE_10</u> ntifying whether E_1 tal ss	Data Source: Type: including the 4th njury. Decimal i Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-C additiona 416 7 $POA_E_$ Code ide the hospi Y Ye N No U Un	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in <u>CODE_10</u> ntifying whether E_1 tal ss hknown	Data Source: Type: including the 4th njury. Decimal i Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-C additiona 416 7 $POA_E_$ Code ide the hospi Y Ye N No U Un W Cli	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of ir <u>CODE_10</u> ntifying whether E_1 tal ss hknown inically Undetermined	Data Source: Type: including the 4th njury. Decimal i Data Source: Type: Code_10 code v	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-C additiona 416 7 $POA_E_$ Code ide the hospi Y Ye N No U Un W Cli 1 Y Ye Y	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of ir <u>CODE_10</u> ntifying whether E_1 tal ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or	Data Source: Type: including the 4th njury. Decimal i Data Source: Type: Code_10 code v	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102: Coding Scheme:	the hospi Y Ye N No U Un W Cli 1 Spi inv 415 1 E_CODI ICD-10-0 additiona 416 7 POA_E_ Code ide the hospi Y Ye N No U Un W Cli 1 Spi 1 Code ide the hospi Y Ye N No U Un W Cli 1 Spi Spi Spi Spi Spi Spi Spi Spi	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in CODE_10 ntifying whether E_1 tal ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid	Data Source: Type: including the 4th njury. Decimal i Data Source: Type: Code_10 code v	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim Alphanumeric vas present at the time the patient was admitted to
Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	the hospi Y Ye N No U Un W Cli 1 Spi Inv 415 1 E_CODI ICD-10-C additiona 416 7 $POA_E_$ Code ide the hospi Y Ye N No U Un W Cli 1 Y Ye Y	ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid E_10 CM diagnosis code, al external cause of in CODE_10 ntifying whether E_1 tal ss hknown inically Undetermined ace (1 st & 2 nd Qtr 2012 or valid	Data Source: Type: including the 4th njury. Decimal i Data Source: Type: Code_10 code v	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an s implied following the third character. Claim

		cal or other proce	edure performed during the period covered by the
D	bill. ICD-10-PCS code.	D-4- C	
Beginning Position: Length:	424 7	Data Source: Type:	Claim
Field 104:	PRINC_SURG_PROC_D		Alphanumeric
r ieiu 104.			equals Principal Surgical Procedure Date minus
	Admission/Start of Care Da		equais I fincipal Surgical Flocedure Date minus
Beginning Position:	431	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 105:			Alphanumene
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	435	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 106:	OTH_SURG_PROC_DAY		Alphanumene
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		ais other surgreat roccoure Date minus
Beginning Position:	442	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 107:	OTH_SURG_PROC_COI		Alphanumenc
rielu 107:			an the principal procedure performed during the
	period covered by the bill. I		
Doginning Dogitions	446	Data Source:	Claim
Beginning Position:	440 7		
Length: Field 108:		Type:	Alphanumeric
riela 108:	OTH_SURG_PROC_DAY		ala Othan Sumai aal Dragadura Data minus
	Admission/Start of Care Da		als Other Surgical Procedure Date minus
Doginning Dogitions	453	Data Source:	Calculated
Beginning Position:	455		
Length: Field 109:	OTH_SURG_PROC_COI	Type:	Alphanumeric
riela 109:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	457	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 110:	OTH_SURG_PROC_DAY		Alphanumenc
riela 110:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		als Other Surgical Procedure Date minus
Doginning Dogitions	464		Coloulated
Beginning Position:		Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 111:	OTH_SURG_PROC_COL		on the mineral measurement during the
	• •		an the principal procedure performed during the
Daainnina Daaitiana	period covered by the bill. I	Data Source:	claim
Beginning Position:	468 7		
Length:	7	Type:	Alphanumeric
Field 112:	OTH_SURG_PROC_DAY		ala Othan Sumai aal Dragadura Data minus
	Admission/Start of Care Da		als Other Surgical Procedure Date minus
Daainnina Daaitiana			Coloulated
Beginning Position:	475	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 113:	OTH_SURG_PROC_COI		an the animal and a state of the state
			an the principal procedure performed during the
	period covered by the bill. I		
	479	Data Source:	Claim
-		T	A link a manual and a
Beginning Position: Length: Field 114:	7 OTH_SURG_PROC_DAY	Туре:	Alphanumeric

	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus	
	Admission/Start of Care Da	te		
Beginning Position:	486	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 115:	OTH_SURG_PROC_COI			
			an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	490	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 116:	OTH_SURG_PROC_DAY			
			als Other Surgical Procedure Date minus	
D	Admission/Start of Care Da			
Beginning Position:	497	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 117:	OTH_SURG_PROC_COI		on the mineral massed was nonformed during the	
	period covered by the bill. I		an the principal procedure performed during the	
Doginaing Dogitions	501		claim	
Beginning Position:	7	Data Source:	Alphanumeric	
Length: Field 118:	OTH_SURG_PROC_DAY	Type:	Alphallullicht	
r iciu 110;			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da		ans outer surgical rioccuure Date manus	
Beginning Position:	508	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 119:	OTH SURG PROC COI		Alphanumene	
riciu 119.			an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	512	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 120:	OTH_SURG_PROC_DAY		1	
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da		e	
Beginning Position:	519	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 121:	OTH_SURG_PROC_COI	DE_9		
	Code for surgical or other procedure other than the principal procedure performed during the			
	period covered by the bill. I	CD-10-PCS code	е.	
Beginning Position:	523	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 122:	OTH_SURG_PROC_DAY			
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da			
Beginning Position:	530	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 123:	OTH_SURG_PROC_COI			
			an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	534	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 124:	OTH_SURG_PROC_DAY		-l- Other Coursing 1 December 1 and December 1	
			als Other Surgical Procedure Date minus	
D	Admission/Start of Care Da		Coloriated	
Beginning Position:	541	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 125:	OTH_SURG_PROC_COI	JF711		

	Code for surgical or other p	rocedure other th	an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	545	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 126:	OTH_SURG_PROC_DAY	• •	Alphanumene	
rielu 120:			ala Othan Sumai and Dra and una Data minura	
	Admission/Start of Care Da		als Other Surgical Procedure Date minus	
				
Beginning Position:	552	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 127:	OTH_SURG_PROC_COI			
			an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	556	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 128:	OTH_SURG_PROC_DAY	Y_12		
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da	te.		
Beginning Position:	563	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 129:	OTH_SURG_PROC_COI	DE 13	•	
			an the principal procedure performed during the	
	period covered by the bill. I			
Beginning Position:	567	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 130:	OTH_SURG_PROC_DAY		7 uphanumerie	
r iciu 130.			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da		ais Other Surgical Proceedure Date minus	
Doginning Dogitions	574	Data Source:	Coloulated	
Beginning Position:	4		Calculated Alphanumeric	
Length:		Type:	Alphanumeric	
Field 131:	OTH_SURG_PROC_COI			
			an the principal procedure performed during the	
р · · р · /·	period covered by the bill. I			
Beginning Position:	578	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 132:	OTH_SURG_PROC_DAY			
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da			
Beginning Position:	585	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 133:	OTH_SURG_PROC_COI			
	Code for surgical or other procedure other than the principal procedure performed during the			
	period covered by the bill. I	CD-10-PCS code	2.	
Beginning Position:	589	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 134:	OTH SURG PROC DAY			
		_	als Other Surgical Procedure Date minus	
	Admission/Start of Care Da		C	
Beginning Position:	596	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 135:	OTH_SURG_PROC_COI			
1 IUU 100.			an the principal procedure performed during the	
	period covered by the bill. I			
Doginaling D141				
	,		Aipitanumeric	
Field 136:	OTH_SURG_PROC_DAY	r_16		
Beginning Position: Length: Field 136:	600 7 OTH_SURG_PROC_DAY	Data Source: Type: X_16	Claim Alphanumeric	

	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te.	
Beginning Position:	607	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 137:	OTH_SURG_PROC_COI		
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	611	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 138:	OTH_SURG_PROC_DAY		
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	618	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 139:	OTH_SURG_PROC_COI		
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	622	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 140:	OTH_SURG_PROC_DAY		
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	629	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 141:	OTH_SURG_PROC_COI		
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	633	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 142:	OTH_SURG_PROC_DAY		
			als Other Surgical Procedure Date minus
Desimulus Desitions	Admission/Start of Care Da		Calculated
Beginning Position:	640 4	Data Source:	
Length:	4 OTH SURG PROC COI	Type:	Alphanumeric
Field 143:		—	and the main simplifying dama and former of dening the
	period covered by the bill.		an the principal procedure performed during the
Doginning Dogition.	644		claim
Beginning Position:	044 7	Data Source:	Alphanumeric
Length: Tield 144:	OTH_SURG_PROC_DAY	Type:	Alphanumeric
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		uis Offer Surgical Procedure Date minus
Beginning Position:	651	Data Source:	Calculated
Length:	4		Alphanumeric
Field 145:	TH SURG PROC COI	Type:	Alphanumere
leiu 145:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	655	Data Source:	Claim
	_		Alphanumeric
Length: Field 146:	7 OTH_SURG_PROC_DAY	<u>Type:</u>	Alphallument
leiu 140;			als Other Surgical Procedure Data minus
	Admission/Start of Care Da		als Other Surgical Procedure Date minus
Doginning Dogition			Calculated
Beginning Position:	662 4	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 147:	OTH_SURG_PROC_COI	DE_22	
			

			an the principal procedure performed during the		
Desimuina Desitione	period covered by the bill. 666				
Beginning Position: Length:	7	Data Source: Type:	Claim Alphanumeric		
Field 148:	OTH_SURG_PROC_DA		Alphanumene		
rielu 140:			als Other Surgical Procedure Date minus		
	Admission/Start of Care D		ais Other Surgical Procedure Date minus		
Beginning Position:	673	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 149:			Alphalumene		
riciu 147.			an the principal procedure performed during the		
	period covered by the bill.				
Beginning Position:	677	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 150:	OTH_SURG_PROC_DA		1 upitatione		
Ficia 150.			als Other Surgical Procedure Date minus		
	Admission/Start of Care D		ais other surgical riocodure Date minus		
Beginning Position:	684	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 151:	OTH_SURG_PROC_CC		7 Aphanamerie		
			an the principal procedure performed during the		
	period covered by the bill.				
Beginning Position:	688	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 152:	OTH_SURG_PROC_DA	V 1	Alphalumene		
Fielu 152:			als Other Surgical Procedure Date minus		
	Admission/Start of Care D		uis Other Surgical Procedure Date minus		
Doginning Dogitions	695		Coloulated		
Beginning Position:		Data Source:	Calculated		
Length: Field 153:	4 MS MDC	Туре:	Alphanumeric		
		are Financing Ad	ed by Centers for Medicare and Medicaid Service ministration (HCFA)) for hospital payment for		
Beginning Position:	699	Data Source:	Assigned		
Length:	2	Type:	Alphanumeric		
Field 154:		Type:	Alphanumenc		
riela 154:	MS_DRG	Madiaaid Samuiaaa	(CMS) Diagnosis Palatad Group (DPC) as		
	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.				
Beginning Position:	701	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 155:			Alphanumeric		
riela 155:	MS_GROUPER_VERSION_NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and				
			VERSION_NBR) version used to assign MS DRG		
	and, MS MDC codes	IA_ONUTER_	(LIGIOIN_INDIC) VEISION USED TO ASSIGN INS DRO		
Reginning Desitions	704	Data Source:	Assigned		
Beginning Position: Length:	704 5	Type:	Alphanumeric		
Field 156:	MS GROUPER ERRO		Alphanumenc		
rielu 150:		—	MC DDC and an imment		
Colling College	• •		MS DRG code assignment		
Coding Scheme:	00 No errors. DRG successfu		1 Invalid Principal Diagnosis		
	01 Diagnosis code cannot be diagnosis	used as principal	9 DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is Not		
	02 Record does not meet crite	•	DisableHac is invalid and at least one HAC POA is N of U DisableHac is invalid and at least one HAC POA is		
	03 Invalid Age		invalid or exempt		
	04 Invalid Sex	2	DisableHac = 0 and at least one HAC POA is exempt		
DSHS/THCIC		D 64	DSHS Document # E25-14163		
www.daha stata tu wa	(THE OLO	— Page 31 —	Last Undeted: October 2016		

Code for surgical or other procedure other than the principal procedure performed during the

Last Updated: October, 2016

Beginning Position: Length:	11 724 2	Invalid Principal Diagnosis	Data Sourc Type:		Assigned Alphanumeric
Reginning Desition.				·••	
	11				
		APR only)			have different HAC POA values that are not Y or W
	09	Invalid discharge age in day	ys (AP &	25	DisableHac is invalid and there are multiple HACs that
	06	Invalid birthweight (AP &	APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	05	Invalid Discharge Status		23	DisableHac is invalid and at least one HAC POA is exemption
	04	Invalid Sex		22	or exempt DisableHac = 0 and at least one HAC POA is exempt
	03	Invalid Age		21	DisableHac is invalid and at least one HAC POA is invali
	02	Record does not meet criter DRG	ia for any	20	DisableHac is invalid and at least one HAC POA is N or
	02	principal diagnosis	ia for any	20	exempt DisableHag is invalid and at least one HAC POA is N or I
county penemie.	01	Diagnosis code cannot be u	2 0	19	DisableHac = 0 and at least one HAC POA is invalid or
Coding Scheme:	00	No errors. DRG successfull		12	Gestational age/birth weight conflict (APR only)
				with .	APR DRG code assignment
Field 162:		GROUPER_ERRO			
Beginning Position: Length:	719 5		Data Souro Type:		Assigned Alphanumeric
Doginning Dogition		MDU codes, Risk of I			and, Severity of Illness rankings
					Grouper version used to assign APR DRG codes
Field 161:		GROUPER_VERS	_		
Length:	1		Туре:		Alphanumeric
Beginning Position:	718	-	Data Sourc		Assigned
	4 0	No class specified			
	3 4	Major Extreme			
0	2	Moderate			
Coding Scheme:	1	Minor			
		mpensation.			
					er. Indicates the extent of physiologic
Field 160:		NESS_SEVERITY	illness soors	from	the All Patient Refined (APR) Diagnosis Relate
Length:	1		Туре:		Alphanumeric
Beginning Position:	717		Data Sourc		Assigned
	4	Extreme			
	2 3	Moderate Major			
Coding Scheme:	1	Minor Moderate			
			APR-DRG G	iroupe	er. Indicates the likelihood of dying.
	Assi	gnment of a risk of mo			ne All Patient Refined (APR) Diagnosis Related
Field 159:		K_MORTALITY	-,		r
Length:	4		Type:		Alphanumeric
Beginning Position:	Grou 713	iper	Data Sourc	•••	Assigned
			Diagnosis Rel	lated (Group (DRG) as assigned by 3M APR-DRG
Field 158:		LDRG	<u>.</u>		
Length:	2		Туре:		Alphanumeric
Beginning Position:	711	0	Data Sourc		Assigned
			(MDC) as as	signed	l by 3M APR-DRG Grouper.
Field 157:		R_MDC	Туре:		Aiphanumene
Beginning Position: Length:	709 2		Data Sourc		Assigned Alphanumeric
	10	Illogical Principal Diagnosi	-		
	11	Invalid Principal Diagnosis		25	have different HAC POA values that are not Y or W
	10	Illogical Principal Diagnosi	is (CMS only)	24	different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that
	10		$(\mathbf{CMC}, \mathbf{r}_{1}, \mathbf{r}_{2})$	24	exempt DisableHac = 0 and there are multiple HACs that have
		Invalid Discharge Status		23	avampt

Field 163:	ATTENDING PH	IYSICIAN_UNIF_ID			
1 1010 1000			que identifier assigned to the licensed physician		
			ces rendered, with primary responsibility for the		
			an is an individual licensed to practice medicine		
			an individual other than a physician who admits		
			tic or therapeutic procedures to inpatients,		
			sts, nurse practitioners, nurse midwives, and		
		ed by the hospital to admi			
Suppression:			epresented in a DRG for a hospital is less than the		
Suppression.	minimum cell size	1 0	epresented in a Dire for a hospital is less than the		
Beginning Position:	726	Data Source:	Assigned		
Length:	10	Type:	Alphanumeric		
Field 164:		IYSICIAN_UNIF_ID	Tiphanono		
11010 104.			fier (if applicable). Unique identifier assigned to		
	the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an				
	individual interface to practice incurrent under the interface reaction reactive reaction individual other than a physician who admits patients to hospitals or who provides diagnostic or				
	therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse				
	practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat				
	patients.				
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the				
Suppression.	minimum cell size				
Coding Scheme:		Cell size less than 5			
county seneme.		emporary license or license num	ber could not be matched		
Beginning Position:	736	Data Source:	Assigned		
Length:	10	Туре:	Alphanumeric		
Field 165:	ENCOUNTER_IN				
Description:		er of claims used to create	the encounter		
Beginning Position:	746	Data Source:	Calculated		
Length:	2	Туре:	Alphanumeric		
Field 166:	PROVIDER_NAM				
Description:		vided by the hospital.			
Suppression:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name				
	'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular				
		unknown', Hospital Name	e is blank.		
Beginning Position:	748	Data Source:	Provider		
Length:	55	Туре:	Alphanumeric		

