TEXAS Health and Human Services | Texas Department of State Health Services

Center for Health Statistics
Texas Health Care Information Collection

TEXAS OUTPATIENT DATA PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2021

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004, and the DSHS Center for Health Statistics is now responsible for the implementation of THSC Chapter 108. Outpatient data collection began with services from hospitals and ambulatory surgery centers (ASC) on October 1, 2009, under 25 Texas Administrative Code (TAC), Sections 421.61 – 421.69. The outpatient data collection was limited to patients that received one or more invasive/incisive surgical or one or more radiological/imaging procedures.

Collection of hospital-based emergency department data began with services starting January 1, 2015, under 25 TAC, Sections 421.71 – 421.79.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

Freestanding Emergency Medical Care Facilities (FEMCF) data collection began with services that occurred on October 1, 2020, under the amended rules in 25 TAC, Sections 421.71 – 421.79.

PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for Texas outpatient data. These data are extracted from DSHS's outpatient services database. The providers/submitters have, by rule, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e., for calendar year, data be sure to check the first quarter of the following year also).

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Texas Outpatient (Hospitals, Ambulatory Surgery Centers (ASC), and Freestanding Emergency Medical Care Facilities) Services Data database (TOSD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013 (c) also stipulates that DSHS may not release, and a person or entity may not gain

access to, any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the TOSD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, service dates) that might lead to the identification of a specific patient from the PUDF.

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

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

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:
On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).The federal rules require that patients’ names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from

dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019. Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Outpatient Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital or ambulatory surgery center, or freestanding emergency medical care facility for the purpose of verifying information supplied in the DSHS Outpatient Services Public Use Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the “licensee”. To acquire the data, the licensee must give the

following assurances with respect to the use of DSHS Outpatient Public Use Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the outpatient records of patients in this data set with personally identifiable records from any other source, **including any THCIC research data file** (effective Aug 1, 2012);
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

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

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

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

OUTPATIENT FACILITY COMMENTS

(Users are advised to consider Hospitals/Ambulatory Surgery Centers (ASCs)/Freestanding Emergency Medical Care Facilities (FEMCFs) comments in any analysis of the data.)

Included with the PUDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers or FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, ASCs, FEMCFs and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers and freestanding emergency medical care facilities that submitted comments are identified in 'Reporting Status of Texas Outpatient Facilities'.

A Facility Type file has 31 variables, including the THCIC_ID and facility name. Variables clarifying the type of provider (Pediatric, Teaching Facility, Long Term Care, etc.) are included also. This is useful for data users focusing on a certain type of facility. Additionally, POA provider indicator and certification status are included.

DATA FILES

The 2021 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

First quarter, 1356 facilities:

Base Data	4,409,215 records	129 variables	Fixed field format	3,726 MB	Tab-delimited	1,709 MB
Classification Data	4,409,215 records	83 variables	Fixed field format	1,190 MB	Tab-delimited	579 MB
Charges	32,266,672 records	19 variables	Fixed field format	3,293 MB	Tab-delimited	2,558 MB
Facility Type Data	1,356 records	31 variables	Fixed field format	122 KB	Tab-delimited	102 KB

Second quarter, 1354 facilities:

Base Data	5,034,051 records	129 variables	Fixed field format	4,254 MB	Tab-delimited	1,952 MB
Classification Data	5,034,051 records	83 variables	Fixed field format	1,359 MB	Tab-delimited	661 MB
Charges	36,784,990 records	19 variables	Fixed field format	3,754 MB	Tab-delimited	2,913 MB
Facility Type Data	1,354 records	31 variables	Fixed field format	122 KB	Tab-delimited	101 KB

The data is provided in fixed length and tab-delimited text formats and is best view when imported into a software application. No software is included with the PUDF. The data file has been tested with several software applications,

including Microsoft Access (some files may not fit due to record limitations in the application), Statistical Analysis Software (SAS), and Statistical Package for the Social Sciences (SPSS).

Updates to any PUDF data are available through the THCIC website, http://www.dshs.texas.gov/thcic/ ,which should be checked periodically as notifications of an update are posted on it.

DATA DICTIONARY

This document provides the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

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

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (Back quote mark).

Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

CITATION

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

> *Texas Outpatient Public Use Data File*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

REVISION

Field 1: Service_Quarter: Additional information regarding the breakdown of months into quarters added

Field 30: As of January 1, 2022, THCIC is no longer collecting PAT_REASON_FOR_VISIT in Outpatient Professional claims.

