Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 24 Number 5
December 21, 2021

Please share with all staff working with the THCIC data collection reporting, correction, and certification processes.

Upcoming System13 ClaimSuite Changes

This is the list of changes that directly affect anyone who submits claim data to THCIC. If your facility submits data files, as opposed to manual entering claims directly into the System13 ClaimSuite, please forward these changes to the technical people responsible for maintaining your data entry and data file export software.

Changes that will go live December 28, 2021

Reason for Visit

"Reason for Visit" for Outpatient Professional Claims has been completely revamped. That field will no longer be displayed. It will no longer be reported on the FER/HCR reports. It will no longer be audited or collected via File Submission. This is valid for claims with a statement period thru date on or after January 1, 2022. However, "Reason for Visit" for Outpatient Institutional claims is still required and will now receive an error message if not submitted.

Technical changes for developers:

5.1 For Audit ID =733, Status="Out/I", Audit Message="Invalid Reason for Visit Code", change the Audit Description from "Reason for Visit Code is a required field, if visit is unscheduled, and must contain a valid ICD code." to "Reason for Visit Code must contain a valid ICD code."

5.2 Create Audit 785 with Status="Out/I ", Audit Message="Missing Reason for Visit Code", Audit Description="Reason for Visit Code is a required field.", and Audit Severity="Error". Audit 785 triggers in the following situation:

- The claim is Outpatient-Institutional (ED or non-ED)

In This Issue

- The Reason for Visit Code is blank/missing

- Statement To (Through) Date is on or after January 1, 2022

5.3 Remove the "Reason for Visit" field from Outpatient Professional web entry for claims with a Statement To (Through) Date on or after January 1, 2022.

5.4 Remove the "Reason for Visit" from Outpatient Professional Frequency of Errors reports when the report only includes claims from quarters in which Reason for Visit was not collected.

5.5 Stop collecting "Reason for Visit" from the HI*ZZ segment in Outpatient Professional 837 files for claims with a Statement To (Through) Date on or after January 1, 2022.

System13 ClaimSuite changes
- The "SUBMIT" button is renamed to "CHECK FOR ERRORS". It performs the same function as before.
- Password recovery information on the Help tab is modified.
- The "Revenue Code" field is repositioned for better viewing.

HCPCS Discontinued Codes
Based on claim statement period thru date, discontinued HCPCS codes cannot be manually entered and are not available in the ClaimSuite HCPCS code drop-down list. Discontinued HCPCS cannot be included in submitted files. Audit ID 672 is triggered when a discontinued HCPCS code is submitted.

HCPCS Code Ambulance Modifiers
Ambulance HCPCS Modifier Codes have been added to the list of procedure code modifiers. They will be present in the ClaimSuite modifiers drop-down list when an Ambulance HCPCS Code is selected. They will not be present when a non-Ambulance HCPCS Code is selected. When an Ambulance Modifier is specified for a non-Ambulance Code, audit ID 680, 681, 682, or 683 will be triggered.

Facility Type Code Changes
For Inpatient claims with a statement period thru date on or after January 1, 2022, the following facility types will no longer be available in the System13 web claim entry Facility Type Code drop-down list: 32x Home Health Inpatient Medicare Part B and 64x Intermediate Care, Other. Audit ID 657 is triggered when either of those two Facility Type Codes are submitted in an Inpatient claim.

Questions may be emailed to THCIC at thcichelp@dshs.texas.gov

Videos for Troubleshooting

System13 has created several You Tube videos covering several topics on THCIC data reporting and data errors.

Allowed File Upload formats

Claim Entry (Manual Data Entry) - How to enter claims

Claim Correction - How to correct errors

Explaining the THCIC Required Codes List

Institutional -vs- Professional format

Social Security Number (SSN), Race, And Ethnicity issues

Troubleshooting 837 Submission Files

Correcting Physician Errors

Diagnosis (manifest) codes, E-Code, and POA Errors

Patient Control Number Errors

How To Certify

Did You Know?

- **Provider Primary Contacts** must always keep their Logins active. Failure to log in at least every 60 days to reset your password may cause a temporary deactivation of your account for security purposes.

- A new **FER** (Frequency of Error Report) should always be generated after data corrections have been made to ensure no errors were overlooked.

- A **Summary Report** should always be generated and reviewed each time data are submitted, and again after data corrections and before the certification phase begins.

- Your quarterly **certification "comments"** are **PUBLICLY** released as written. Use caution. You should **never** provide physician or patient identifying information in a certification comment.

- All Data Manager and Data Certifier login passwords MUST be reset every 60 days in our system and must never be shared.