BASE DATA #2 FILE

Field 1:	RECORD_ID				
Description:		nber. Unique numb	per assigned to identify the record. First available		
•		ORD_ID in THCIC Research Data Files (RDF's).			
Beginning Position:	1	Data Source:	Assigned		
Length:	12	Туре:	Alphanumeric		
Field 2:	PRIVATE_AMOUNT	•	<u> </u>		
Description:		Private Room Cha	rge Amount. Calculated using MEDPAR		
•			evenue codes 0100-0219, revenue center 11X, 142		
Beginning Position:	13	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 3:	SEMI_PRIVATE_AMO	UNT			
	Accommodation Charge, S	Semi-private Roon	n Charge Amount. Calculated using MEDPAR		
		s associated with re	evenue codes 0100-0219, revenue center 10X, 12		
	14X, 16X-19X				
Beginning Position:	25	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 4:	WARD_AMOUNT				
	Accommodation Charge,	Ward Charge Amo	ount. Calculated using MEDPAR algorithm. Sum		
			-0219, revenue center 15X.		
Beginning Position:	37	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 5:	ICU_AMOUNT				
			t Charge Amount. Calculated using MEDPAR		
		s associated with re	evenue codes 0100-0219, revenue center 20X.		
Beginning Position:	49	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 6:	CCU_AMOUNT				
	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR				
			evenue codes 0100-0219, revenue center 21X.		
Beginning Position:	61	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 7:	OTHER_AMOUNT				
	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum				
			her than 0100-0219, revenue center 002-099, 22X		
	24X, 52X-53X, 55X-60X,				
Beginning Position:	73	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 8:	PHARM_AMOUNT				
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm.				
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 25X, 26X				
	and 63X.				
Beginning Position:	85	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 9:	MEDSURG_AMOUNT				
	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using				
	MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
	revenue center 27X, 62X.				
Beginning Position:	97	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 10:	DME_AMOUNT				
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using				
	MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
	revenue centers 290-292, 2	294-299.			
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Beginning Position:	109	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 11:	USED_DME_AMOUNT			
			dical Equipment Charge Amount. Calculated	
	using MEDPAR algorithm.	Sum of charges a	associated with revenue codes other than 0100-	
	0219, revenue center 293.			
Beginning Position:	121	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 12:	PT_AMOUNT			
			Charge Amount. Calculated using MEDPAR	
	•	associated with re	evenue codes other than 0100-0219, revenue center	
	42X.			
Beginning Position:	133	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 13:	OT_AMOUNT			
			rapy Charge Amount. Calculated using MEDPAR	
		associated with re	evenue codes other than 0100-0219, revenue center	
р · · р · /·	42X.			
Beginning Position:	145	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 14:	SPEECH_AMOUNT	Saaah Dathalasa	Change Amount Calculated using MEDDAD	
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center	
	44X, 47X.		evenue codes other than 0100-0219, revenue center	
Beginning Position:	157	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 15:	IT AMOUNT	турс.	ivumene	
riciu 10.	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR			
			evenue codes other than 0100-0219, revenue center	
	41X, 46X.			
Beginning Position:	169	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 16:	BLOOD_AMOUNT	.		
		Calculated using I	MEDPAR algorithm. Sum of charges associated	
	with revenue codes other th			
Beginning Position:	181	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 17:	BLOOD_ADMIN_AMOU	JNT		
			MEDPAR algorithm. Sum of charges associated	
	with revenue codes other th	an 0100-0219, re		
Beginning Position:	193	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 18:	OR_AMOUNT			
	Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR			
	algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center			
	36X, 71X-72X.	D / C		
Beginning Position:	205	Data Source:	Calculated	
Length:	12 •••••••	Туре:	Numeric	
Field 19:	LITH_AMOUNT			
	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X.			
		with revenue code	es other than UTUU-UZ19, revenue center 79X.	
Destantes D 141	-			
Beginning Position:	217	Data Source:	Calculated	
Beginning Position: Length: Field 20:	-			

algorithm. Sum of charge 81X, 89X. 337	es associated with re Data Source:	evenue codes other than 0100-0219, revenue center Calculated		
algorithm. Sum of charge 81X, 89X. 337	es associated with re Data Source:	evenue codes other than 0100-0219, revenue center Calculated		
algorithm. Sum of charge 81X, 89X.	es associated with re	evenue codes other than 0100-0219, revenue center		
algorithm. Sum of charge				
Alleman y bervice Charge		algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center		
Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR				
	Type:	municit		
		Calculated Numeric		
	Data Carrent	Calculated		
algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center				
	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR			
PRO_FEE_AMOUNT				
12	Туре:	Numeric		
313	Data Source:	Calculated		
Sum of charges associate		es other than 0100-0219, revenue center 54X.		
Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm.				
12	Туре:	Numeric		
301	Data Source:	Calculated		
	es associated with re	evenue codes other than 0100-0219, revenue center		
Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR				
ER_AMOUNT	_			
12	Туре:	Numeric		
	Data Source:	Calculated		
49X-50X.				
		evenue codes other than 0100-0219, revenue center		
Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR				
	v r			
12		Numeric		
		Calculated		
	MRI Charge Amo	unt Calculated using MEDPAR algorithm Sum o		
	rype:	Trument.		
		Numeric		
	Data Source	Calculated		
•		25 other than 0100-0217, revenue center 20A, $32A$		
—	Dadiology Charge	Amount Colculated using MEDDAD alcomether		
	Туре:	Numeric		
		Calculated		
e	d with revenue code	es other than 0100-0219, revenue center 30X-31X,		
—	T 1			
12	Туре:	Numeric		
241	Data Source:	Calculated		
	e. Anesthesia Charge	e Amount. Calculated using MEDPAR algorithm.		
	Type.	Numerie		
		Numeric		
		Calculated		
	Sum of charges associate 229 12 ANES_AMOUNT Ancillary Service Charges Sum of charges associate 241 12 LAB_AMOUNT Ancillary Service Charges Sum of charges associate 74X-75X. 253 12 RAD_AMOUNT Ancillary Service Charges Sum of charges associate 35X, 40X. 265 12 MRI_AMOUNT Ancillary Service Charges charges associated with r 277 12 OP_AMOUNT Ancillary Service Charges algorithm. Sum of charges 313 12 PRO_FEE_AMOUNT Ancillary Service Charges algorithm. Sum of charges 313 12 PRO_FEE_AMOUNT Ancillary Service Charges 313 12 PRO_FEE_AMOUNT Ancillary Service Charges 325 12 ORGAN_AMOUNT	Type:ANES_AMOUNTAncillary Service Charge, Anesthesia ChargeSum of charges associated with revenue code241Data Source:12Type:LAB_AMOUNTAncillary Service Charge, Laboratory ChargeSum of charges associated with revenue code74X-75X.253Data Source:12Type:RAD_AMOUNTAncillary Service Charge, Radiology ChargeSum of charges associated with revenue code35X, 40X.265Data Source:12Type:MRI_AMOUNTAncillary Service Charge, MRI Charge Amocharges associated with revenue codes other277Data Source:12Type:OP_AMOUNTAncillary Service Charge, Outpatient Servicealgorithm. Sum of charges associated with re49X-50X.289Data Source:12Type:ER_AMOUNTAncillary Service Charge, Emergency Roomalgorithm. Sum of charges associated with re45X.301Data Source:12Type:PRO_FEE_AMOUNTAncillary Service Charge, Ambulance ChargeSum of charges associated with revenue code313Data Source:12Type:PRO_FEE_AMOUNTAncillary Service Charge, Professional Fee Calgorithm. Sum of charges associated with revenue code313Data Source:12Type:PRO_FEE_AMOUNTAncillary Service Charge, Pr		

Field 30:	ESR	D_AMOUNT				
			Dialvsis C	harge Amount. Calculated using		
	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,					
		ue center 80X, 82X-88X.		10, ende codes other than 0100 021),		
Beginning Position:	349	Data Source:	Calcula	ted		
	12					
Length:		Type:	Numeric			
Field 31:		NIC_AMOUNT				
		lary Service Charge, Clinic Visit Charg	-	• •		
		of charges associated with revenue cod				
Beginning Position:	361	Data Source:	Calcula	ted		
Length:	12	Туре:	Numeri	c		
Field 32:	OCC	UR_CODE_1				
	Code	describing a significant event relating	to the claim	m.		
Coding Scheme:	1	Auto accident	40	Scheduled date of admission		
	2	No Fault Insurance Involved - Including Auto	41	Date of first test of pre-admission testing		
		Accident/Other				
	3	Accident/ Tort Liability	42	Date of discharge (hospice only)		
	4 5	Accident/ Employment Related Other accident	43 44	Scheduled date of canceled surgery Date treatment started - OT		
	5	Crime Victim	44 45	Date treatment started - OT Date treatment started - ST		
	9	Start of Infertility Treatment Cycle	46	Date treatment started - Cardiac rehabiliatio		
	10	Last Menstrual Period	47	Date cost outlier status begins		
	11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A		
	12	Date of Onset for a Chronically Dependent	A2	Effective Date - Insured A Policy		
	16	Individual Date of Last Therapy	A3	Payer A benefits exhausted		
	10	Date Outpatient OT Plan Established or Last	A3 A4	Split Bill Date		
	17	Reviewed	714	Spin bin bac		
	18	Date of Retirement - Patient/Beneficiary	B1	Birthdate - Insured B		
	19	Date of Retirement - Spouse	B2	Effective date - Insured B Policy		
	20	Date Guarantee of Payment Began	B3	Payer B benefits exhausted		
	21	Date UR Notice Received	C1	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 Primary Payer	DR	Katrina disaster related		
	26	Date SNF Bed Became Available	E1	Birthdate - Insured D		
	27	Date Home Health Plan Established or Last	E2	Effective date - Insured D Policy		
	28	Reviewd Date Comprehensive Outpatient Rehabilitation	E3	Payer D benefits exhausted		
	20	Plan Established or Last Reviewed	15	ruyer D'benerns exhlusted		
	29	Date Outpatient PT Plan established or last	F1	Birthdate - Insured E		
		reviewed				
	30	Date Outpatient ST Plan established or last	F2	Effective date - Insured E Policy		
	31	reviewed Date beneficiary notified of intent to bill	F3	Payer E benefits exhausted		
	51	(accommodations)	1.2	r ayer E benefits exhausted		
	32	Date beneficiary notified of intent to bill	G1	Birthdate - Insured F		
		(procedures or treatments)				
	37	Date of inpatient hospital discharge for non-	G2	Effective date - Insured F Policy		
	20	covered transplant patients	<u></u>	Dreen Electric 1 (1		
	38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted		
	39	Date discharged on a continuous course if IV				
Reginning Desition.	373	therapy Data Source:	Claim			
Beginning Position:				imeric		
Length:	2	Type:	Alphan			
Field 33:		UR_DAY_1				
.		rrence Day equals Occurrence Date mi				
Beginning Position:	375	Data Source:	Calcula			
Length:	4	Туре:	Alphan	ımeric		
Field 34:	OCC	UR_CODE_2				
	Code	describing a significant event relating	to the claim	m.		
Coding Scheme:		as Field 186.				
_						
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Beginning Position: Length:	379 2	Data Source: Type:	Claim Alphanumeric
Field 35:	OCCUR_DAY_2	1 ype.	Alphanumenc
rielu 55:		aurranaa Data mii	nus Admission/Start of Care Date.
Beginning Position:	381	Data Source:	Calculated
Length:	4		Alphanumeric
	OCCUR_CODE_3	Туре:	Alphanumenc
Field 36:		nt arrant valating t	to the closer
C. P. C.L.	Code describing a significa Same as Field 186.	int event relating t	to the chann.
Coding Scheme:		Dete Commen	
Beginning Position:	385	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 37:	OCCUR_DAY_3	D	
	• •		nus Admission/Start of Care Date.
Beginning Position:	387	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 38:	OCCUR_CODE_4		
	Code describing a significa	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	391	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 39:	OCCUR_DAY_4		
	Occurrence Day equals Oc	currence Date min	nus Admission/Start of Care Date.
Beginning Position:	393	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 40:	OCCUR_CODE_5		*
	Code describing a significa	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	397	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 41:	OCCUR_DAY_5	1,100	The phantametre
		currence Date <i>mi</i>	nus Admission/Start of Care Date.
Beginning Position:	399	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 42:	OCCUR CODE 6	турс.	<i>i</i> upitalitatierie
r iciu 7 2.	Code describing a significa	nt event relating t	to the claim
Coding Scheme:	Same as Field 186.	in event relating t	to the claim.
	403	Data Source:	Claim
Beginning Position:	2		
Length:		Туре:	Alphanumeric
Field 43:	OCCUR_DAY_6		A during in a lister of Court Dist
р · · р · /·	• •		nus Admission/Start of Care Date.
Beginning Position:	405	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 44:	OCCUR_CODE_7	, , .	
~	Code describing a significa	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	409	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 45:	OCCUR_DAY_7		
			nus Admission/Start of Care Date.
Beginning Position:	411	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 46:	OCCUR_CODE_8		
	Code describing a significa	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.	-	
Beginning Position:	415	Data Source:	Claim
-			
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Length:	2	Туре:	Alphanumeric			
Field 47:	OCCUR_DAY_8					
	Occurrence Day equals Oc	currence Date min	us Admission/Star	rt of Care Date.		
Beginning Position:	417	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
Field 48:	OCCUR_CODE_9	• •	.			
	Code describing a signification	ant event relating	the claim.			
Coding Scheme:	Same as Field 186.					
Beginning Position:	421	Data Source:	Claim			
Length:	2	Type:	Alphanumeric			
Field 49:	OCCUR_DAY_9	1 ypc.	7 fiphanumerie			
r iciu 47.	Occurrence Day <i>equals</i> Oc	ourronaa Data mi	Admission/Star	rt of Coro Doto		
Designing Desition.	423	Data Source:	Calculated	It of Cale Date.		
Beginning Position:						
Length:	4	Туре:	Alphanumeric			
Field 50:	OCCUR_CODE_10					
	Code describing a signification	ant event relating	the claim.			
Coding Scheme:	Same as Field 186.					
Beginning Position:	427	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 51:	OCCUR_DAY_10					
	Occurrence Day equals Oc	currence Date min	us Admission/Star	rt of Care Date.		
Beginning Position:	429	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 52:	OCCUR_CODE_11		1			
	Code describing a significa	ant event relating	the claim			
Coding Scheme:	Same as Field 186.					
Beginning Position:	433	Data Source:	Claim			
Length:	2	Type:	Alphanumeric			
Field 53:		Type.	Alphanumeric			
rielu 55:	OCCUR_DAY_11 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
D ' ' D ''				rt of Care Date.		
Beginning Position:	435	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
TY 11 74						
Field 54:	OCCUR_CODE_12 Code describing a significant event relating to the claim.					
		ant event relating	the claim.			
Coding Scheme:	Same as Field 186.		~ .			
Beginning Position:	439	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 55:	OCCUR_DAY_12					
	Occurrence Day equals Oc	currence Date min	us Admission/Star	rt of Care Date.		
Beginning Position:	441	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
Field 56:	OCCUR_SPAN_CODE_	1				
	Code describing a significa		the claim that ma	ay affect payer processing.		
Coding Scheme:	70 Qualifying stay dates (for			or stay dates		
8	71 Prior stay dates		79 Payer us			
	72 First/Last Visit			disaster related		
	73 Benefit eligibility period74 Noncovered level of care			approved stay dates liability - no utilization		
	75 SNF level of care	Leave of absence		respite dates		
	76 Patient Liability Period		M3 ICF level			
	77 Provider Liability - Utiliz	•		ial level of care		
Beginning Position:	445	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 57:	OCCUR_SPAN_FROM_	1				
	Occurrence Span From equ	uals Beginning Da	e of Event minus	Admission/Start of Care Date.		
Beginning Position:	447	Data Source:	Calculated			
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Length:	6	Туре:	Alphanu	imeric		
Field 58:	OCCUR_SPAN_THRU_1			-		
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.					
Beginning Position:	453	Data Source:	Calculat			
Length:	6	Type:	Alphanu			
Field 59:	OCCUR_SPAN_CODE_2					
			o the clair	m that may affect payer processing.		
Coding Scheme:	Same as Field 210.	in event relating t	o the club	in that may arrest payer processing.		
Beginning Position:	459	Data Source:	Claim			
Length:	2	Туре:	Alphanu	imeric		
Field 60:	OCCUR_SPAN_FROM_2					
			te of Ever	nt minus Admission/Start of Care Date.		
Beginning Position:	461	Data Source:	Calculat			
Length:	6	Туре:	Alphanu	americ		
Field 61:	OCCUR_SPAN_THRU_2		1			
			f Event <i>m</i>	inus Admission/Start of Care Date.		
Beginning Position:	467	Data Source:	Calculat			
Length:	6	Type:	Alphanu			
Field 62:	OCCUR_SPAN_CODE_3					
			o the clair	m that may affect payer processing.		
Coding Scheme:	Same as Field 210.	in e veni rentring v		in the may arrest payer processing.		
Beginning Position:	473	Data Source:	Claim			
Length:	2	Type:	Alphanu	imeric		
Field 63:	OCCUR_SPAN_FROM_					
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.					
Beginning Position:	475	Data Source:	Calculat			
Length:	6	Type:	Alphanu			
Field 64:	OCCUR_SPAN_THRU_3		7 upnun			
riciu 04.	OCCUR_SPAN_THRU_3 Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.					
Beginning Position:	481	Data Source:	Calculat			
Length:	6	Type:	Alphani			
Field 65:	OCCUR_SPAN_CODE_4		7 iipiiuiit			
Tield 05.			o the clair	m that may affect payer processing.		
Coding Scheme:	Same as Field 210.	in event relating t	o the club	in that may arrest payer processing.		
Beginning Position:	487	Data Source:	Claim			
Length:	2	Type:	Alphanu	imeric		
Field 66:	OCCUR_SPAN_FROM_4	* *		******		
			te of Ever	nt minus Admission/Start of Care Date.		
Beginning Position:	489	Data Source:	Calculat			
Length:	6	Type:	Alphanu			
Field 67:	OCCUR_SPAN_THRU_4		F			
			f Event m	inus Admission/Start of Care Date.		
Beginning Position:	495	Data Source:	Calculat			
Length:	6	Type:	Alphanu			
Field 68:	CONDITION_CODE_1	v 1	r			
	Code describing a condition	n relating to the cl	laim.			
Coding Scheme:	1 Military service related		76	Back-up in facility dialysis		
e ouning Sentenier	2 Condition is employment	related	77	Provider accepts or is obligated/required due to a		
				contractual arrangement or law to accept		
		noo not notlooted home	78	payment by a primary payer as payment		
	3 Patient covered by insurat	nce not renected here.		New coverage not implemented by HMO		
	3 Patient covered by insurar4 Information only bill.	nce not reflected here	78	New coverage not implemented by HMO CORF services provided offsite		
		nce not reflected here	79 80	CORF services provided offsite Home dialysis - nursing facility		
	4 Information only bill.	nce not reflected here	79	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or		
	4 Information only bill.	lice not reflected here	79 80 82	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or induction (effective 10/1/2013)		
	4 Information only bill.		79 80	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or		
	4 Information only bill.5 Lien has been filed		79 80 82 83	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or induction (effective 10/1/2013) Gestation >=39 weeks (effective 10/1/2013)		
DSHS/THCIC	 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n 		79 80 82 83	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or induction (effective 10/1/2013) Gestation >=39 weeks (effective 10/1/2013) CHAMPUS external partnership program		
DSHS/THCIC www.dshs.state.tx.us	 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 		79 80 82 83	CORF services provided offsite Home dialysis - nursing facility Gestation <39 weeks, Elective C-section or induction (effective 10/1/2013) Gestation >=39 weeks (effective 10/1/2013)		

7	Treatment of non-terminal condition for hospice patient	A1
8	Beneficiary would not provide information concerning other insurance coverage	A2
9	Neither patient or spouse is employed	A3
10	Patient and/or spouse is employed but no EGHP exists	A4
11	Disabled beneficiary but no LGHP coverage exists	A5
17	Patient is homeless	A6
18	Maiden name retained	A7
19	Child retains mother's name	A8
20	Beneficiary requested billing	A9
21	Billing for denial notice	AA
22	•	AB
	Patient on multiple drug regimen	
23	Home care giver available	AC
24	Home IV patient also receiving HHA services	AD
25	Patient is non-US resident	AE
26	VA eligible patient chooses to receive services in	AF
27	a Medicare certified facility Patient referred to a sole community hospital for	AG
28	a diagnostic laboratory test Patient and/or spouse's EGHP is secondary to	AH
29	Medicare Disabled beneficiary and/or family member's	AI
20	LGHP is secondary to Medicare	
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ
31	Patient is student (full time - day)	AJ
32	Patient is student (run time duy) Patient is student (cooperative/work study	AK
52	program)	АК
33	Patient is student (full time - night)	AL
34	Patient is student (part-time)	AM
36	General care patient in a special unit	AN
37	Ward accommodation at patient request	B0
38	Semi-private room not available	B1
39	Private room medically necessary	B2
40	Same day transfer	B3
41	Partial hospitalization	B4
42	Continuing care not related to inpatient	C1
43	admission Continuing care not provided within prescribed	C2
	postdischarge window	
44	Inpatient admission changed to outpatient	C3
45	Reserved	C4
46	Non-availability statement on file	C5
47	Reserved for CHAMPUS	C6
48	Psychiatric residential treatment centers for	C7
49	children and adolescents (RTCs) Product replacement within product lifecycle	D0
55	SNF bed not available	D1
56	Medical appropriateness	D2
57	SNF readmission	D3
58	Terminated Medicare+Choice organization enrollee	D4
59	Non-primary ESRD facility	D5
60	Day outlier	D6
	•	