DATA DICTIONARY

BASE DATA FILE

Field 1:	**SERVICE_QUARTER**		
Description:	Quarter during which service occurred. Year and quarter of service. *yyyyQn*. **1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year** **2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year** **3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year** **4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year**		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	7	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 3:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Suppression:	Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'.		
Beginning Position:	19	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 4:	**SPEC_UNIT_1**		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit.		
Coding Scheme:	C Coronary Care Unit D Detoxification Unit I Intensive Care Unit H Hospice Unit N Nursery B Obstetric Unit O Oncology Unit	P Pediatric Unit Y Psychiatric Unit R Rehabilitation Unit U Sub-acute Care Unit S Skilled Nursing Unit Blank Acute Care	
Beginning Position:	25	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 5:	**SPEC_UNIT_2**		
Description:	Specialty Unit in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	26	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 6:	**SPEC_UNIT_3**		
Description:	Specialty Unit in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	27	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 7:	**SPEC_UNIT_4**		
Description:	Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	28	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 8:	**SPEC_UNIT_5**		

Description: Specialty Unit in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

Beginning Position: 29 **Data Source:** Calculated

Length: 1 **Type:** Alphanumeric

Field 9: **SEX_CODE**

Description: Gender of the patient as recorded at date of start of care.

Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme:

M	Male
F	Female
U	Unknown
`	Invalid

Beginning Position: 30 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 10: **PAT_COUNTY**

Description: FIPS code of patient's county.

Coding scheme:

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton

099	Coryell	227	Howard	355	Nueces	483	Wheeler
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		
127	Dimmit	255	Karnes	383	Reagan	`	Invalid

Beginning Position: 31 **Data Source:** Assigned; based on patient ZIP code
Length: 3 **Type:** Alphanumeric

Field 11: **PAT_STATE**
Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.
Coding Scheme:

AR	Arkansas
LA	Louisiana
NM	New Mexico
OK	Oklahoma
TX	Texas
ZZ	All other states and American Territories
FC	Foreign country
XX	Foreign country

Beginning Position: 34 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 12: **PAT_ZIP**
Description: Patient's five-digit ZIP code.
Suppression: Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "`" (back quote). If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5 patients reported of a particular gender, including 'unknown', the ZIP Code is blank.
Beginning Position: 36 **Data Source:** Claim
Length: 5 **Type:** Alphanumeric

Field 13: **PAT_COUNTRY**
Description: Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the country is reported as "`" (back quote).
Suppression: Suppressed if fewer than 5 patients from one country.
Coding scheme: See *www.ISO.org* for complete list.
Beginning Position: 41 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 14: **PUBLIC_HEALTH_REGION**
Description: Public Health Region of patient's address.
Coding scheme:

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
2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties

5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
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, 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: 43 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 15: **LENGTH_OF_SERVICE**
Description: Length of service in days *equals* Statement From Date through Statement Thru Date. The minimum length of service is 1day. The maximum is 30 days.
Beginning Position: 45 **Data Source:** Calculated
Length: 2 **Type:** Alphanumeric

Field 16: **PAT_AGE**
Description: Code indicating age of patient in days or years on date of service.
Coding Scheme:

00	1-28 days	10	35-39	20	85-89
01	29-365 days	11	40-44	21	90+
02	1-4 years	12	45-49	*HIV and drug/alcohol use patients:*	
03	5-9	13	50-54	22	0-17
04	10-14	14	55-59	23	18-44
05	15-17	15	60-64	24	45-64
06	18-19	16	65-69	25	65-74
07	20-24	17	70-74	26	75+
08	25-29	18	75-79	`	Invalid
09	30-34	19	80-84		

Beginning Position: 47 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 17: **RACE**
Description: Code indicating the patient's race.
Suppression: If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).
Coding Scheme:

1	American Indian/Eskimo/Aleut
2	Asian or Pacific Islander
3	Black
4	White
5	Other
`	Invalid

Beginning Position: 49 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 18: **ETHNICITY**
Description: Code indicating the Hispanic origin of the patient.
Suppression: If a facility has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).
Coding Scheme:

1	Hispanic Origin
2	Not of Hispanic Origin
`	Invalid

Beginning Position: 50 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 19: **FIRST_PAYMENT_SRC**
Description: Code indicating the expected primary source of payment.
Coding Scheme:

09	Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)	HM	Health Maintenance Organization
10	Central Certification	LI	Liability

11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
AM	Automobile Medical	VA	Veteran Administration Plan
BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance	`	Invalid
DS	Disability Insurance		