- **Emailing** of **Personal Identifying Information (PII)** or **Sensitive Personal Information (SPI)**, even if the email is encrypted, may not be adequately protected by all systems the data may pass through.

Always contact the recipient first to inquire if emailing this type of information is acceptable.

- The **"Accept as is"** function in the data correction functionality **does not** correct an error. It only clears the notification of all the errors in the claim itself. The errors still count against the total accuracy rate in the **FER** unless it is corrected through the Correction Tab, or by submitting a corrected claim batch file through the system.

THCIC Training

THCIC provides free Webinar trainings on the data reporting processes that are required of all Texas hospitals, ASCs, and FEMCs.

Postings for Webinar dates may be viewed at:
http://www.dshs.texas.gov/thcic/Training.shtm

Signing up for training is limitless and refresher training is encouraged.

THCIC highly recommends and encourages all facility staff involved with the THCIC state data reporting to sign up for training.

To attend the Webinar training(s), please send inquiries to:
thcichelp@dshs.texas.gov.

For help or general questions on Submission, Correction, and Certification please contact THCIC at: thcichelp@dshs.texas.gov

Upcoming Due Dates

ACTIVITY	Q2 2021	Q3 2021	Q4 2021
Cutoff for initial submission	9/1/2021	12/1/2021	3/1/2022
Cutoff for corrections (Free)	11/1/2021	2/1/2022	5/2/2022
Facilities retrieve certification files	12/1/2021	3/1/2022	6/1/2022
Cutoff for corrections at time of certification (Associated Fees)	1/3/2022	4/1/2022	7/1/2022
Certification/comments due	1/18/2022	4/15/2022	7/15/2022

A schedule of **all** due dates may be found at:
http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm

How to Reach Us

System13, Inc. (in Virginia)
Web site: https://thcic.system13.com

System13 Helpdesk
Monday-Friday, 8:00a – 5:00p (Central Time)
Phone: (888) 308-4953 or (434) 977-0000
Email: thcichelp@system13.com

THCIC (in Austin)
Web site: www.dshs.texas.gov/thcic

Main phone: (512) 776-7261 (limited due to COVID)
Email: thcichelp@dshs.texas.gov

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Past Newsletters
https://dshs.texas.gov/thcic/Texas-Health-Care-Information-Collection-Numbered-Letters/

Links to Forms and Documents
   Patient Notification of Data Collection Form –
   http://www.dshs.texas.gov/thcic/Patient-Notification-of-Data-Collection.pdf

   Provider Contact Update Form -
   https://www.dshs.texas.gov/thcic/hospitals/FacilityInformationRequest.pdf

No Quarterly Data to Report Form -
https://dshs.texas.gov/thcic/hospitals/NoDataToReport.pdf

Current Provider Contact List –
https://dshs.texas.gov/thcic/hospitals/FacilityList.xls

Appendices Document –
https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatient
Appendices.pdf

   Contains:
   - Country Codes
   - Default Values
   - Race and Ethnicity documents
   - Revenue Code Groupings used for Encounter File and PUDF
   - Audit IDs and Audit Messages
   - Payer Source Coding Guide
   - Key Data Elements for matching INPATIENT claims
   - Key Data Elements for matching OUTPATIENT claims

Data Reporting Schedule –
https://www.dshs.texas.gov/THCIC/datareportingschedule.shtm

Inpatient Reporting Requirements -
https://www.dshs.texas.gov/thcic/hospitals/TechReqSpec5010_Inpatient
_THCIC837.pdf

Outpatient and Emergency Department Reporting Requirements -
https://www.dshs.texas.gov/thcic/OutpatientFacilities/TechReqSpec5010
_Outpatient_THCIC837.pdf

HCPCS Codes -
https://dshs.texas.gov/thcic/OutpatientFacilities/HCPCS-Code-worksheet-
for-2021.xls

History of the Texas Health Care Information Collection Program

On September 1, 2003, the legacy state agencies; Texas Health Care Information Council (THCIC), the Texas Department of Health (TDH), the Texas Commission on Alcohol and Drug Abuse (TCADA), and the Mental Health branch of the Texas Department of Mental Health and Mental Retardation were merged to form the Texas Department of State Health Services (DSHS) in response to the passage of HB 2292 (78th Texas Legislature). All functions of THCIC continue in the Center for Health Statistics within DSHS.

THCIC was created by **Chapter 108** of the Health and Safety Code by the 74th Texas Legislature in 1995.
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm

Rules
Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.
http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421

Visit Us Online
www.dshs.texas.gov/thcic