EPSDT/CHAP

- A2 Physically handicapped children's program
- A3 Special Federal Funding
- A4 Family planning
- A5 Disability
- A6 Vaccines/Medicare 100% payment
- A7 Induced abortion danger to life
- A8 Induced abortion victim rape/incest
- A9 Second opinion surgery
- AA Abortion performed due to rape
- AB Abortion performed due to incest
- AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality
- AD Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
- AE Abortion performed due to physical health of mother that is not life endangering
- AF Abortion performed due to
- emotional/psychological health of mother AG Abortion performed due to social or economic
- reasons AH Elective abortion
- All Elective abolition
- AI Sterilization
- AJ Payer responsible for co-payment
- AJ Payer responsible for co-payment
- AK Air ambulance required
- AL Specialized treatment/bed unavailable
- AM Non-emergency medically necessary stretcher transport required
- AN Pre-admission screening not required
- B0 Medicare coordinated care demonstration claim
- B1 Beneficiary is ineligible for demonstration program
- B2 Critical access hospital ambulance attestation
- B3 Pregnancy indicator
- B4 Admission unrelated to discharge on same day
- C1 Approved as billed
- C2 Automatic approval as billed based on focused review
- C3 Partial approval
- C4 Admission/services denied
- C5 Postpayment review applicable
- C6 Admission Preauthorization
- C7 Extended Authorization
- D0 Changes to Service Dates
- D1 Changes to Charges
- D2 Changes in Revenue Codes/HCPCS/HIPPS rate code
- D3 Second or Subsequent Interim PPS Bill
- D4 Change in ICD-10-CM diagnosis and/or procedure codes.
- D5 Cancel to correct HICN or Provider ID
- D6 Cancel Only to Repay a Duplicate or OIG Overpayment

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	61	Cost outlier		D7	Change to Make Medicare the Secondary Payer
	66	Provider does not wish co		D8	Change to Make Medicare the Primary Payer
	67	Beneficiary elects not to u (LTR) days		D9	Any Other Change
	68	Beneficiary elects to use l days	life time reserve (LTR)) DR	Katrina disaster related
	69	IME/DGME/N&AH Payı	ment Only	E0	Changes in Patient Status
	70	Self-administered anemia	n management drug	G0	Distinct Medical Visit
	71	Full care in unit		H0	Delayed Filing, Statement of Intent Submitted
	72	Self care in unit		M0	All inclusive rate for outpatient services
	73 74	Self care training		M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
		Home		M2	HHA payment significantly exceeds total charge
	75	Home - 100% reimbursen	nem	P1 WO	Do not Resuscitate Order (DNR) United Mine Workers of America (UMWA)
Beginning Position:	501		Data Source:	Claim	Demonstration Indicator
	2			Alphanu	maria
Length:		DITION CODE 1	Туре:	Alphant	linenc
Field 69:		DITION_CODE_2		. •	
Calling Caller		describing a condition	ii relating to the cl	aim.	
Coding Scheme:		e as Field 68.		CL	
Beginning Position:	503		Data Source:	Claim	
Length:	2		Туре:	Alphanu	Imeric
Field 70:		DITION_CODE_3			
		describing a condition	n relating to the cl	aim.	
Coding Scheme:		e as Field 68.			
Beginning Position:	505		Data Source:	Claim	
Length:	2		Type:	Alphanu	Imeric
Field 71:	CON	DITION_CODE_4	T R		
		describing a condition	n relating to the cl	aim.	
Coding Scheme:		as Field 68.	U III		
Beginning Position:	507		Data Source:	Claim	
Length:	2		Type:	Alphanu	Imeric
Field 72:		DITION_CODE_5	= / F • •	T	
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Beginning Position: Length:	509 2	DITION CODE (Type:	Alphanu	imeric
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4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first	73	Drug deductible
9	calendar year Medicare coinsurance amount in the first	74	Drug coinsurance
10	calendar year Medicare lifetime reserve amount in the second	77	New technology add-on payment
11	calendar year Medicare coinsurance amount in the second	A0	Special zip code reporting
12	calendar year Working aged beneficiary/spouse with employer	A1	Deductible payer A
13	group health plan ESRD beneficiary in a Medicare coordination	A2	Coinsurance payer A
14	period with an employer group health plan	12	Estimated and a site it is a second
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs -
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - in form and situation furnished to p
21	Catastrophic	A6	Covered self-administrable drugs - study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount -	AA	Regulatory surcharges, assessment
26	prescription drugs Offset to the patient - payment amount - hearing	AB	or health care related taxes - payer Other assessments or allowances (a
20	and ear services	7 LD	eduction) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessment or health care related taxes - payer
32	Multiple patient ambulance transport	BB	Other assessments or allowances (eduction) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessment
39	Pints of blood replaced	CB	or health care related taxes - payer Other assessments or allowances (a
40	New accurace not implemented by HMO	D2	eduction) - payer C Patient estimated responsibility
	New coverage not implemented by HMO	D3	· ·
41	Black lung	DR	Katrina disaster related
42	VA	E1	Deductible Payer D
43	Disabled beneficiary under age 65 with LGHP	E2	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E3	Coinsurance Payer D
45	Accident hour	E7	Co-payment payer D
46	Number of grace days	EA	Regulatory surcharges, assessment or health care related taxes - payer
47	Any liability insurance	EB	Other assessments or allowances (education) - payer D
48	Hemoglobin reading	F1	Deductible Payer E
49	Hematocrit reading	F2	Coinsurance Payer E
	c		-

	AJ	Estimated responsibility payer A
	A4	Covered self-administrable drugs - emergency
	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
	A6	Covered self-administrable drugs - diagnostic study and other
	A7	Co-payment payer A
	A8	Patient weight
	A9	Patient height
	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
aring	AB	Other assessments or allowances (e.g., medical eduction) - payer A
ion	B1	Deductible payer B
ntal	B2	Coinsurance payer B
	B3	Estimated responsibility payer B
	B7	Co-payment payer B
	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
	BB	Other assessments or allowances (e.g., medical eduction) - payer B
liatric	C1	Deductible payer C
er	C2	Coinsurance payer C
alth	C3	Estimated responsibility payer C
	C7	Co-payment payer C
	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	CB	Other assessments or allowances (e.g., medical eduction) - payer C
	D3	Patient estimated responsibility
	DR	Katrina disaster related
	E1	Deductible Payer D
HP	E2	Coinsurance Payer D
nary but	E3	Coinsurance Payer D
	E7	Co-payment payer D
	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
	EB	Other assessments or allowances (e.g. medical education) - payer D
	E1	Deductible Device E

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2 VAI Dolla 552 9	ar amount that may be	Type: affected. Data Source:	Alphanu Claim		
2 VAI Dolla 552		Type: affected. Data Source:	Alphanu Claim		
2 VAI Dolla		Type: affected.	Alphanu	umeric	
2 VAI		Туре:		umeric	
2				umeric	
		Data Source:	Claim		
Sam	e as Field 76.				
Code	e describing informatio	on that may affect	payer pro	cessing.	
9		Туре:	Alphanu	ımeric	
541	•	Data Source:	Claim		
		affected.			
	LUE AMOUNT 3	J I			
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		in that may arrest	Pujer pro	eessing.	
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	ar amount that may be		CL.		
	2 Type:			imeric	
	e as Field 222.		<u>.</u>		
	Code describing information that may affect payer processing.				
	VALUE_CODE_2				
9		Туре:	Alphanu	ımeric	
519	·	Data Source:	Claim		
		affected.			
VAI	VALUE_AMOUNT_1				
2		Туре:	Alphanu	umeric	
517		Data Source:	Claim		
			17	Non-Demonstration Claims	
				Conventional Provider Payment Amount for	
				Part B Demonstration Payment Part B Coinsurance	
				Part A Demonstration Payment	
	hospice)		V1	Part A Demonstration Payment	
61		furnished (HHA and	P1	Do not resuscitate order (DNR)	
60	HHA branch MSA		GB	Other assessments or allowances (e.g. medical education) - payer F	
60	IIIIA bronch MSA		CD	or health care related taxes - payer F	
59	Oxygen saturation		GA	Regulatory surcharges, assessments, allowances	
58	Arterial blood gas		G7	Co-payment payer F	
57	Home health aide - home	visit hours	G3	Coinsurance Payer F	
56	• •	•	G2	Coinsurance Payer F	
		-		Deductible Payer F	
54	Newborn birth weight in g	grams	G1	education) - payer E Deductible Payer F	
53	Cardiac rehab visits		FB	Other assessments or allowances (e.g. medical	
32	ST VISITS		ГА	Regulatory surcharges, assessments, allowances or health care related taxes - payer E	
51 52	OT visits		F7	Co-payment payer E	
51				Coinsurance Payer E	
50	PT visits		F3	Coinsurance Paver E	
•	54 55 56 57 58 59 60 61 61 61 61 61 61 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	 53 Cardiac rehab visits 54 Newborn birth weight in 55 Eligibility threshold for c 56 Skilled nurse - home visit 57 Home health aide - home 58 Arterial blood gas 59 Oxygen saturation 60 HHA branch MSA 61 Location where service is hospice) VALUE_AMOUNT_1 Dollar amount that may be 519 9 VALUE_CODE_2 Code describing informatic Same as Field 222. 528 2 VALUE_CODE_3 Code describing informatic Same as Field 76. 539 2 VALUE_AMOUNT_3 Dollar amount that may be 530 9 VALUE_CODE_3 Code describing informatic Same as Field 76. 539 2 VALUE_CODE_4 VALUE_CODE_4	53 Cardiac rehab visits 54 Newborn birth weight in grams 55 Eligibility threshold for charity care 56 Skilled nurse - home visit hours 57 Home health aide - home visit hours 58 Arterial blood gas 59 Oxygen saturation 60 HHA branch MSA 61 Location where service is furnished (HHA and hospice) Data Source: 2 Type: VALUE_AMOUNT_1 Dollar amount that may be affected. S19 Data Source: 9 Type: VALUE_CODE_2 Code describing information that may affect Same as Field 222. S28 Data Source: 2 Type: VALUE_AMOUNT_2 Dollar amount that may be affected. S30 Data Source: 9 Type: VALUE_CODE_3 Code describing information that may affect Same as Field 76. S39 Data Source: 9 Type: VALUE_	53 Cardiac rehab visits FB 54 Newborn birth weight in grams G1 55 Eligibility threshold for charity care G1 56 Skilled nurse - home visit hours G2 57 Home health aide - home visit hours G3 58 Arterial blood gas G7 59 Oxygen saturation GA 60 HHA branch MSA GB 61 Location where service is furnished (HHA and hospice) P1 Y1 Y2 Y3 Y4 E 517 Data Source: Claim 2 Type: Alphant Alphant VALUE_AMOUNT_1 Dollar amount that may be affected. E 519 Data Source: Claim 9 Type: Alphant VALUE_CODE_2 Code describing information that may affect payer prosame as Field 222. E 528 Data Source: Claim 2 Type: Alphant VALUE_AMOUNT_2 Dollar amount that may be affected. E 530 Data Source: Claim 9 Type: Alphant Yalphant Yalphant Y	

Coding Scheme:	Same as Field 76.						
Beginning Position:	561	Data Source:	Claim				
Length:	2	Type:	Alphanumeric				
Field 85:	 VALUE_AMOUNT_5	rype.	- Inpluituitette				
Tield 05.		Dollar amount that may be affected.					
Beginning Position:	563	Data Source:	Claim				
Length:	9	Type:	Alphanumeric				
Field 86:	VALUE_CODE_6	Type.	Aphanumene				
rielu ov:	Code describing information	that may affect	nover processing				
Cading Sahama	Same as Field 76.	i that may affect	payer processing.				
Coding Scheme:	572	Data Common	Claim				
Beginning Position:		Data Source:					
Length:	2 NALLE AMOUNT (Туре:	Alphanumeric				
Field 87:	VALUE_AMOUNT_6	CC (1					
	Dollar amount that may be a						
Beginning Position:	574	Data Source:	Claim				
Length:	9	Туре:	Alphanumeric				
Field 88:	VALUE_CODE_7						
	Code describing information	that may affect	payer processing.				
Coding Scheme:	Same as Field 76.						
Beginning Position:	583	Data Source:	Claim				
Length:	2	Туре:	Alphanumeric				
Field 89:	VALUE_AMOUNT_7						
	Dollar amount that may be affected.						
Beginning Position:	585	Data Source:	Claim				
Length:	9	Туре:	Alphanumeric				
Field 90:	VALUE_CODE_8						
	Code describing information that may affect payer processing.						
Coding Scheme:	Same as Field 76.						
Beginning Position:	594	Data Source:					
Deginning i osteloni	J94	Data Source:	Claim				
0 0	2	Type:	Alphanumeric				
Length: Field 91:							
Length:	2	Туре:					
Length:	2 VALUE_AMOUNT_8	Туре:					
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Length: Field 91: Beginning Position:	2 VALUE_AMOUNT_8 Dollar amount that may be a 596	Type: ffected. Data Source:	Alphanumeric Claim				
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Length: Field 91: Beginning Position: Length: Field 92: Coding Scheme: Beginning Position: Length: Field 93: Beginning Position: Length: Field 94:	2 VALUE_AMOUNT_8 Dollar amount that may be a 596 9 VALUE_CODE_9 Code describing information Same as Field 76. 605 2 VALUE_AMOUNT_9 Dollar amount that may be a 607 9	Type: ffected. Data Source: Type: a that may affect Data Source: Type: ffected. Data Source: Type:	Alphanumeric Claim Alphanumeric payer processing. Claim Alphanumeric Claim Alphanumeric				
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Coding Scheme:	Same as Field 76.				
Beginning Position:	627	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 97:	VALUE_AMOUNT_11				
	Dollar amount that may be affected.				
Beginning Position:	629	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		
Field 98:	VALUE_CODE_12				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 76.				
Beginning Position:	638	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 99:	VALUE_AMOUNT_12				
	Dollar amount that may be affected.				
Beginning Position:	640	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		

CHARGES DATA FILE

Field 1:	RECO	ORD_ID						
Description:	Record Identification Number. Unique number assigned to identify the record. First available							
-	1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).							
Beginning Position:	1 Data Source: Assigned							
Length:	12	Туре:	Alphan	umeric				
Field 2:	REVI	ENUE_CODE						
Description:	Code	corresponding to each specific accommo	dation, a	ncillary service or billing calculation				
-	related	d to the services being billed.						
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care				
	0101 0110	All-inclusive room charges Room charges for private rooms - general	0517 0519	Clinic - family practice Clinic - other				
	0110	Room charges for private rooms - medical/surgical/GYN	0519	Freestanding Clinic - general				
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC				
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner				
	0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice				
	0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF				
	0116	Room charges for private rooms - detoxification	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				
	0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care				
	0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area				
	0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)				
	0120 0121	Room charges for semi-private rooms - general Room charges for semi-private rooms - medical/surgical/GYN	0529 0530	Freestanding Clinic - other Osteopathic service - general				
	0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy				
	0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other				
	0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general				
	0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies				
	0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport				
	0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile				
	0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen				
	0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance				
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal				
	0131 0132	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN Room charges for semi-private - 3/4 beds -	0547	Ambulance service - telephone transmission				
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics Room charges for semi-private - 3/4 beds -	0548 0549	Ambulance service - telephone transmission EKG Ambulance service - other				
	0133	rooms - pediatric Room charges for semi-private - 3/4 beds -	0550	Skilled nursing - general				
	0135	rooms - psychiatric Room charges for semi-private - 3/4 beds -	0550	Skilled nursing - visit charge				
	0136	rooms - hospice Room charges for semi-private - 3/4 beds -	0552	Skilled nursing - hourly charge				
	0137	rooms - detoxification Room charges for semi-private - 3/4 beds -	0559	Skilled nursing - other				
		rooms - oncology		-				

0138 Room charges for semi-private - 3/4 beds - 0500 Medical social services - general 0139 Room charges for private (deluxe) norms - 051 Medical social services - visit charge 0140 Room charges for private (deluxe) norms - 0560 Medical social services - hourly charge 0141 Room charges for private (deluxe) norms - 0569 Medical social services - other 0142 Room charges for private (deluxe) norms - 0571 Home health aide - enter 0143 Room charges for private (deluxe) norms - 0571 Home health aide - visit charge 0144 Room charges for private (deluxe) norms - 0571 Home health aide - other 0145 Room charges for private (deluxe) norms - 0579 Home health ide - other 0146 Room charges for private (deluxe) norms - 0581 Other visits (home health) - general 0147 Room charges for private (deluxe) norms - 0581 Other visits (home health) - visit charge 0148 Room charges for vard norms - general 0589 Other visits (home health) - other 0148 Room charges for vard norms - posterice 0500 Units of service (home health) - state-quip/supply or 0148 Room charg				
0139 Room charges for semi-private - 3/4 beds - 0561 Medical social services - visit charge 0140 Room charges for private (deluxe) rooms - 0562 Medical social services - hourly charge 0141 Room charges for private (deluxe) rooms - 0569 Medical social services - other 0141 Room charges for private (deluxe) rooms - 0570 Home health aide - general 0143 Room charges for private (deluxe) rooms - 0571 Home health aide - visit charge 0144 Room charges for private (deluxe) rooms - 0570 Home health aide - visit charge 0155 Room charges for private (deluxe) rooms - 0580 Other visits (home health) - general 0146 Room charges for private (deluxe) rooms - 0581 Other visits (home health) - durge 0147 Room charges for private (deluxe) rooms - 0582 Other visits (home health) - hourly charge 0148 Room charges for private (deluxe) rooms - 0583 Other visits (home health) - durge 0148 Room charges for and rooms - general 0589 Units of service (home health) - durge 0151 Room charges for ward rooms - specifiaric 0600 Oxygen (home health) - durge pipy) or 0152 <t< td=""><td>0138</td><td></td><td>0560</td><td>Medical social services - general</td></t<>	0138		0560	Medical social services - general
0140 Room charges for private (deluxe) rooms - medical/surgical/SYN 0562 Medical social services - other 0141 Room charges for private (deluxe) rooms - medical/surgical/SYN 0569 Medical social services - other 0143 Room charges for private (deluxe) rooms - pediatric 0570 Home health aide - visit charge 0143 Room charges for private (deluxe) rooms - pediatric 0571 Home health aide - visit charge 0144 Room charges for private (deluxe) rooms - bospice 0571 Home health aide - visit charge 0145 Room charges for private (deluxe) rooms - bospice 0580 Other visits (home health) - general detoxification 0147 Room charges for private (deluxe) rooms - oncology 0581 Other visits (home health) - boarly charge erehabilitation 0148 Room charges for ward rooms - general 0582 Other visits (home health) - other 0158 Room charges for ward rooms - general 0599 Units of service (home health) - other 0151 Room charges for ward rooms - pediatric 0600 Oxygen (home health) - star/equip/supply ovcr4 liters per minute 0158 Room charges for ward rooms - obstetrics 0610 Oxygen (home health) - star/equip/supply ovc	0139	Room charges for semi-private - 3/4 beds -	0561	Medical social services - visit charge
0141 Room charges for private (deluxe) rooms - medical/surgical/SYN 0569 Medical social services - other 0143 Room charges for private (deluxe) rooms - pediatric 0571 Home health aide - general 0143 Room charges for private (deluxe) rooms - pediatric 0571 Home health aide - wisit charge 0144 Room charges for private (deluxe) rooms - pediatric 0572 Home health aide - wisit charge 0145 Room charges for private (deluxe) rooms - bospice 0579 Home health aide - wisit charge 0146 Room charges for private (deluxe) rooms - other 0580 Other visits (home health) - general 0147 Room charges for private (deluxe) rooms - other 0582 Other visits (home health) - hourly charge evideo/ outcoly 0148 Room charges for vard rooms - other 0580 Other visits (home health) - hourly charge evideo/ outcoly 0151 Room charges for vard rooms - other 0590 Units of service (home health) - sessesment evider 0152 Room charges for vard rooms - obstetrics 0590 Units of service (home health) - eperal 0153 Room charges for vard rooms - bospice 0602 Oxygen (home health) - stat/equip/supply or countrits <t< td=""><td>0140</td><td>Room charges for private (deluxe) rooms -</td><td>0562</td><td>Medical social services - hourly charge</td></t<>	0140	Room charges for private (deluxe) rooms -	0562	Medical social services - hourly charge
0142 Room charges for private (deluxe) rooms - pediatric 0570 Home health aide - general 0143 Room charges for private (deluxe) rooms - pediatric 0571 Home health aide - visit charge 0144 Room charges for private (deluxe) rooms - bespice 0572 Home health aide - other hospice 0145 Room charges for private (deluxe) rooms - detoxification 0580 Other visits (home health) - general 0147 Room charges for private (deluxe) rooms - oncology 0581 Other visits (home health) - issi charge oncology 0148 Room charges for private (deluxe) rooms - oncology 0582 Other visits (home health) - hourly charge rehabilitation 0150 Room charges for ward rooms - general 0589 Other visits (home health) - other 0151 Room charges for ward rooms - obstetrics 0590 Units of service (home health) - other 0151 Room charges for ward rooms - obstetrics 0590 Units of service (home health) - general 0152 Room charges for ward rooms - obstetric 0601 Oxygen (home health) - stardequip/supply or contents 0153 Room charges for ward rooms - obstetric 0610 MRI - general 0155 Ro	0141	Room charges for private (deluxe) rooms -	0569	Medical social services - other
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0149 Room Charges for private (deluxe) rooms - other 0582 Other visits (home health) - hourly charge rehabilitation 0149 Room charges for private (deluxe) rooms - other 0583 Other visits (home health) - other 0150 Room charges for ward rooms - medical/surgical/GYN 0589 Other visits (home health) - other 0151 Room charges for ward rooms - medical/surgical/GYN 0599 Units of service (home health) - general medical/surgical/GYN 0152 Room charges for ward rooms - pediatric 0600 Oxygen (home health) - general 0153 Room charges for ward rooms - hospice 0601 Oxygen (home health) - stat/equip/supply or contents 0155 Room charges for ward rooms - detoxification 0602 Oxygen (home health) - stat/equip/supply over 4 liters per minute 0157 Room charges for ward rooms - nechology 0604 Oxygen (home health) - portable add-in 0158 Room charges for other rooms - general 0610 MRI - spinal cord (including brain stem) 0160 Room charges for other rooms - general 0611 MRI - spinal cord (including spine) 0161 Room charges for other rooms - pediatric 062 Medical/surgical supplies - incident to radiology 0163 Room charges for other rooms -	0147	Room charges for private (deluxe) rooms -	0581	Other visits (home health) - visit charge
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0150 Room charges for ward rooms - general 0589 Other visits (home health) - other 0151 Room charges for ward rooms - medical/surgical/GYN 0590 Units of service (home health) - general 0152 Room charges for ward rooms - postetrics 0599 Units of service (home health) - general 0153 Room charges for ward rooms - psychiatric 0600 Oxygen (home health) - stat/equip/supply or contents 0155 Room charges for ward rooms - hospice 0602 Oxygen (home health) - stat/equip/supply under liters per minute 0157 Room charges for ward rooms - oncology 0604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 0158 Room charges for ward rooms - oncology 0604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 0157 Room charges for ward rooms - oncology 0604 Oxygen (home health) - portable add-in 0158 Room charges for other rooms - general 0611 MRI - general 0159 Room charges for other rooms - general 0612 MRI - spinal cord (including spine) 0161 Room charges for other rooms - bychiatric 0621 Medical/surgical supplies - incident to radiology 0163 Room charges for other rooms - ostopice 0621 <td>0149</td> <td>Room charges for private (deluxe) rooms -</td> <td>0583</td> <td>Other visits (home health) - assessment</td>	0149	Room charges for private (deluxe) rooms -	0583	Other visits (home health) - assessment
0151 Room charges for ward rooms - medical/surgical/GYN 0590 Units of service (home health) - general 0152 Room charges for ward rooms - obstetrics 0599 Units of service (home health) - other 0153 Room charges for ward rooms - psychiatric 0600 Oxygen (home health) - stat/equip/supply or contents 0154 Room charges for ward rooms - hospice 0601 Oxygen (home health) - stat/equip/supply over 4 liters per minute 0155 Room charges for ward rooms - oncology 0604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 0157 Room charges for ward rooms - oncology 0604 Oxygen (home health) - portable add-in 0158 Room charges for ward rooms - oncology 0610 MRI - spinal cord (including spine) 0161 Room charges for other rooms - general 0612 MRI - spinal cord (including spine) 0161 Room charges for other rooms - poliatric 0621 Medical/surgical supplies - incident to radiology 0163 Room charges for other rooms - pospice 0621 Medical/surgical supplies - incident to radiology 0161 Room charges for other rooms - bospice 0621 Medical/surgical supplies - incident to radiology 0163 Room charges for other rooms - oncology <td>0150</td> <td></td> <td>0589</td> <td>Other visits (home health) - other</td>	0150		0589	Other visits (home health) - other
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0180 Room charges for LOA - general 0642 Home IV therapy services - IV site care, central	0179	Room charges for nursery - other	0641	
	0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central

0182	Room charges for LOA - patient convenice- charges billable	0643	Home IV therapy services - IV start/change, peripheral line
0183	Room charges for LOA - therapeutic leave	0644	Home IV therapy services - nonroutine nursing, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0645	Home IV therapy services - training patient/caregiver, central line
0185	Room charges for LOA - hospitalization	0646	Home IV therapy services - traning, disabled patient, central line
0189	Room charges for LOA - other	0647	Home IV therapy services - training, patient/caregiver, peripheral
0190	Room charges for subacute care - general	0648	Home IV therapy services - training, disabled patient, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0649	Home IV therapy services - other
0192	Room charges for subacute care - Level II (comprehensive care)	0650	Hospice services - general
0193	Room charges for subacute care - Level III (complex care)	0651	Hospice services - routine home care
0194	Room charges for subacute care - Level IV (intensive care)	0652	Hospice services - continuous home care
0199	Room charges for subacute care - other	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care (nonrespite)
0201	Room charges for intensive care - surgical	0657	Hospice services - physician services
0202	Room charges for intensive care - medical	0658	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial infarction	0671	Outpatient special residence - hospital based
0212	Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0234	Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor
0250	Pharmacy - general	0732	EKG/ECG services - telemetry
0251	Pharmacy - generic drugs	0739	EKG/ECG services - other
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other than kidneylab0367Operating room services - kidney transplant0922Other diagnostic services - electromyelogram0369Operating room services - other0923Other diagnostic services - pap smear0370Anesthesia - general0924Other diagnostic services - allergy test0371Anesthesia - incident to radiology0925Other diagnostic services - pregnancy test0372Anesthesia - incident to other diagnostic0929Other diagnostic services - other0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - half day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - cardiac0383Blood - plasma0943Other therapeutic services - cardiac0384Blood - platelets0944Other therapeutic services - drug rehabilitation0386Blood - other components0945Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0361	Operating room services - minor surgery	0920	Other diagnostic services - general
0369Operating room services - other0923Other diagnostic services - pap smear0370Anesthesia - general0924Other diagnostic services - allergy test0371Anesthesia - incident to radiology0925Other diagnostic services - pregnancy test0372Anesthesia - incident to other diagnostic0929Other diagnostic services - other0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - education/training0383Blood - platelets0943Other therapeutic services - cardiac rehabilitation0384Blood - other components0945Other therapeutic services - alcohol rehabilitation0386Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0362	other than kidney	0921	Other diagnostic services - peripheral vascular lab
0370Anesthesia - general0924Other diagnostic services - allergy test0371Anesthesia - incident to radiology0925Other diagnostic services - pregnancy test0372Anesthesia - incident to other diagnostic0929Other diagnostic services - other0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - education/training0383Blood - platelets0943Other therapeutic services - cardiac rehabilitation0384Blood - other components0945Other therapeutic services - allordot rehabilitation0386Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0367		0922	Other diagnostic services - electromyelogram
0371Anesthesia - incident to radiology0925Other diagnostic services - pregnancy test0372Anesthesia - incident to other diagnostic services0929Other diagnostic services - other0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - plasma0942Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0386Blood - other components0946Other therapeutic services - alcohol rehabilitation0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0369	Operating room services - other	0923	Other diagnostic services - pap smear
0372Anesthesia - incident to other diagnostic services0929Other diagnostic services - other0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - vhole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0370	Anesthesia - general	0924	Other diagnostic services - allergy test
services0374Anesthesia - acupuncture0931Medical rehabilitation day program - half day0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - whole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0379Anesthesia - other0932Medical rehabilitation day program - full day0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - whole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0385Blood - leukocytes0945Other therapeutic services - alcohol rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0372		0929	Other diagnostic services - other
0380Blood - general0940Other therapeutic services - general0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - whole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0385Blood - leukocytes0945Other therapeutic services - alcohol rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0374	Anesthesia - acupuncture	0931	Medical rehabilitation day program - half day
0381Blood - packed red cells0941Other therapeutic services - recreational therap0382Blood - whole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0385Blood - leukocytes0945Other therapeutic services - alcohol rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0379	Anesthesia - other	0932	Medical rehabilitation day program - full day
0382Blood - whole blood0942Other therapeutic services - education/training0383Blood - plasma0943Other therapeutic services - cardiac rehabilitation0384Blood - platelets0944Other therapeutic services - drug rehabilitation0385Blood - leukocytes0945Other therapeutic services - alcohol rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0380	Blood - general	0940	Other therapeutic services - general
0383 Blood - plasma 0943 Other therapeutic services - cardiac rehabilitation 0384 Blood - platelets 0944 Other therapeutic services - drug rehabilitation 0385 Blood - leukocytes 0945 Other therapeutic services - drug rehabilitation 0386 Blood - other components 0946 Other therapeutic services - complex medical equipment - routine 0387 Blood - other derivatives (cryoprecipitates) 0947 Other therapeutic services - complex medical equipment - ancillary	0381	Blood - packed red cells	0941	Other therapeutic services - recreational therapy
rehabilitation 0384 Blood - platelets 0385 Blood - leukocytes 0386 Blood - other components 0387 Blood - other derivatives (cryoprecipitates) 0387 Blood - other derivatives (cryoprecipitates) 0947 Other therapeutic services - complex medical equipment - ancillary	0382	Blood - whole blood	0942	Other therapeutic services - education/training
0385Blood - leukocytes0945Other therapeutic services - alcohol rehabilitation0386Blood - other components0946Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0383	Blood - plasma	0943	
0386Blood - other components0946rehabilitation0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - routine0387Blood - other derivatives (cryoprecipitates)0947Other therapeutic services - complex medical equipment - ancillary	0384	Blood - platelets	0944	Other therapeutic services - drug rehabilitation
0387 Blood - other derivatives (cryoprecipitates) 0947 Other therapeutic services - complex medical equipment - ancillary	0385	Blood - leukocytes	0945	1
0387 Blood - other derivatives (cryoprecipitates) 0947 Other therapeutic services - complex medical equipment - ancillary	0386	Blood - other components	0946	equipment - routine
	0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
	0389	Blood - other	0949	

0390	Blood amd blood component administration,	0960	Professional fees - general
0391	storage and processing - general Blood and blood component administration,	0961	Professional fees - psychiatric
0399	storage and processing - administration Blood and blood component administration, storage and processing - other	0962	Professional fees - ophthalmology
0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
0401	Other imaging services - diagnostic	0964	Professional fees - anesthetist (CRNA)
0.01	mammography	0701	
0402	Other imaging services - ultrasound	0969	Professional fees - other
0403	Other imaging services - screening mammography	0970	Professional fees - general
0404	Other imaging services - PET	0971	Professional fees - laboratory
0409	Other imaging services - other	0972	Professional fees - radiology - diagnostic
0410	Respiratory services - general	0973	Professional fees - radiology - therapeutic
0412	Respiratory services - inhalation	0974	Professional fees - readiology - nuclear medicine
0413	Respiratory services - hyperbaric oxygen therapy	0975	Professional fees - operating room
0419	Respiratory services - other	0976	Professional fees - respiratory therapy
0420	Physical therapy - general	0977	Professional fees - physical therapy
0421	Physical therapy - visit charge	0978	Professional fees - occupational therapy
0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy
0423	Physical therapy - group rate	0980	Professional fees - general
0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
0429	Physical therapy - other	0982	Professional fees - outpatient services
0430	Occupational therapy - general	0983	Professional fees - clinic
0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
0433	Occupational therapy - group rate	0986	Professional fees - EEG
0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
0439	Occupational therapy - other	0988	Professional fees - consultation
0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tray
0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen service
0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegrap
0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
0470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
0472	Audiology - treatment	1004	Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
0483	Cardiology - echocardiology	2103	Alternative therapy services - massage
0489	Cardiology - other	2104	Alternative therapy services - reflexology

	0490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
	0490	Ambulatory surgical care - general Ambulatory surgical care - other	2105	Alternative therapy services - bioreedback
	0499	Outpatient services - general	2100	Alternative therapy services - hypnosis Alternative therapy services - other
	0509	Outpatient services - general Outpatient services - other	3101	Adult day care, medical and social - hourly
	0510	Clinic - general	3101	Adult day care, social - hourly
	0510	Clinic - chronic pain	3102	
	0512	Clinic - dental	3103	Adult day care, medical and social - daily Adult day care, social - daily
	0512			
		Clinic - psychiatric	3105	Adult foster care - daily
	0514	Clinic - OB/GYN	3109	Adult foster care - other
	0515	Clinic - pediatric	C1 ·	
Beginning Position:	13	Data Source:	Claim	
Length:	4	Туре:	Alphar	numeric
Field 3:	НСРО	CS_QUALIFIER		
Description:			<u> </u>	
Beginning Position:	17	Data Source:	Claim	
Length:	2	Туре:	Alphar	numeric
Field 4		CS_PROCEDURE_CODE		
Description:		A Common Procedure Coding System (He	CPCS) o	code applicable to ancillary services or
		modations.	_	
Coding Scheme:		ttp://www.cms.hhs.gov/HCPCSReleaseCo	odeSets/	ANHCPCS/list.asp for complete list.
Beginning Position:	19	Data Source:	Claim	
Length:	5	Туре:	Alphar	numeric
Field 5:	MOD	IFIER_1		
Description:	Identi	fies special circumstances related to the p	performa	
Coding Scheme:	0	No assessment completed	F2	Left hand, third digit
	1 2	Medicare 5 day assessment (full)	F3 F4	Left hand, fourth digit
	3	Medicare 30 day assessment (full) Medicare 60 day assessment (full)	F4 F5	Left hand, fifth digit Right hand, thumb
	4	Medicare 90 day assessment (full)	F6	Right hand, second digit
	7	Medicare 14 day assessment (comprehensive or	F7	Right hand, third digit
	_	full)	_	
	8	Other Medicare required assessment (OMRA)	F8 F0	Right hand, fourth digit
	11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
	25	Significant, separately identifiable evaluation and management service by the same physician on	FA	Left hand, thumb
		the same day of the procedure o		
	31	SCSA or OMRA/Medicare 5 day assessment	G1	Most recent URR of less than 60%
	22	(replacement)	<u> </u>	Mart manual LIDD 6 COM + CAM
	32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
	33	SCSA or OMRA/Medicare 60 day assessment	G3	Most recent URR of 65% to 69.9%
	34	(replacement) SCSA or OMRA/Medicare 90 day assessment	G4	Most recent URR of 70% to 74.9%
	37	(replacement) SCSA or OMRA/Medicare 14 day assessment	G5	Most recent URR of 75% or greater
	51	(replacement)	05	most recent OKK OF 7570 OF greater
	38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech- language pathologist or under an outpatient
	41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	speech-language pathology plan of care. Service delivered personally by an occupationa therapist or under an outpatient occupational
	42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therap
	43	Significant correction of prior full	LC	plan of care. Left circulflex coronary artery
	-13	assessment/Medicare 60 day assessment	LC	Left encumer coronary artery
	44	Significant correction of prior full	LD	Left anterior descending coronary artery
	47	assessment/Medicare 90 day assessment	τœ	
	47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure
	48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangemen by a provider of services
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	50	Bilateral procedure		QN	Ambulance service furnished directly by a provider of services
	52	Reduced services		QP	Documentation exists showing that the laboratory test(s) was ordered individually, or CPT-recognized panel other than profil
	53	Discontinued procedure		RC	Right coronary artery
	54	Quarterly review assessme assessment (full)	ent - Medicare 90	RT	Right side of the body procedure
	58	Staged or related procedur same physician during the		T1	Left foot, second digit
	59	Distinct procedural service	e	T2	Left foot, third digit
	76	Repeat procedure by same	e physician	T3	Left foot, fourth digit
	77	Repeat procedure by anoth	ner physician	T4	Left foot, fifth digit
	78	Return to the operating roo procedure during the posto	operative period	T5	Right foot, great toe
	79	Unrelated procedure of ser physician during the posto		T6	Right foot, second digit
	E1	Upper left eyelid		T7	Right foot, third digit
	E2	Lower left eyelid		T8	Right foot, fourth digit
	E3	Upper right eyelid		Т9	Right foot, fifth digit
	E4 F1	Lower right eyelid Left hand, second digit		ТА	Left foot, great toe
Beginning Position:	24	Lett hund, second digit	Data Source:	Claim	
Length:	24		Type:		numeric
Field 6:		DIFIER_2	1,100	- iipiiui	
Description:		ifies special circumsta	nces related to the	performa	unce of the service.
Coding Scheme:		e as Field 5		1	
Beginning Position:	26		Data Source:	Claim	
Length:	2		Туре:	Alphar	umeric
Field 7:	MOI	DIFIER_3			
Description:	Ident	ifies special circumstar	nces related to the	performa	ince of the service.
Coding Scheme:		e as Field 5			
Beginning Position:	28		Data Source:	Claim	
Length:	2		Туре:	Alphar	numeric
Field 8:		DIFIER_4			
Description:		ifies special circumstan	nces related to the	performa	ince of the service.
Coding Scheme:		e as Field 5		Claim	
Beginning Position:	30		Data Source:	Claim	
Length: Field 9:	2	T MEASUDEMENT	Type:	Alphar	numeric
Description:		<u>Γ_MEASUREMENT</u> specifying the units in		heing eve	ressed
Coding Scheme:	DA F2 UN	Days International unit Unit	which a value is t	Jeing en	10550Q.
Beginning Position:	32	om	Data Source:	Claim	
Degimme i ostuon.	2		Type:		numeric
	-				
Length:		FS_OF_SERVICE			
Length: Field 10: Description:	UNI	IS_OF_SERVICE eric value of quantity			
Length: Field 10: Description: Beginning Position:	UNI Num 34		Data Source:	Claim	
Length: Field 10: Description: Beginning Position: Length:	UNI Num 34 7	eric value of quantity	Data Source: Type:	Claim Numer	ic
Length: Field 10: Description: Beginning Position: Length: Field 11:	UNI Num 34 7 UNI	eric value of quantity Γ_RATE			ic
Length: Field 10: Description: Beginning Position: Length: Field 11: Description:	UNI Num 34 7 UNI Rate	eric value of quantity	Туре:	Numer	ic
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position:	UNI Num 34 7 UNI Rate 41	eric value of quantity Γ_RATE	Type: Data Source:	Numer Claim	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length:	UNI Num 34 7 UNI Rate 41 12	eric value of quantity F_RATE per unit	Туре:	Numer	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12:	UNI Num 34 7 UNI Rate 41 12 CHR	eric value of quantity F_RATE per unit RGS_LINE_ITEM	Type: Data Source:	Numer Claim	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	UNI Num 34 7 UNI Rate 41 12 CHR Total	eric value of quantity F_RATE per unit	Type: Data Source: Type:	Numer Claim Numer	ic
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position:	UNI Num 34 7 UNI Rate 41 12 CHR Total 53	eric value of quantity F_RATE per unit RGS_LINE_ITEM	Type: Data Source: Type: Data Source:	Numer Claim Numer Assign	ic
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length:	UNI Num 34 7 UNI Rate 41 12 CHR Total 53 14	eric value of quantity F_RATE per unit RGS_LINE_ITEM amount of the charge	Type: Data Source: Type:	Numer Claim Numer	ic
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position:	UNI Num 34 7 UNI Rate 41 12 CHR Total 53 14	eric value of quantity F_RATE per unit RGS_LINE_ITEM	Type: Data Source: Type: Data Source:	Numer Claim Numer Assign	ic

Description:	Total non-covered amount of the charge			
Beginning Position:	67	Data Source:	Assigned	
Length:	14	Туре:	Numeric	

Facility Type Indicator File

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

Description: Beginning Position: Length: Field 2 Description:		Data Source:	e provider by DSHS. Assigned
Length: Field 2 Description:	6		Assigned
Field 2 Description:		The second se	
Description:	PROVIDER_NAME	Туре:	Alphanumeric
D I I D I /I	Hospital name provided by		
Beginning Position:		Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 3:	FAC_TEACHING_IND		
Description:	Teaching Facility Indicator	•	
Suppression:	Suppressed for hospitals with	ith fewer than 50	discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Tea	ching Hospitals	
	X Other teaching facility		
Beginning Position:	62	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility Indicate	or.	
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 5:	FAC_REHAB_IND		-
Description:	Rehabilitation Facility Indi	cator.	
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_IN		
Description:	Acute Care Facility Indicat		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 7:	FAC_SNF_IND	- 5 F - 5	I to the left
Description:		licator. Hospital	facility type indicator provided by the hospital.
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 8:	FAC_LONG_TERM_AC		
Description:	Long Term Acute Care Fac		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:		Type:	Alphanumeric
Field 9:	FAC_OTHER_LTC_IND		·
Description:	Other Long Term Care Fac		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:		Data Source:	Provider
Length:		Type:	Alphanumeric
Field 10:	FAC PEDS IND	1 ypc.	Aphanumene
	Pediatric Facility Indicator.		
Description:			discharges (Drovider ID equals '000000')
Suppression:			discharges (Provider ID equals '999999').
Coding Scheme:			n's Hospitals and Related Institutions (NACHE
	X Facilities that also treat c	miaren	
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Beginning Position:	69	Data Source:	Provider				
Length:	1	Туре:	Alphanumeric				
Field 11:	POA_PROVIDER_	INDICATOR					
	Indicator identifying	whether facility is rec	quired to submit Diagnosis Present on Admission				
	(POA) codes. 25 TA	AC §421.9(e) identifie	s the following facility types as exempt from				
	reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation						
	1 0	1	s, Cancer Hospitals, Children's or Pediatric				
		Term Care Hospitals.	-				
Coding Scheme:			mpted from reporting POA for those patients)				
8	R Required						
	X Exempt						
Desimulus Desitions	` Invalid	Data Common	A second a				
Beginning Position:	70	Data Source:	Assigned				
Length:	1	Type:	Alphanumeric				
Field 12:	CERT_STATUS						
			ication of data and submission of comments by the				
	hospital. First availa	ble 3 rd quarter 1999.					
Coding Scheme:	1 Certified, without						
e	2 Certified, with con						
	3 Certified, with con	nment, comment not receive	ed by deadline				
	4 Hospital elected no						
	5 Hospital closed, da	ata not certified					
	6 Hospital out of cor	npliance, did not certify dat	ta				
Beginning Position:	71	Data Source:	Assigned				
Length:	1	Type:	Alphanumeric				



Texas Hospital Inpatient Discharge Public Use Data File

Base Data #1 File, Base Data #2 File, Charges Data File, and Facility Type Indicator File

Data Fields

Fields that are shaded are not available in this release of data.

Base Data #1 File

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric
27	TOTAL_NON_COV_CHARGES	77	12	Numeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric
67	OTH_DIAG_CODE_17	280	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	MS_MDC	699	2	Alphanumeric
154	MS_DRG	701	3	Alphanumeric
155	MS_GROUPER_VERSION_NBR	704	5	Alphanumeric
156	MS_GROUPER_ERROR_CODE	709	2	Alphanumeric
157	APR_MDC	711	2	Alphanumeric
158	APR_DRG	713	4	Alphanumeric
159	RISK_MORTALITY	717	1	Alphanumeric
160	ILLNESS_SEVERITY	718	1	Alphanumeric
161	APR_GROUPER_VERSION_NBR	719	5	Alphanumeric
162	APR_GROUPER_ERROR_CODE	724	2	Alphanumeric
163	ATTENDING_PHYSICIAN_UNIF_ID	726	10	Alphanumeric
164	OPERATING_PHYSICIAN_UNIF_ID	736	10	Alphanumeric
165	ENCOUNTER_INDICATOR	746	2	Alphanumeric
166	PROVIDER_NAME	748	55	Alphanumeric
	Record_Length		802	

Base Data #2 File

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
	RECORD_ID Does NOT match the RECORD_ID		10	
1	in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

Facility Type Indicator File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	POA_PROVIDER_INDICATOR	70	1	Alphanumeric
12	CERT_STATUS	71	1	Alphanumeric
	Record_Length		71	



Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2015

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Abilene							Canadian		
091001 Abilene Regional Medical Center		x		Х		x		х	
500000 Hendrick Medical Center		х		Х		x		x ^{OC}	
846000 Abilene Behavioral Health		Х		Х		Х		Х	
920000 Healthsouth Rehab Hospital Abilene		X		X		X		X	
973240 Oceans Behavioral Hospital Abilene		x ^{OC}		X		X		x ^{OC}	
973590 ContinueCare Hospital at Hendrick Medical		X		x ^{lv}		x ^{lv}		x ^{lv}	
Center									
Addison									
750000 Methodist Hospital for Surgery		X		X		X		X	
Alice									
689401 CHRISTUS Spohn Hospital Alice		X		X		X		х	
Allen		A		1					
724200 Texas Health Presbyterian Hospital Allen		X	X	X	x	X	x	х	x
973130 Warm Springs Rehab Hospital Allen		x	A	X	~	x	A	X	~
Alpine		л		Λ		л		л	
711900 Big Bend Regional Medical Center		v		v		x ^{OC}		x ^{OC}	-
Amarillo		X		X		X		X	
001000 Baptist St Anthonys Hospital									
318000 Northwest Texas Hospital		X		X	X	X	Х	X	X
	318000	Х		Х		X		Х	
318001 The Pavilion	518000	x ^{lv}		lv		lv		lv	-
714000 Northwest Texas Surgery Center				$\frac{x^{lv}}{x^{lv}}$		x ^{lv} x ^{lv}		x ^{lv} x ^{lv}	-
796000 Plum Creek Specialty Hospital		X							X
852900 Physicians Surgical Hospital-Quail Creek		Х		Х		Х		Х	
852901 Physicians Surgical Hospital-Panhandle		Х		Х		Х		Х	
Campus									
973340 Vibra Hospital of Amarillo		Х		Х		X		X	
973350 Vibra Rehabilitation Hospital Amarillo		X		Х		X		X	
Anahuac		1		1		1		1	1
442000 Bayside Community Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Andrews									
187000 Permian Regional Medical Center		X	X	Х		X		X	
Angleton									
126000 Angleton Danbury Medical Center		х		X		X		Х	
Anson									
016000 Anson General Hospital		X	X	Х		X		Х	
Aransas Pass									
239001 Care Regional Medical Center		Х		Х		Х		Х	<u> </u>
Arlington									
100084 Sundance Hospital		Х		Х		Х		Х	
422000 Texas Health Arlington Memorial Hospital		Х	х	Х	x	Х	х	Х	Х
502000 Medical Center-Arlington		x ^{OC}		Х		Х		Х	
660000 HEALTHSOUTH Rehab Hospital-Arlington		Х		Х		Х		x ^{OC}	

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	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
690000 Kindred Hospital-Tarrant County	With	X	Comment	X	Comment	X	Comment	X	Comment
730001 Texas Health Heart & Vascular Hospital		x ^{OC}		X	X	x ^{OC}		X	x
765001 Millwood Hospital		X		X	л	X		X	
799001 USMD Hospital-Arlington		X		X		X		X	
831800 Kindred Rehabilitation Hospital Arlington		X		X		X		X	
936000 Baylor Orthopedic and Spine Hospital -		X		X		X		X	
Arlington		л		л		л		л	
						v		v	-
974730 Texas Rehab Hospital of Arlington First reports 3 rd quarter 2015						Х		х	
Aspermont									
666000 Stonewall Memorial Hospital		x ^{OC}		x ^{OC}		x ^{lv}		x ^{lv}	
Athens									
374000 East Texas Medical Center-Athens		x		X		x		x	
Atlanta									
788003 Christus St Michael Hospital Atlanta		x	X	X	X	x	x	x	x
Aubrey		A	A	1	A		A	A	A
873200 Baylor Emergency Medical Center at Aubrey		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Austin		A				A		A	
000100 Austin State Hospital		x		X		x	X	x	
035000 St Davids Hospital		x ^{OC}		X		X	л	X	
335000 University Medical Center-Brackenridge		X	Х	X	Х	X	X	X	X
497000 Seton Medical Center		X	X	X	X	X	X	X	X
602000 St Davids South Austin Hospital		X	Λ	X	Λ	X	Λ	X	Λ
622001 Texas NeuroRehab Center				X				X	
649000 St Davids Rehab Center		X X ^{OC}				X X ^{OC}			
663000 HEALTHSOUTH Rehab Hospital-Austin				X				X	
700000 Cornerstone Hospital-Austin		X		X		X		X	
739001 Texas NeuroRehab Center		X		X		X		X	
770000 Seton Shoal Creek Hospital		X		X		X		X	
		X		X		X		X	
794000 Northwest Hills Surgical Hospital		X		X		X		X	
797500 Seton Southwest Hospital		X	X	X	X	X	X	X	X
797600 Seton Northwest Hospital 822800 Westlake Medical Center		X	Х	X	Х	X	X	X	X
		x x ^{OC}		x x ^{OC}		X X ^{OC}		X	
829000 Heart Hospital-Austin		x ^{oc}		x ^{oc}		x ^{oc}		X X ^{OC}	
829900 North Austin Medical Center									
852000 Dell Childrens Medical Center		X	X	X	X	X	X	X	X
854400 Central Texas Rehab Hospital		X		X		X		X	
855200 Austin Lakes Hospital		X		Х		X		X	
970200 Lakeway Regional Medical Center		X		Х		X		X	
970800 HealthSouth Rehabilitation Hospital South		Х		Х		Х		Х	
Austin									
973160 Austin Oaks Hospital		X		X		X		X	
973290 Arise Austin Medical Center		X		X		X		X	
974620 Cross Creek Hospital				х		х		х	
First reports 2 nd quarter 2015									
469000 Texas Health Harris Methodist Hospital Azle		v	v	v	v	v	v	v	v
Ballinger		X	X	X	X	X	X	X	X
234000 Ballinger Memorial Hospital District		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
		Χ		λ		λ		λ	
Bay City 006000 Matagorda Regional Medical Center		v	v	v	v	v	v	v	v
006000 Matagorda Regional Medical Center		X X ^{lv}	X	x x ^{OC}	X	X x ^{lv}	X	x x ^{lv}	X
006001 Matagorda Regional Medical Center		X	X	X		X	X	X	X
Baytown 405000 Houston Mathedist San Jacinta Hospital				v		**		••	
405000 Houston Methodist San Jacinto Hospital		X		X		X		X	

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
405002 Houston Methodist San Jacinto Hospital-	405000		Comment		Comment		Comment		Comment
Alexander Campus									
720401 Kindred Hospital Baytown		Х		х		х		х	-
973860 Altus Baytown Hospital		xlv		xlv		x		x	-
Beaumont				A					
389000 Baptist Hospitals of Southeast Texas		х		x ^{OC}		x		х	
389002 Baptist Hospitals of Southeast Texas Fannin	389000	А		Λ		А		А	+
Behavioral Ctr	507000								
444001 CHRISTUS St Elizabeth Hospital		х		х		х		х	+
671000 HEALTHSOUTH Rehab Hospital-Beaumont		X		X		X		X	+
708000 CHRISTUS Dubuis Hospital-Beaumont		X	X	X	x	X	Х	X	X
861900 Kate Dishman Rehab Hospital		X	Λ	X	X	x ^{OC}	л	X	X
973170 Victory Medical Center Beaumont		xlv		xlv	А	C		А	А
973570 Christus Orthopedic Specialty Center St		***		***		***		***	-
Elizabeth									
975111 Medical Center of Southeast Texas Victory								x ^{lv}	
Campus								л	
First reports 4 th quarter 2015									
Bedford									
182000 Texas Health Harris Methodist HEB		х	x	X	x	X	x	х	x
700003 HealthSouth Rehab Hospital Mid-Cities		x ^{OC}		X		X		X	X
778000 Texas Health Springwood Hospital		X	x	x	x	x	х	x	X
Beeville		~		A			A	A	
429001 CHRISTUS Spohn Hospital-Beeville		х		x		x		х	
Bellaire		А		A		A		A	
831900 Houston Orthopedic & Spine Hospital		x ^{OC}		С					-
974450 First Nobilis Hospital		X		x		x		х	
974820 Memorial Hermann Orthopedic and Spine		л		л		X		X	
Hospital						л		л	
First reports 3 rd quarter 2015									
Bellville									
552000 Bellville St Joseph Health Center		x ^{lv}	x						
Belton									
806002 Cedar Crest Hospital		x		х		x		х	
Big Lake									
343000 Reagan Memorial Hospital		OC		OC		x ^{OC}		x ^{lv}	
Big Spring									
000101 Big Spring State Hospital		х		X		x	x	х	
221000 Scenic Mountain Medical Center		Х		x ^{OC}		x ^{OC}		х	1
Bonham									
106001 TMC Bonham Hospital		х		X		X		х	
Borger									
654000 Golden Plains Community Hospital		X		X		X		х	
Bowie									
440000 Bowie Memorial Hospital		OC		x		x		х	X
Brady		00		Λ		Λ		Λ	A
362000 Heart of Texas Healthcare System		х		x		x ^{lv}		х	
Breckenridge									
430000 Stephens Memorial Hospital		х		x		x		х	
Brenham		л		Λ		Λ		Λ	
066000 Scott & White Hospital-Brenham		x ^{OC}		x ^{OC}		x		x	
Brownfield		л		л		Λ		л	
078000 Brownfield Regional Medical Center		v		v		v		x ^{lv}	v
orouou Biowiniciu Regional Medical Center		х		х		х		л	Х

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Brownsville	with		Comment		Comment		Comment		Comment
019000 Valley Regional Medical Center		x ^{OC}		x ^{OC}		x		х	
314001 Valley Baptist Medical Center-Brownsville		х		Х		х		Х	
314002 Valley Baptist Medical Center-Brownsville	314001								
Psych Unit									
821100 South Texas Rehab Hospital		х		х		х		х	
847500 Solara Hospital-Brownsville Campus		х		х		х		х	
Brownwood									
058000 Brownwood Regional Medical Center		х		х		х		х	х
Bryan									
002001 St Joseph Regional Health Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
002002 St Joseph Regional Rehab Center	002001								
717500 Physicians Centre Hospital		х		х		х		Х	
864800 CHRISTUS Dubuis Hospital-Bryan		x ^{lv}	х	x ^{lv}	х	x ^{lv}	x	xlv	x
Burleson									
973920 Baylor Emergency Medical Center		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Burnet									
559000 Seton Highland Lakes Hospital		X	x	X	X	x ^{OC}		х	x
Caldwell									
679000 Burleson St Joseph Health Center-Caldwell		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Cameron									
973740 Little River Healthcare - Cameron Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Canadian									
457000 Hemphill County Hospital		x ^{lv}		x ^{lv}		x ^{OC}		x ^{lv}	
Carrizo Springs									
156000 Dimmit Regional Hospital		X		X		x ^{OC}		x ^{OC}	
Carrollton									
042000 Baylor Medical Center at Carrollton		x	x	x	x	x	x	х	x
969500 Carrollton Springs		Х		Х		х		Х	
974800 First Texas Hospital								Х	
First reports 4 th quarter 2015									
Carthage									
484000 East Texas Medical Center-Carthage		х		х		х		Х	
Cedar Park									
101200 Scott & White Emergency Hospital at Cedar		x ^{1v}		x ^{lv}		x ^{lv}		x^{lv}	
Park									
858300 Cedar Park Regional Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		х	
Childress									
026000 Childress Regional Medical Center		х		х		х		Х	
Chillicothe									
523000 Chillicothe Hospital		x ^{1v}		x ^{lv}		x ^{lv}		x ^{lv}	
Cleburne									
323000 Texas Health Harris Methodist Hospital		х	х	х	х	х	х	х	х
Cleburne									
Cleveland									
975112 Cleveland Emergency Hospital First reports 4 th quarter 2015								x ^{lv}	
Clifton									
070000 Goodall - Witcher Hospital		х		х		х		х	
Coleman									
049000 Coleman County Medical Center		х		х		х		х	
College Station									
071000 College Station Medical Center		х		х		х		x ^{OC}	
206100 Scott & White Hospital College Station		x ^{OC}		x ^{OC}		х	1	Х	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
973830 Rock Prairie Behavioral Health	With	X	Comment	x ^{OC}	Comment	X	Comment	X	Comment
Colleyville				Λ		Λ			
972420 Baylor Emergency Medical Center		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Colorado City						A		<u></u>	
075000 Mitchell County Hospital		X		х		X		X	
Columbus		A		Λ		Λ		Λ	
014000 Columbus Community Hospital		X		х		X		X	
Comanche		A		Λ		Λ		<u> </u>	
495001 Comanche County Medical Center		X		х		х		X	
Commerce		A		Λ		Λ		<u> </u>	
087000 Hunt Regional Community Hospital		x ^{lv}		x ^{lv}		С			
Conroe		A		A		U			
100087 Montgomery County Mental Health		X		х		х		X	
Treatment Facility		л		л		л		л	
508001 Conroe Regional Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
695000 HEALTHSOUTH Rehab Hospital The		X		X		x ^{OC}		x ^{OC}	
Woodlands		А		Α		Α		A	
854100 Cornerstone Hospital Conroe		х		х		Х		х	
915000 Aspire Hospital	l	X		X		X		X	
Corpus Christi		A		Λ		Λ		Λ	
398000 CHRISTUS Spohn Hospital Corpus Christi		X		х		X		X	
398001 CHRISTUS Spohn Hospital Corpus Christi-		X		X		X		X	
Shoreline		л		л		л		л	
398002 CHRISTUS Spohn Hospital Corpus Christi-		х		х		х		х	
South		л		л		л		л	
488000 Driscoll Childrens Hospital		v		v		v		v	
703000 Corpus Christi Medical Center-Bay Area		X X		X X		X X		X X	
703002 Corpus Christi Medical Center-Day Area		X		X		X		X	
Regional		л		л		л		л	
703003 Corpus Christi Medical Center-Heart Hospital		x		х		X		х	
703005 Bayview Behavioral Hospital		X		X		X		X	
704004 Corpus Christi Medical Center-Northwest		X		x ^{lv}		x ^{lv}		X	
931000 South Texas Surgical Hospital		x ^{OC}		X		X		X	
973250 Post Acute Specialty Hospital of Corpus		Х		X		X		X	
Christi		А		л		А		А	
973310 Corpus Christi Rehabilitation Hospital		v		v		v		v	
974360 Post Acute Medical Specialty Hospital		X X		X X		X X		X X	
Corpus Christi North		л		л		л		л	
Corsicana									
141000 Navarro Regional Hospital		X		х		X		X	
Crane		•		л		Λ		A	
467000 Crane Memorial Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Crockett		<u>л</u>		л		л		А	
185000 East Texas Medical Center-Crockett		x ^{OC}		x ^{OC}		С			
974710 Houston County Medical Center		Λ		Λ				v	
First reports 3 rd quarter 2015						Х		Х	
Crosbyton									
176000 Crosbyton Clinic Hospital		x ^{lv}		x ^{lv}		х		x ^{lv}	
Cuero						-			
074000 Cuero Community Hospital		X	X	х		X		X	
Cypress									
114100 Lone Star Behavioral Health Cypress		X		х		X	X	X	
843200 North Cypress Medical Center		X		X		X		X	
		1	1	1	1	1	1		لـــــــــــــــــــــــــــــــــــــ

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Dalhart			comment		Comment		connicit		Comment
262000 Coon Memorial Hospital & Home		х		х		х		x	
Dallas									
008001 Baylor Medical Center at Uptown		х		х		х		х	
028000 Kindred Hospital-Dallas		х		х		Х		х	
054000 Texas Scottish Rite Hospital for Children		х		х		Х		х	
142000 Methodist Charlton Medical Center		х		х		Х		х	
143000 Childrens Medical Center-Dallas		х		х		Х		х	
255000 Methodist Dallas Medical Center		х		х		Х		х	
331000 Baylor University Medical Center		х	х	х	х	Х	х	х	Х
340000 Medical City Dallas Hospital		х		х		Х		х	
431000 Texas Health Presbyterian Hospital Dallas		х	х	х	х	х	х	х	Х
448001 UT Southwestern University Hospital-St Paul		х		х		Х		x ^{OC}	
449000 Dallas Medical Center		х		х	х	Х	х	х	х
474000 Parkland Memorial Hospital		х	х	х	х	х	х	х	Х
511000 Doctors Hospital-White Rock Lake		Х		Х		Х	х	х	
642000 Baylor Institute for Rehab		х		х		х		х	
653001 UT Southwestern University Hospital-Zale		х		х		Х		x ^{OC}	
Lipshy									
672000 Select Specialty Hospital-Dallas		Х		Х		Х		х	
680001 HealthSouth Rehab Hospital Dallas		х		х		х		х	
710000 Our Childrens House Baylor		х		x ^{OC}		x ^{OC}		С	
717000 LifeCare Hospital-Dallas		Х		Х		Х		х	
719400 Kindred Hospital-White Rock		Х		Х		Х		х	
752000 Timberlawn Mental Health System		x ^{OC}		Х		Х		x ^{lv}	
766000 Green Oaks Hospital		х	х	х	х	х		х	
784400 Baylor Heart & Vascular Center		х		x ^{OC}		x ^{OC}		х	х
813100 Texas Institute for Surgery-Texas Health		х	х	х	х	Х	Х	х	Х
Presbyterian-Dallas									
818200 Pine Creek Medical Center		х		х		х		х	Х
839100 Vibra Specialty Hospital		Х		Х		Х		X	
860600 North Central Surgical Center		Х		Х	х	Х		X	
862000 Methodist Rehab Hospital		Х		Х		Х		х	
872100 Baylor Institute for Rehab Northwest Dallas		Х		Х		х		х	
900000 Forest Park Medical Center		XOC		Х		х		x ^{OC}	
914000 Kindred Hospital Dallas Central		Х		Х		Х		х	
973750 Walnut Hill Medical Center		Х	Х	Х		х		х	X
973780 Promise Hospital of Dallas		Х		Х		х		х	
974270 Select Specialty Hospital Dallas (Downtown)		x ^{lv}		x ^{lv}		Х		Х	
975010 Our Childrens House								х	х
First reports 4 th quarter 2015									
Decatur		lv		lv		1v		1v	
254000 Wise Regional Health System		x ^{lv}	X						
254001 Wise Regional Health System		Х	X	Х	X	X	X	X	X
Del Rio									
462000 Val Verde Regional Medical Center		Х		X		X		X	
Denison 847000 Tayama Madigal Cantar									
847000 Texoma Medical Center	847000	Х		Х		Х		X	
847001 Reba McEntire Center-Rehab	847000	x ^{lv}							
864600 Carrus Specialty Hospital		X.,		Х		Х		X	
Denton 208100 The Heart Hearitel Bayler Denter				OC				x ^{OC}	
208100 The Heart Hospital Baylor Denton		X	X	x ^{OC}		X	Х		┼───┤
336001 Denton Regional Medical Center		X	X	X	X	X	-	X	+
820800 Texas Health Presbyterian Hospital-Denton		Х	Х	Х	Х	Х	Х	X	X

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	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
826800 University Behavioral Health-Denton	With	X	Comment	2013 X	Comment	X	Comment	4015 X	Comment
831700 Mayhill Hospital		X ^{OC}		x ^{OC}		X		X	
844200 Integrity Transitional Hospital		x ^{OC}							
847200 Atrium Medical Center-Corinth				X		X		X	
871500 Select Rehab Hospital-Denton		X		X		X		X	
Denver City		X		Х		X		Х	
485000 Yoakum County Hospital		v		v		v		v	
DeSoto		X		X		X		X	
		v		v		v		v	
785900 Select Specialty Hospital-South Dallas		X		X		X		X	
837800 Hickory Trail Hospital		X		X		X X ^{OC}		X	
973400 Dallas Behavioral Healthcare Hospital		Х	X	X	X	Xoc		X	
Dilley		lv		lv		00		x ^{lv}	
973150 Nix Community General Hospital		x ^{lv}		x ^{lv}		x ^{OC}		X''	
Dimmitt		lv				lv		lv	
260000 Plains Memorial Hospital		x ^{lv}		X		x ^{lv}		x ^{lv}	
Dumas									
199000 Memorial Hospital		X		X		X		X	
Eagle Lake									
560000 Rice Medical Center		X		X		X		X	
Eagle Pass						00		00	
547001 Fort Duncan Regional Medical Center		X		X		x ^{OC}		x ^{OC}	
Eastland									
222000 Eastland Memorial Hospital		X		X		X		X	
Eden				le.		1		le.	
202000 Concho County Hospital		OC		x ^{lv}		x ^{lv}		x ^{lv}	
Edinburg									
140002 Edinburg Regional Medical Center		X		Х		X		X	
797100 Doctors Hospital-Renaissance	707100	X		X		X		Х	
797101 Womens Hospital-Renaissance	797100								
797102 Behavioral Medicine-Renaissance	797100								
797103 Rehab Center at Renaissance	797100								
802004 South Texas Behavioral Health Center	802001								
830000 Cornerstone Regional Hospital		X		Х		X		X	
816301 Solara Hospital		x ^{lv}		X		x ^{lv}		x ^{lv}	
Edna		le.		00		1		le.	
017000 Jackson County Hospital		x ^{lv}		X ^{OC}		x ^{lv}		x ^{lv}	
El Campo									
426000 El Campo Memorial Hospital		X		Х		X		X	
El Paso									
000118 El Paso Psychiatric Center		Х		Х		X	Х	Х	
130000 Providence Memorial Hospital		Х		х		X		х	
180000 Las Palmas Medical Center		XOC		х		x ^{OC}		х	
180001 Las Palmas Rehab Hospital	180000								
263000 University Medical Center of El Paso		Х	Х	x ^{OC}		Х	Х	х	Х
266000 Sierra Medical Center		Х		х		х		х	
319000 Del Sol Medical Center		XOC		х		x ^{OC}		х	
701000 Mesa Hills Specialty Hospital		Х		х		х		x ^{OC}	
718002 Highlands Rehabilitation Hospital		х		х		х		х	
727100 Kindred Hospital El Paso		Х		Х		Х		х	
728200 El Paso Specialty Hospital		Х		Х		Х		Х	
801300 Foundation Surgical Hospital of El Paso		Х		Х		Х		Х	
841300 El Paso LTAC Hospital		Х		Х		Х		Х	
858600 El Paso Behavioral Health System		Х		x ^{OC}		Х		Х	
865000 Sierra Providence East Medical Center		х		х		Х		Х	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
969700 El Paso Childrens Hospital	With	x ^{OC}	Comment	X ^{OC}	Comment	x ^{OC}	Comment	X ^{OC}	Comment
Eldorado		<u>л</u>		Λ		Λ		Λ	
136000 Schleicher County Medical Center		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Electra		А		Λ		A		<u>л</u>	
490000 Electra Memorial Hospital		v		v		v		v	
1		X		X		X		X	
Ennis									
714500 Ennis Regional Medical Center		X		X	X	X		X	
Fairfield									
401000 East Texas Medical Center-Fairfield		X		X		X		X	
Floresville									
433000 Connally Memorial Medical Center		X		X		X		X	
Flower Mound		0.0							
100082 Continuum Rehabilitation Hospital North		x ^{OC}		Х		Х		x ^{lv}	
Texas									
943000 Texas Health Presbyterian Hospital Flower		х	х	х	х	х	х	х	х
Mound									
Fort Stockton									
356000 Pecos County Memorial Hospital		х		х		х		х	
Fort Worth									
047000 Texas Health Huguley Hospital		х	х	х	х	х	х	х	х
235000 Texas Health Harris Methodist Hospital-Fort		х	х	х	х	х	х	х	х
Worth									
332000 Cook Childrens Medical Center		х	х	Х	х	х	х	x	х
363000 Baylor All Saints Medical Center-Fort Worth		х	х	Х	х	х	х	x	х
409000 John Peter Smith Hospital		x	X	X	X	X	X	X	X
477000 Plaza Medical Center-Fort Worth		X		X		X		X	
627000 Texas Health Harris Methodist Hospital-		x	Х	X	х	X	x	x	x
Southwest Fort Worth		л	л	л	л	А	л	л	л
652000 Texas Health Specialty Hospital-Fort Worth		x ^{lv}	х	x ^{lv}	X	x ^{lv}	X	x ^{lv}	x
659000 HEALTHSOUTH Rehab Hospital		X	Λ	X	Λ	X	л	X	Λ
662000 HEALTHSOUTH City View Rehab Hospital									
		X		X		X		X	
690600 LifeCare Hospital-Fort Worth		X		X		X		X	
800000 Kindred Hospital Tarrant County Fort Worth SW		х		Х		Х		Х	
800700 Kindred Hospital-Fort Worth		Х		Х		х		Х	
804500 Baylor Surgical Hospital-Fort Worth		X		x ^{OC}		X		X	
839200 Regency Hospital - Fort Worth		x		X		X		x	
861400 USMD Hospital Fort Worth		X		xlv		x ^{lv}		xlv	
873800 Baylor Institute for Rehab-Fort Worth		X		X		X		X	
902200 Texas Rehabilitation Hospital-Fort Worth						X		X	
972900 Texas Kenabilitation Hospital-Fort worth 972900 Texas Health Harris Methodist Hospital		X	v	X	v		v		v
Alliance		Х	Х	Х	Х	Х	Х	Х	Х
		x ^{OC}		x ^{OC}					
973430 Mesa Springs						X X ^{OC}		X X ^{OC}	
973770 Oceans Behavioral Hospital of Fort Worth		X		Х					
973840 Parkway Surgical and Cardiovascular		х	х	Х	х	Х	х	х	Х
Hospital		1						00	<u> </u>
974230 Forest Park Medical Center at Fort Worth		x ^{lv}		Х		X		x ^{OC}	
974490 Medical Center of Alliance		X	X	Х		X		X	
Fredericksburg									
219000 Hill Country Memorial Hospital		X		X		X		X	
Friona									
200000 Parmer Medical Center		x ^{lv}		x ^{lv}		х		х	
Frisco									
100093 Baylor Institute for Rehab Frisco		х		Х		Х		Х	
	·			•	•		•	•	•

	Reports	1015	With	2Q15	With	3Q15	With	4015	With
787400 Baylor Medical Center-Frisco	With	X	Comment	X	Comment	X	Comment	X	Comment
806300 Centennial Medical Center		X		X		X		X	
971800 Forest Park Medical Center Frisco		X		X		X		x ^{OC}	
974290 Haven Behavioral Hospital of Frisco		x ^{OC}		x ^{OC}		x ^{OC}		X	
Gainesville		Λ		л		Λ		Λ	
298000 North Texas Medical Center		X		X		x		x ^{OC}	
Galveston		<u>л</u>		Λ		л		Λ	
000102 UT Medical Branch Hospital		v		v		v		v	
247000 Shriners Hospital for Children-Galveston		x x ^{lv}		X x ^{lv}		x x ^{lv}		x x ^{lv}	
Garland		X		Х		Χ		Χ	
027000 Baylor Scott & White Medical Center-		v	v	x ^{OC}		v	v	v	v
Garland		Х	Х	л		Х	Х	Х	Х
		x ^{lv}		x ^{lv}					
974300 Select Specialty Hospital Dallas at Garland						X		X	
974400 Sundance Hospital Dallas		X		Х		Х		X	
974670 Timberlawn at Garland First reports 2 nd quarter 2015				Х		Х		С	
974990 Garland Behavioral Hospital								х	
First reports 4 th quarter 2015								л	
Gatesville									
346000 Coryell Memorial Hospital		х		х		x ^{OC}		х	x
Georgetown									
835700 St Davids Georgetown Hospital		x		х		Х		Х	
973730 Rock Springs		X		X	x	X		X	
973910 Georgetown Behavioral Health Institute		x		X		X		X	
Glen Rose									
059000 Glen Rose Medical Center		X		X		X		X	
Gonzales									
103000 Memorial Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Graham		<u> </u>		A					
094000 Graham Regional Medical Center		x ^{OC}		х		х		х	
Granbury		Λ		Λ		A		A	
424000 Lake Granbury Medical Center		X		х		х		х	
Grand Prairie		A		Λ		А		А	
115100 Texas General Hospital		X		X		x		x	
Grand Saline		Λ		Λ		Λ		Λ	
974380 Texas General Hospital Van Zandt Regional				***		***		x ^{lv}	
Medical Center								л	
First reports 2^{nd} quarter 2015									
Grapevine									
513000 Baylor Regional Medical Center-Grapevine		X		XOC		Х		Х	
858200 Ethicus Hospital DFW		X		X		X		X	-
Greenville									
085000 Hunt Regional Medical Center Greenville		X		х		х		х	
754000 Glen Oaks Hospital		X		X		X		X	
Groesbeck		71							
052000 Limestone Medical Center		X		Х		Х		Х	
Hallettsville									
527000 Lavaca Medical Center		X		Х		X		X	
Hamilton				00					
640000 Hamilton General Hospital		Х		x ^{OC}		Х		Х	X
Hamlin		1		1		1		1	
305000 Hamlin Memorial Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	<u> </u>
Harker Heights									
971000 Seton Medical Center Harker Heights		Х		Х		Х		Х	

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Harlingen	with		Comment		Comment		Comment		Comment
000104 Rio Grande State Center		x		X		X	X	х	
400000 Valley Baptist Medical Center		х		Х		Х		Х	
788002 Harlingen Medical Center		x		X		X		X	
840700 Solara Hospital Harlingen		x		X		X		X	
Haskell									
572000 Haskell Memorial Hospital		x		x ^{lv}		x ^{lv}		x ^{lv}	
Hemphill		A		A		<u> </u>		A	
522000 Sabine County Hospital		x		X		X		х	
Henderson		A		Λ		Λ		л	
248000 East Texas Medical Center Henderson		x		X		X		х	
Henrietta		A		Λ		Λ		л	
193000 Clay County Memorial Hospital		x		x ^{lv}		x ^{lv}		x ^{lv}	
Hereford				•		Λ		л	
420000 Hereford Regional Medical Center		v		v		v		v	-
Hillsboro		X		X		X		X	
383000 Hill Regional Hospital		v		v		v		v	-
Hondo		X		X		Х		Х	
427000 Medina Regional Hospital		X		X		Х		Х	
Houston		x ^{OC}							
000105 UT MD Anderson Cancer Center				X	X	Х		Х	
000115 Harris County Psychiatric Center		X		x x ^{OC}		Х		Х	
007000 Womans Hospital-Texas		X				X		X	
030000 Doctors Hospital-Tidwell		X ^{OC}		X ^{OC}		X ^{OC}		OC	
101300 Westside Surgical Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
112100 Healthsouth Rehabilitation Hospital of		x ^{OC}		Х		х		Х	
Cypress				00		00		00	
117000 Texas Childrens Hospital		X		x ^{OC}		X ^{OC}		x ^{OC}	
117002 Texas Childrens Hospital West Campus		Х		x ^{OC}		x ^{OC}		x ^{OC}	
117100 Texas Childrens Hospital-Pavilion for		х		x ^{OC}		x ^{OC}		x ^{OC}	
Women				00					
118000 CHI St Lukes Health Baylor College of		х	Х	x ^{OC}		х	Х	х	х
Medicine Medical Center									
119000 Memorial Hermann Southeast Hospital		Х		X		Х		Х	
124000 Houston Methodist Hospital		Х		X		Х		Х	
164000 TIRR Memorial Hermann		х		Х		Х		Х	
172000 Memorial Hermann Northwest Hospital		х		Х		Х		Х	
206003 Select Specialty Hospital-Houston Heights		х		Х		С			
206004 Select Specialty Hospital-Houston West		х		х		Х		х	
206005 Select Specialty Hospital-Houston Medical		х		х		х		х	
Center									
229000 Houston Northwest Medical Center		x ^{OC}		Х		Х		Х	
302000 Memorial Hermann Memorial City Medical		х		х		х		х	
Center									
337001 West Houston Medical Center		х		х		х		х	
347000 Memorial Hermann Hospital		х		х		х		х	
384000 Lyndon B Johnson General Hospital		х		Х		x ^{OC}		Х	
390000 Park Plaza Hospital		х		Х		Х		Х	
407000 Memorial Hermann Southwest Hospital		х		Х		Х		Х	
458001 East Houston Regional Medical Center		x ^{OC}		х		х		х	
		л							
459000 Ben Taub General Hospital		X		Х		x ^{OC}		Х	
								X X	
459000 Ben Taub General Hospital459001 Quentin Mease Community Hospital526000 Shriners Hospitals For Children		X		Х		x ^{OC}			X

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
674000 TOPS Surgical Specialty Hospital	With	X	Comment	X	Comment	X	Comment	X	Comment
676000 Kindred Hospital-Houston Medical Center		х		Х		х		х	
698005 Cornerstone Hospital Houston-Bellaire		x		Х		x		х	
706000 Kindred Hospital Houston NW		x		Х		x		х	
712500 HealthBridge Childrens Hospital-Houston		x ^{lv}		Х		x ^{OC}		x ^{OC}	
724700 Houston Methodist Willowbrook Hospital		X		x		x ^{OC}		X	x
740000 St Lukes Hospital at the Vintage		X	X	x ^{OC}		X	х	X	X
744001 Cypress Creek Hospital		x		X		x		X	
755001 West Oaks Hospital		X		X		X		X	
758000 Houston Hospital for Specialized Surgery		x ^{lv}		xlv		xlv		x ^{OC}	
763000 Plaza Specialty Hospital		x		x		X		X	
782001 Intracare North Hospital		x		x		x		X	
792000 Texas Orthopedic Hospital		x ^{OC}		x		x		X	
792600 Kindred Hospital Spring		X		X		X		X	
792702 Kindred Hospital Town & Country		X		X		X		X	-
794200 Menninger Clinic		X		X		X		X	-
800010 Houston Methodist West Hospital		X		X		X		X	-
838400 Memorial Hermann Rehab Hospital Katy		X		X		X		X	-
838600 St Joseph Medical Center		X		x ^{OC}		x ^{OC}		x ^{OC}	
840200 University General Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
941000 Kindred Hospital The Heights		X				X		X	
969200 Behavioral Hospital-Bellaire		x ^{OC}		X X ^{OC}					
970160 Red Oak Hospital		x ^{OC}		x ^{OC}		X x ^{lv}		X ***	
970600 Healthsouth Rehab Hospital The Vintage				x x ^{OC}		x x ^{OC}			v
971700 Cambridge Hospital		X		x ^{OC}		C		Х	X
972200 Cornerstone Hospital of South Houston		X							
		x x ^{lv}		X X ^{lv}		X ***		x C	
972970 Victory Surgical Hospital East Houston				X ^{OC}		x ^{OC}		x ^{OC}	
973100 St Joseph Medical Center-Heights		X				x ^{oc}		C	
973790 Promise Hospital of Houston		X		X		x ^{oc}			
974280 Hopebridge Hospital		X		X X ^{OC}				X	
974370 Houston Behavioral Healthcare Hospital		X		X		X		X ***	
974900 Recovery Innovations Recovery Response								1.1.1.1	
Center First reports 4 th quarter 2015									
Humble									
616000 HEALTHSOUTH Rehab Hospital Humble		X		X		X		X	
847100 Memorial Hermann Northeast		x		x		x		x	
865900 Icon Hospital		x		x ^{OC}		x ^{OC}		X	
901100 Humble Surgical Hospital		x ^{lv}		xlv		xlv		x ^{OC}	
969600 Kindred Rehab Hospital Northeast Houston		X		X		X		X	
Huntsville		А		A		A		А	
061000 Huntsville Memorial Hospital		x		x		x		х	-
Hurst				A		A		л	
850200 Cook Childrens Northeast Hospital		x ^{lv}		x ^{OC}		***		***	
972990 Victory Medical Center Mid-Cities		x ^{lv}		xlv		С			-
Iraan		Λ		A		C			
258000 Iraan General Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Irving		Λ		Λ		Λ		л	
300000 Baylor Medical Center-Irving		v	X	x ^{OC}		v	X	v	x
799500 Baylor Surgical Hospital at Las Colinas		X X	Λ	X		X X	•	X X	•
814000 Las Colinas Medical Center			v		v				
Jacksboro		X	X	X	X	X		X	
046000 Faith Community Hospital		v		x ^{lv}		x ^{lv}		v	
		Х		X '		A		Х	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
Jacksonville	With		Comment		Comment		Comment		Comment
416000 East Texas Medical Center-Jacksonville		X		х		X		X	
725400 Mother Frances Hospital-Jacksonville		X		X		X		X	
Jasper		л		Λ		Λ		Λ	
038001 CHRISTUS Jasper Memorial Hospital		X		х		х		X	
Jourdanton		л		л		л		Λ	
334002 South Texas Regional Medical Center		X		X		X		X	
Junction		л		л		л		Λ	
205000 Kimble Hospital		v		v		x ^{lv}		x ^{lv}	
Katy		X		X		Χ		Χ	
534001 Memorial Hermann Katy Hospital									
		X X ^{lv}		x x ^{lv}		X X ^{lv}		X	
973620 Houston Methodist St Catherine Hospital		x ^{OC}		X ^{OC}				x x ^{OC}	
974500 Oceans Behavioral Hospital of Katy		X°°		X°°		OC		X°°	
Kaufman									
303000 Texas Health Presbyterian Hospital-Kaufman		X	X	X	X	X	X	Х	X
Keller		1		1		1		1	
973540 Baylor Emergency Medical Center at Keller		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Kenedy								1	
357000 Otto Kaiser Memorial Hospital		X		Х		Х		x ^{lv}	
Kermit		,							
062000 Winkler County Memorial Hospital		x ^{lv}		Х		x ^{lv}		x ^{lv}	
Kerrville									
000106 Kerrville State Hospital		x ^{lv}		x ^{lv}		x ^{lv}	Х	x ^{lv}	
406000 Peterson Regional Medical Center		х		Х		Х		Х	X
Kilgore									
031001 Allegiance Specialty Hospital-Kilgore		Х		Х	Х	Х		Х	
Killeen									
397001 Metroplex Hospital		Х		Х		Х		Х	
397002 Metroplex Pavilion	397001								
Kingsville									
216001 CHRISTUS Spohn Hospital-Kleberg		х		х		х		х	
Kingwood									
675000 Kingwood Medical Center		х		х		х		х	
813800 Memorial Hermann Specialty Hospital		х		x ^{OC}		x^{lv}		х	
Kingwood									
818600 Kingwood Pines Hospital		х		х		х		х	
Knox City									
568000 Knox County Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Kyle									
921000 Seton Medical Center Hays		х	х	х	х	х	х	х	х
973970 Warm Springs Rehab Hospital Kyle		х		х		х		х	
La Grange									
823400 St Marks Medical Center		х		х		х		х	
Lake Jackson									
436000 Brazosport Regional Health System		x		х		Х		Х	
Lakeway									
974310 Vibra Rehab Hospital of Lake Travis		x		Х		Х		X	
Lamesa									
341000 Medical Arts Hospital		x ^N		x ^N		x ^N		x ^N	
Lampasas									
397000 Rollins Brooks Community Hospital		X		X		X		X	
Lancaster		A		л		А		л	
973180 Crescent Medical Center Lancaster		x		X		x ^{OC}		x	
75100 Crescent Medical Center Lancaster		^		л		л		л	
	L		1		1				11

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Laredo	with	-	Comment	-	Comment		Comment		Comment
207001 Laredo Medical Center		X		X		X		х	
301000 Doctors Hospital-Laredo		X		X		x ^{OC}		x ^{OC}	
804400 Providence Hospital	301000	Α		A		Α		Α	
836300 Laredo Specialty Hospital	501000	х		х		x ^{OC}		х	
974470 Laredo Rehabilitation Hospital		x ^{lv}		X		x ^{OC}		X ^{OC}	
1		л		А		л		л	
League City 718000 Devereux Texas Treatment Network		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
		X		X··		X··		X	
Levelland									-
307000 Covenant Hospital-Levelland		X		X		X		X	
394000 Medical Center-Lewisville		X		X		X		X	
Liberty									
089001 Liberty-Dayton Regional Medical Center		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Littlefield									
217000 Lamb Healthcare Center		Х		Х		Х		Х	
Livingston									
466000 Memorial Medical Center-Livingston		х		х		х		x ^{OC}	
Llano									
476000 Baylor Scott & White Hospital Llano		x ^{OC}		x ^{OC}		х		x ^{lv}	
Lockney									
010000 WJ Mangold Memorial Hospital		x ^{lv}		x		x		x	
Longview									
029000 Good Shepherd Medical Center		X	x	X	x	X	x	х	x
106100 Oceans Behavioral Hospital of Longview		x ^{OC}	Λ	X	Λ	X	Λ	x ^{OC}	
525000 Longview Regional Medical Center									
794600 Select Specialty Hospital-Longview		X		X		X		X	-
		X		X		X		X	
944000 Behavioral Hospital Longview Lubbock		X		X		X		X	
				x ^{OC}					-
013001 Grace Medical Center		Х				X		Х	X
109000 Covenant Medical Center-Lakeside		Х		X		Х		Х	-
145000 University Medical Center		Х	Х	X	X	X	X	Х	X
465000 Covenant Medical Center		Х		Х		X		Х	-
686000 Covenant Childrens Hospital		Х		X		X		Х	
801500 Lubbock Heart Hospital		Х	Х	Х	Х	Х	Х	Х	Х
804000 Sunrise Canyon		Х		Х		x ^{OC}		х	
846200 Covenant Specialty Hospital		х		х		х		х	
865800 Trustpoint Hospital		x ^N		x ^N		C			
940000 Texas Specialty Hospital Lubbock		х		х		х		х	
975020 TrustPoint Rehabilitation Hospital of						x ^N		x ^N	
Lubbock									
First reports 3 rd quarter 2015									
Lufkin									
129000 Memorial Medical Center East Texas		х		х		х		x ^{OC}	
481000 Woodland Heights Medical Center		Х		Х		Х		Х	
691000 Memorial Specialty Hospital		Х		Х		x ^{lv}		x ^{OC}	1
973420 Oceans Behavioral Hospital of Lufkin		x ^{OC}		Х		Х		x ^{OC}	1
Luling				-		-			
597000 Seton Edgar B Davis Hospital		X	X	X	X	x ^{OC}		х	x
848200 Warm Springs Specialty Hospital-Luling		X	~	X	A	X		X	
Lumberton		л		л		л		л	
973500 Altus Lumberton		***		***		С			
						C			
Madisonville		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	-
041000 Madison St Joseph Health Center		X ^{SC}		X ^{SC}		X ^{SC}		X ^{SC}	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
Mansfield	With		Comment	-4	Comment		Comment		Comment
657000 Kindred Hospital-Mansfield		X		X		x		X	
842800 Methodist Mansfield Medical Center		X		X				X	
974220 Baylor Emergency Medical Center		x ^{lv}		л ***		x x ^{lv}		x ^{lv}	
Marble Falls		X				X		X	
974940 Baylor Scott & White Medical Center Marble						Х		Х	
Falls First reports 3 rd quarter 2015									
Marlin									
517000 Falls Community Hospital & Clinic									
		X		X		X		X	
Marshall								00	
020000 Good Shepherd Medical Center-Marshall		X	X	X	X	X	X	x ^{OC}	
McAllen									
601000 Rio Grande Regional Hospital		Х		Х		Х		Х	
802001 McAllen Medical Center		Х		Х		Х		Х	
802003 McAllen Heart Hospital	802001								
816300 Solara Hospital		х		х		х		х	
821001 LifeCare Hospital-South Texas-South		х		х		х		х	
821002 LifeCare Hospitals-South Texas-North		х		х		х		х	
McCamey									
240000 McCamey Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{lv}	
McKinney									
246000 Columbia Medical Center-McKinney		х	x	х		х		х	
246001 Medical Center McKinney-Wysong Campus	246000	А	A	Λ		А		А	-
856400 Victory Medical Center Craig Ranch	210000	x ^{lv}		***		С			
937000 Methodist McKinney Hospital				v				v	
		X		X X ^{OC}		X		X	
971900 Baylor Medical Center McKinney		X	X	X		X	X	X	X
Mesquite		x ^{OC}		x ^{OC}		x ^{OC}			
315003 Dallas Regional Medical Center								Х	X
670001 Mesquite Rehab Hospital		Х		Х		Х		Х	
840000 Mesquite Specialty Hospital		X		X		X		X	
Mexia									
505000 Parkview Regional Hospital		X		X		X		X	
Midland									
101400 Oceans Behavioral Hospital of the Permian		x ^{OC}		х		х		х	
Basin									
210100 ContinueCare Hospital of Midland		х		х		х		х	
452000 Midland Memorial Hospital		х		х		х		х	
693000 HEALTHSOUTH Rehab Hospital-		х		х		х		х	
Midland/Odessa									
Mineral Wells									
034000 Palo Pinto General Hospital		х		х		х		x	
Mission									
370000 Mission Regional Medical Center		X		X		х		X	
Missouri City									
609001 Memorial Hermann Sugar Land		x		X		x		x	
Monahans		Λ		Λ		л		Λ	
		x ^{OC}		x ^{OC}		x ^{OC}		**	
468000 Ward Memorial Hospital		X		X · ·		X		Х	
Morton		112		11		lv		00	
159000 Cochran Memorial Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{OC}	
Mount Pleasant				00		00			
137000 Titus Regional Medical Center		Х		x ^{OC}		x ^{OC}		X	
Muenster									
365000 Muenster Memorial Hospital		Х		Х		x ^{lv}	Х	x ^{lv}	Х

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
Muleshoe	With	-4	Comment	-4	Comment		Comment		Comment
631000 Muleshoe Area Medical Center		х		X		x ^{OC}		х	
Murphy		A							
973550 Baylor Emergency Medical Center at Murphy		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Nacogdoches		A		1		A		A	
392000 Nacogdoches Medical Center		х		X		X		х	
478000 Memorial Hospital		X		X		X		X	
478001 Cecil R Bomar Rehab Center	478000								
Nassau Bay									
973640 Houston Methodist St John Hospital		х		X		x ^{OC}		х	
Navasota									
728800 Grimes St Joseph Health Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Nederland									
127000 Mid-Jefferson Extended Care Hospital		х		X		X		Х	
New Braunfels									
124100 Warm Springs Specialty Hospital New		х		x		x		х	
Braunfels									
786200 New Braunfels Regional Rehab Hospital		Х		Х		x		x ^{OC}	
863300 CHRISTUS Santa Rosa Hospital New		х		х		x ^{OC}		x ^{OC}	
Braunfels									
973850 Resolute Health		х		OC		x	х	х	
Nocona									
348000 Nocona General Hospital		х		x		x		x	
Odessa									
181000 Medical Center Hospital		х		х		x ^{OC}		х	
425000 Odessa Regional Medical Center		х		х		х		х	
938000 Basin Healthcare Center		x ^{OC}		С					
974720 ContinueCare Hospital at Medical Center						x ^{lv}		x ^{lv}	
Odessa									
First reports 3 rd quarter 2015						0.0			
974830 Odessa Regional Medical Center South						x ^{OC}		\mathbf{x}^{lv}	
Campus									
First reports 3 rd quarter 2015									
Olney 294000 Hamilton Hospital									
*		X		X		X		X	
Orange				x ^{OC}		С			
121000 Baptist Orange Hospital 851400 Harbor Hospital-Southeast Texas		X X ^{OC}		x ^{OC}		***		***	
Palacios		X		X					
574001 Palacios Community Medical Center		x ^{OC}		x ^{OC}		x ^{lv}		x ^{OC}	
Palestine		X		X		X		X	
629001 Palestine Regional Medical Center		v		v		v		v	
629002 Palestine Regional Medical Center Rehab &	629001	X		X		X		X	
Psych Campus	027001								
Pampa									
832900 Pampa Regional Medical Center		X		X	X	X		X	X
Paris		Λ		Λ	Λ	Λ		Λ	•
095002 Paris Regional Medical Center South Campus		X		X		X		X	
095003 Paris Regional Medical Center North Campus	095002	Λ		Λ		Λ		Λ	
787500 Dubuis Hospital-Paris	575002	x ^{lv}	X	X	X	x ^{lv}	X	x ^{lv}	x
Pasadena		Λ	Λ	Λ	Λ	л	Λ	л	•
349001 Bayshore Medical Center		x ^{OC}		X		x		x	
694100 Surgery Specialty Hospitals of America-		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Southeast Houston		л		л		л		л	
504110451 110451011	L		I	1	I	1	1		1

NumNumNumNumNumNumm </th <th></th> <th>Reports</th> <th>1Q15</th> <th>With</th> <th>2Q15</th> <th>With</th> <th>3Q15</th> <th>With</th> <th>4Q15</th> <th>With</th>		Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
846100 St Lukes Patients Medical Center x ^{0C} x x x x 974390 Pearland Medical Center x ^{0C} x ^{0C} x ^{0C} x ^{0C} x ^{0C} x ^{0C} 974390 Pearland Medical Center x ^{0C} 974390 Pearland Medical Center x x ^{0C} x x x x x ^{0C} x x ^{0C} x x ^{0C} x x	801000 Kindred Hospital Bay Area	With	-	Comment	-	Comment		Comment	-	Comment
Pertandx0°<										
974390 Pearland Medical Center x^{0C} x^{0C} x^{0C} x^{0C} x^{0C} x^{0C} x^{0C} Pearsall x^{0C} x^{0C} x^{0C} x^{0C} x^{0C} 41000 Prio Regional Hospital x^{0C} x^{0C} x^{0C} x^{0C} x^{0C} Pecos x^{0C} x^{0C} x^{0C} x^{0C} Pecos x^{0C} x^{0C} x^{0C} x^{0C} Perryton x^{0C} x^{0C} x^{0C} x^{0C} Plainview x^{0C} x^{0C} x^{0C} x^{0C} Plainview x^{0C} x^{0C} x^{0C} x^{0C} Plano			Λ		А		Λ		A	
Persellxxxxxxx441000 Frio Regional Hospitalxxxxxxxx367000 Reves County Hospitalxxxxxxxx098000 Ochiltree General HospitalxxxxxxxxPitsburgxxxxxxxxxx98000 Ochiltree General Hospital-Plainviewxxxxxxxx16000 Covenant Hospital-Plainviewxxxxxxxxx16000 Childrein Medical Center Planoxxxxxxxxx143001 Childrens Medical Center Planoxxxxxxxxxx143000 Texas Health Presbyterian Hospital-Planoxxx <t< td=""><td></td><td></td><td>x^{OC}</td><td></td><td>x^{OC}</td><td></td><td>x^{OC}</td><td></td><td>x^{OC}</td><td></td></t<>			x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
441000 Frio Regional Hospital x ^{OC} x ^{OC} x x			<u> </u>				A		71	
PreconstructurePreconstructu			x ^{OC}		x ^{OC}		x		x ^{lv}	
367000 Reeves County Hospital x x x x x x x Perryton x x x x x x x Pittsburg x x x x x x Pittsburg x x x x x x Plainview x x x x x x Plainview x x x x x x Plainview x x x x x x Plano x x x x x x x 143001 Childrens Medical Center Plano x x x x x x 143001 Childrens Medical Center Plano x x x x x x 143001 Childrens Medical Center Plano x x x x x x 210000 Texas Health Seay Behavioral Health Center x x x x x 210000 Texas Health Seay Behavioral Health Center x x x x x 21000 Texas Health Center-Diagnostics & Surgery Plano x x x x 214000 Bytor Regional Medical										
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Richardsonxxxx549000 Methodist Richardson Medical Centerxxxx549001 Bush Rennerxxxx861300 Healthsouth Rehab Hospital of RichardsonxxxxRichland Hills </td <td></td>										
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549001 Bush Rennerxxxx861300 Healthsouth Rehab Hospital of RichardsonxxxxRichland Hills </td <td></td>										
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Richland Hills			Х		Х		Х		Х	
			Х		Х		Х		Х	
437000 North Hills Hospital x x x x										
	437000 North Hills Hospital		Х		Х		Х		Х	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
Richmond	With	1015	Comment	2015	Comment	5015	Comment	4015	Comment
230000 Oakbend Medical Center		x		X		X		X	
230001 Oakbend Medical Center		X				X		X	
974260 Westpark Springs				X		X		x ^{OC}	
Rio Grande City		X		X		л		л	
393000 Starr County Memorial Hospital		v		v		v		v	
		X		X		Х		X	
Rockdale 369000 Little River Healthcare		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
		Xoc		Xoc		Xoc		Xoc	
Rockwall									
859900 Texas Health Presbyterian Hospital-Rockwall		X	X	X	Х	X	X	X	Х
973610 Baylor Emergency Medical Center at		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Rockwall									
Rotan									
355000 Fisher County Hospital District		X		x ^{lv}		x ^{lv}		x ^{lv}	
Round Rock									
608000 Round Rock Medical Center		х		Х		Х		Х	
852600 Scott & White Hospital Round Rock		x ^{OC}		x ^{OC}		Х		х	
861700 Seton Medical Center Williamson		Х	х	Х	х	Х	х	Х	х
866100 HealthSouth Rehab Hospital of Round Rock		х		х		х		х	
973410 Cornerstone Hospital of Austin - Round Rock		х		х		х		х	
Rowlett									
625000 Lake Pointe Medical Center		х		х		х		х	
Rusk									
000107 Rusk State Hospital		х		x		х	x	х	
San Angelo									
056000 San Angelo Community Medical Center		x ^N		X		X		X	
168000 Shannon West Texas Memorial Hospital		X		X		X		X	
445000 Shannon Medical Center-St Johns Campus	168000	A				7			
747000 River Crest Hospital		х		х		Х		x ^{OC}	
San Antonio		~		A		Λ		<u>A</u>	
000108 Texas Center for Infectious Disease		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
000110 San Antonio State Hospital		X		X		X	X	X	-
081001 Mission Trail Baptist Hospital		x ^{OC}		x ^{OC}		x ^{OC}	Λ	x ^{OC}	
101100 Baptist Emergency Hospital Hausman		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
114001 Baptist Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
134001 Northeast Baptist Hospital		x x ^{OC}		x x ^{OC}		X X ^{OC}		x x ^{OC}	
154000 Methodist Hospital									
		x x ^{OC}		X X ^{OC}		x x ^{OC}		X X ^{OC}	
154001 Methodist Specialty & Transplant Hospital									
154002 Northeast Methodist Hospital		X X ^{OC}		x x ^{OC}		X X ^{OC}		x x ^{OC}	-
154003 Methodist Texsan Hospital									
158000 University Hospital		X		X		X		X	
209100 Victory Medical Center Landmark		x ^{lv}		x ^{lv}		С			
228001 Southwest General Hospital		X		X		Х		Х	
283000 Metropolitan Methodist Hospital		X		Х		X		X	
339001 CHRISTUS Santa Rosa Medical Center		Х		Х		x ^{OC}		x ^{OC}	
339002 CHRISTUS Santa Rosa Hospital-Westover		Х		Х		x ^{OC}		x ^{OC}	
Hills									
396001 Nix Specialty Health Center	396002							-	
396002 Nix Health Care System		Х		Х		X ^{OC}		Х	
503001 St Lukes Baptist Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
634000 Childrens Hospital of San Antonio		Х		Х		x ^{OC}		x ^{OC}	
636000 HEALTHSOUTH Rehab Institute-San		Х		Х		Х		Х	
Antonio									
645000 Kindred Hospital-San Antonio		Х		Х		Х		Х	
	·	•							

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
647000 Baptist Emergency Hospital Thousand Oaks	With	x ^{lv}	Comment	x ^{lv}	Comment	x ^{lv}	Comment	x ^{lv}	Comment
677001 North Central Baptist Hospital		x ^{OC}		X ^{OC}		x ^{OC}		X ^{OC}	
681001 Methodist Ambulatory Surgery Hospital-				x ^{OC}		x ^{OC}			
Northwest		Х		х		х		Х	
702001 Acuity Hospital South Texas		v		x ^{OC}		v		x ^{lv}	
719300 Select Specialty Hospital-San Antonio		X				X			
723001 Laurel Ridge Treatment Center		X X ^{OC}		X		X		X	
				X		X		X	
737000 Clarity Child Guidance Center		X		X		X		X	
786800 South Texas Spine & Surgical Hospital		X		X		X		X	X
815000 LifeCare Hospital-San Antonio		X ***		X C		Х		Х	
820600 Victory Medical Center Southcross									
844600 Warm Springs Rehab Hospital-San Antonio		X		Х		X		Х	
844601 Warm Springs Rehab Hospital Thousand		х		Х		Х		Х	
Oaks									
844602 Warm Springs Rehab Hospital Westover Hills		Х		Х		X		X	
852100 Foundation Bariatric Hospital-San Antonio		Х		Х		Х		Х	
874100 Methodist Stone Oak Hospital		X		X		X		X	<u> </u>
972810 Baptist Emergency Hospital Overlook		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
972960 Warm Springs Specialty Hospital San		\mathbf{x}^{lv}		\mathbf{x}^{lv}		\mathbf{x}^{lv}		\mathbf{x}^{lv}	
Antonio		,				,		,	
973000 Baptist Emergency Hospital Westover Hills		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
973300 Select Rehabilitation Hospital-San Antonio		Х		Х		Х		Х	
973530 Nix Behavioral Health Center	396002								
973900 San Antonio Behavioral Healthcare Hospital		Х	X	Х	Х	x ^{OC}		X	Х
973930 CHRISTUS Santa Rosa Hospital Alamo		х		х		x ^{OC}		x ^{OC}	
Heights									
974250 Forest Park Medical Center at San Antonio		Х	Х	Х	Х	x ^{lv}		x ^{OC}	
974980 Cumberland Surgical Hospital								x ^{lv}	Х
First reports 4 th quarter 2015									
San Augustine								x ^{OC}	
072000 Memorial Medical Center-San Augustine		X		X		X		X°°	
San Marcos 556000 Central Texas Medical Center				x ^{OC}					
		Х		X		Х		x x ^{OC}	
974810 Oceans Behavioral Hospital of San Marcos First reports 4 th quarter 2015								X°C	
Schertz									
973120 Baptist Emergency Hospital Schertz		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Seguin		л		л		л		л	
155000 Guadalupe Regional Medical Center		X		X		x		x	
Seminole		•		Λ		Λ		Λ	
113000 Memorial Hospital		X		X		x		x ^{OC}	
Seymour		л		л		л		л	
546000 Seymour Hospital									
Shamrock		Х		Х		X		X	
571000 Shamrock General Hospital		x ^{lv}		x ^{lv}		x ^{OC}		x ^{OC}	
Shenandoah		X		X		X		X	
						x ^{OC}		x ^{OC}	
795000 Nexus Specialty Hospital Shenandoah Campus		X		X					
873700 Healthsouth Rehab Hospital Vision Park		X		Х		X		X	
Sherman								0	
100076 Heritage Park Surgical Hospital		Х		Х		Х		С	
297000 Wilson N Jones Regional Medical Center		Х		Х	X	Х	X	Х	X
297002 Wilson N Jones Regional Medical Center		Х		Х	Х	Х	х	Х	х
Behavioral Health									

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
847002 Texoma Medical Center Behavioral Health	With 847000	1015	Comment	2015	Comment	3015	Comment	4013	Comment
	847000								
Center									
957000 Carrus Rehab Hospital		X		Х		Х		X	
974910 Baylor Scott & White Surgical Hospital at								Х	
Sherman									
First reports 4 th quarter 2015									
Smithville								11	
424500 Seton Smithville Regional Hospital		X		X		X		x ^{lv}	
Snyder									
439000 Cogdell Memorial Hospital		Х		Х		Х		Х	
Sonora									
147000 Lillian M Hudspeth Memorial Hospital		Х		x^{lv}		x^{lv}		x ^{lv}	
Southlake									
812800 Texas Health Harris Methodist Hospital		х	х	х	Х	х	Х	х	
Southlake									
973140 Forest Park Medical Center Southlake		Х		Х		Х		Х	
Spearman									
395000 Hansford County Hospital		x ^{OC}		x ^{OC}		x ^{lv}		x ^{lv}	
Spring		л		А		А		Λ	
				x ^{OC}		00			
945500 Victory Medical Center Houston		X x ^{lv}				$\frac{OC}{x^{OC}}$		X	
973330 Spring Central Hospital		XIV		x ^{lv}		xoc		С	
Stafford									
874000 Atrium Medical Center		Х		Х		x ^{OC}		Х	
Stamford									
043000 Stamford Memorial Hospital		х		х		x ^{lv}		x ^{lv}	
Stanton									
388000 Martin County Hospital District		х		x ^{lv}		x ^{lv}		x ^{lv}	
Stephenville									
256000 Texas Health Harris Methodist Hospital-		Х	x	х	x	X	x	х	x
Stephenville			~	1	~	A	~		~
Sugar Land									
230002 Hospital for Surgical Excellence of Oakbend		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
		А		А		Χ		х	
Medical Center		-							
790500 Memorial Hermann Surgical Hospital First		х		х		х		х	
Colony									
792700 Kindred Hospital Sugar Land		Х		Х		Х		Х	
823000 Houston Methodist Sugar Land Hospital		Х		Х		Х		Х	Х
869700 St Lukes Sugar Land Hospital		х	Х	x ^{OC}		х	Х	х	Х
916000 Emerus Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
969000 HEALTHSOUTH Sugar Land Rehab		х		х		x ^{OC}		х	
Hospital									
Sulphur Springs									
280000 Hopkins County Memorial Hospital		OC		х		x ^{OC}		x ^{OC}	
Sunnyvale		00							
919000 Texas Regional Medical Center Sunnyvale		x		x		x		x	
		л		Λ		Λ		Л	
Sweeny		x ^{lv}				x ^{lv}		x ^{lv}	v
178000 Sweeny Community Hospital		X''		X		X''		X''	X
Sweetwater									
471000 Rolling Plains Memorial Hospital		X		Х		Х		X	
Tahoka									
192000 Lynn County Hospital District		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Taylor									
044000 Scott & White Hospital Taylor		x ^{OC}		x ^{OC}		Х		х	

	Reports	1Q15	With	2Q15	With	3Q15	With	4Q15	With
Temple	With		Comment		Comment		Comment	•	Comment
537000 Scott & White Memorial Hospital		x ^{OC}		x ^{OC}		X		x	
537002 Scott & White Pavilion	537000	Α		A		Α		А	
537006 McLane Childrens Hospital Scott & White		x ^{OC}		x ^{OC}		Х		х	
850300 Scott & White Continuing Care		x ^{OC}		x ^{OC}		X		X	
Terrell		A		A		Λ		Λ	
000111 Terrell State Hospital		х		х		X	X	x	
Texarkana		л		Λ		Λ	Λ	Λ	
144000 Wadley Regional Medical Center		x		x ^{OC}		x ^{OC}		x ^{OC}	
684000 HEALTHSOUTH Rehab Hospital-Texarkana		X				X		X	
713001 CHRISTUS St Michael Rehab Hospital		X		X X	X	<u>л</u> Х	X	X	X
788001 CHRISTUS St Michael Health System		X	X	X	X	<u>л</u> Х	Х	X	Х
974340 Post Acute Medical Specialty Hospital		x ^{lv}	Λ		Λ	x ^{lv}	Λ	x ^{lv}	<u> </u>
Texarkana South		л		Х		А		л	
974350 Post Acute Medical Specialty Hospital		x		X		X		х	
Texarkana North		л		л		л		л	
Texas City									
793000 Mainland Medical Center		x ^{OC}		X		x ^{OC}		x ^{OC}	
The Woodlands		л		Λ		Λ		Λ	
615000 Memorial Hermann The Woodlands Hospital		x		v		v		x	
793100 St Lukes The Woodlands Hospital			v	x x ^{OC}		X	v		v
795001 Nexus Specialty Hospital		X X ^{OC}	X	x ^{OC}		x x ^{OC}	X	X X ^{OC}	X
923000 St Lukes Lakeside Hospital			v	x ^{OC}			v		v
973440 Apollo Hospital		X X ^{OC}	Х	x ^{OC}		X	X	X X ^{OC}	X
97440 Apollo Hospital 974150 Woodlands Specialty Hospital		A OC		x x ^{lv}		$\frac{x}{x^{lv}}$		X X ^{OC}	
Throckmorton		UC		Χ		Χ		Χ	
428000 Throckmorton County Memorial Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Tomball		х		л		л		А	
076000 Tomball Regional Medical Center		x		X		x		x	
792601 Kindred Hospital Tomball									
973600 Emerus Community Hospital		X X ^{lv}		X X ^{lv}		X x ^{lv}		X x ^{lv}	
Trinity		л		л		Λ		л	
287000 East Texas Medical Center-Trinity		x ^{OC}		x		x ^{lv}		x ^{lv}	
Trophy Club		Λ		л		Λ		Λ	
805100 Baylor Medical Center Trophy Club		X		x		x		x	
Tulia		л		л		Λ		Λ	
273000 Swisher Memorial Hospital		x ^{lv}		vOC		x ^{lv}		x ^{lv}	
Tyler		л		Λ		Λ		л	
000112 UT Health Center-Tyler		х		х		X		x	
286000 Mother Frances Hospital		X		X		X		X	
410000 East Texas Medical Center		X		X		X		X	
410001 East Texas Medical Center Behavioral Health	410000	л		л		Λ		л	
Center	110000								
692000 Trinity Mother Frances Rehab Hospital		х		x ^{OC}		v		v	
777000 East Texas Medical Center Specialty Hospital	+	X		X		X X		x x	
790200 Texas Spine & Joint Hospital		X				X		X	
799000 East Texas Medical Center Rehab Hospital		X		X X		X		X	
806500 Tyler Continue Care Hospital		X		X		X		X	
Uvalde		л		л		л		л	
063000 Uvalde Memorial Hospital		X		X		X		x	
Van Horn		Λ		Λ		Λ		л	
139000 Culberson Hospital		x ^{lv}		x ^{lv}		x ^{lv}		x ^{lv}	
Vernon		Λ		л		л		Λ	
000113 North Texas State Hospital-Vernon		v		v		v	v	v	
000115 NOTULI TEXAS STATE HOSPITAL-VELITOLI	1	Х	I	Х		Х	Х	Х	

	Reports With	1Q15	With Comment	2Q15	With	3Q15	With	4Q15	With
084000 Wilbarger General Hospital	with	X	Comment	X	Comment	X	Comment	X	Comment
Victoria									
064000 Citizens Medical Center		х		Х		X		X	
453000 DeTar Hospital-Navarro		х	х	Х	x	х	x	Х	х
453001 DeTar Hospital-North	453000								
848100 Warm Springs Specialty Hospital-Victoria		х		Х		х		Х	
973320 Post Acute Medical Specialty Hospital		х		Х		х		Х	
Victoria									
973450 Warm Springs Rehabilitation Hospital of		х		Х		х		Х	
Victoria									
Waco									
000117 Waco Center for Youth		x ^{lv}		x ^{lv}		x ^{lv}	Х	\mathbf{x}^{lv}	х
040000 Providence Health Center		x ^{OC}		X ^{OC}		Х		Х	
506000 Hillcrest Baptist Medical Center		x ^{OC}		x ^{OC}		х		Х	
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center		x ^{OC}		x ^{OC}		х		Х	
Waxahachie				-					
285000 Baylor Scott & White Medical Center at		х	Х	x ^{OC}		х	х	Х	х
Waxahachie									
Weatherford									
844800 Weatherford Regional Medical Center		Х		x ^{OC}		X		Х	
975000 Weatherford Rehabilitation Hospital								x ^{OC}	
First reports 4 th quarter 2015									
Webster									
212000 Clear Lake Regional Medical Center		X		Х		X		Х	
680000 Kindred Rehab Hospital Clear Lake		Х		Х		X		Х	
698004 Cornerstone Hospital Houston-Clear Lake		Х		Х		Х		Х	
720402 Kindred Hospital Clear Lake		Х		Х		X		Х	
822001 Houston Physicians Hospital		Х		Х		Х		Х	
973960 Bay Area Regional Medical Center		Х		Х		Х		Х	
974530 Bay Area Rehab Hospital						х		Х	
First reports 3 rd quarter 2015									
Weimar		***		***		lv		11	
974480 Weimar Medical Center		***		***		x ^{lv}		x ^{lv}	
Wellington		1		1		- In			
195000 Collingsworth General Hospital		x ^{lv}		x ^{lv}		x ^{lv}		X	
Weslaco									
480000 Knapp Medical Center		Х		Х		X		Х	
808500 Weslaco Rehab Hospital		X		С					
974680 Weslaco Regional Rehab Hospital		x ^{lv}		Х		Х		Х	Х
Wharton									
833000 Gulf Coast Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Wheeler									
116000 Parkview Hospital		x ^{lv}		x ^{lv}		x ^{lv}		\mathbf{x}^{lv}	
Wichita Falls									
000114 North Texas State Hospital		х		Х		х	х	Х	
417000 United Regional Health Care System		Х		Х		Х		Х	
681400 Kell West Regional Hospital		Х		Х		х		Х	
685000 HEALTHSOUTH Rehab Hospital-Wichita		х		Х		х		Х	
Falls									
709001 Red River Hospital		Х		Х		Х		Х	
973800 Promise Hospital of Wichita Falls		х		Х		х		Х	
-									

	Reports With	1Q15	With Comment	2Q15	With Comment	3Q15	With Comment	4Q15	With Comment
Winnie									
781400 Winnie Community Hospital		Х		x ^{OC}		Х		Х	
Winnsboro									
446001 Mother Frances Hospital Winnsboro		Х		Х		Х		Х	
Winters									
151000 North Runnels Hospital		x ^{lv}	х	x ^{lv}		x ^{lv}		x ^{lv}	
Woodville									
569000 Tyler County Hospital		Х		Х		Х		Х	
Yoakum									
023000 Yoakum Community Hospital		Х		Х		Х		Х	
Total hospitals not in compliance. No data submitted		6		2		2		1	
Total hospitals with discharges reported by another hospital		26		26		26		26	
Total reporting		692		693		690		696	

Note: Hospitals that report discharge data with another hospital are so indicated in the 'Reports With' column.

- C Closed, no data submitted.
- C^{N} Closed, data not certified.
- ^{NC} Certification comments not submitted to DSHS.
- OC Not in compliance for this quarter. No data submitted.
- x Hospital submitted and certified data, submitted comments.
- x¹^v Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.
- x^{N} Hospital elected not to certify data. x^{OC} Hospital did not certify data. Not in compliance for this quarter.
- *** No discharges for this quarter.