Beginning Position: 51 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 20: **SECONDARY_PAYMENT_SRC**
Description: Code indicating the expected secondary source of payment.
Coding Scheme: Same as field FIRST_PAYMENT_SRC
Beginning Position: 53 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 21: **TYPE_OF_BILL**
Description: Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.
Coding Scheme:

1st digit–Type of Facility		*2nd digit–Type of Care*		*3rd digit–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Beginning Position: 55 **Data Source:** Claim
Length: 3 **Type:** Alphanumeric

Field 22: **CONDITION_CODE_1**
Code describing a condition relating to the claim.
Coding Scheme:

01	Military service related	83	C-section/Inductions 39 weeks or greater
02	Condition is employment related	84	Dialysis for Acute Kidney Injury (AKI)
03	Patient covered by insurance not reflected here	85	Delayed Recertification of Hospice Terminal Illness
04	Information only bill.	86	Additional Hemodialysis Treatment with Medical Justification
05	Lien has been filed	A0	TRICARE external partnership program
06	ESRD patient in first 18 months of entitlement covered by EGHP	A1	EPSDT/CHAP
07	Treatment of non-terminal condition for hospice patient	A2	Physically handicapped children's program
08	Beneficiary would not provide information concerning other insurance coverage	A3	Special Federal Funding
09	Neither patient or spouse is employed	A4	Family planning
10	Patient and/or spouse is employed but no EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A9	Second opinion surgery
18	Maiden name retained	AA	Abortion performed due to rape
19	Child retains mother's name	AB	Abortion performed due to incest
20	Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality

21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed postdischarge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room

67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
72	Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
73	Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
74	Home	R8	Request for reopening Reason Code - New and Material Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	W2	Duplicate of Original Bill
78	New coverage not implemented by HMO	W3	Level I Appeal
79	CORF services provided offsite	W4	Level II Appeal
80	Home dialysis - nursing facility	W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity		
82	C-section/Inductions <39 Weeks-Elective		

Beginning Position: 58 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 23: **CONDITION_CODE_2**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 60 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 24: **CONDITION_CODE_3**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 62 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 25: **CONDITION_CODE_4**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 64 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 26: **CONDITION_CODE_5**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 66 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 27: **CONDITION_CODE_6**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 68 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 28: **CONDITION_CODE_7**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 70 **Data Source:** Claim

Length:	2	**Type:**	Alphanumeric
Field 29:	**CONDITION_CODE_8** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	72	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 30:	**PAT_REASON_FOR_VISIT** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. *Note: As of January 1, 2022, THCIC is no longer collecting PAT_REASON_FOR_VISIT in Outpatient Professional claims		
Beginning Position:	74	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 31:	**PRINC_DIAG_CODE** ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	81	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 32:	**OTH_DIAG_CODE_1** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	88	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 33:	**OTH_DIAG_CODE_2** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	95	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 34:	**OTH_DIAG_CODE_3** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	102	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 35:	**OTH_DIAG_CODE_4** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	109	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 36:	**OTH_DIAG_CODE_5** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	116	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 37:	**OTH_DIAG_CODE_6** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	123	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 38:	**OTH_DIAG_CODE_7** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	130	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 39:	**OTH_DIAG_CODE_8**		

	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	137	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 40:	**OTH_DIAG_CODE_9**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	144	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 41:	**OTH_DIAG_CODE_10**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	151	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 42:	**OTH_DIAG_CODE_11**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	158	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 43:	**OTH_DIAG_CODE_12**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	165	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 44:	**OTH_DIAG_CODE_13**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	172	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 45:	**OTH_DIAG_CODE_14**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	179	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 46:	**OTH_DIAG_CODE_15**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	186	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 47:	**OTH_DIAG_CODE_16**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	193	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 48:	**OTH_DIAG_CODE_17**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	200	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 49:	**OTH_DIAG_CODE_18**		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	207	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 50:	**OTH_DIAG_CODE_19**		

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

Beginning Position:	214	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 51: **OTH_DIAG_CODE_20**

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

Beginning Position:	221	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 52: **OTH_DIAG_CODE_21**

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

Beginning Position:	228	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 53: **OTH_DIAG_CODE_22**

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

Beginning Position:	235	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 54: **OTH_DIAG_CODE_23**

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

Beginning Position:	242	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 55: **OTH_DIAG_CODE_24**

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

Beginning Position:	249	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 56: **RELATED_CAUSE_CODE_1**

Code identifying an accompanying cause of an illness, injury or an accident.

Coding Scheme:

AA Auto accident
AB Abuse
AP Another party responsible
EM Employment
OA Other accident

Beginning Position:	256	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 57: **RELATED_CAUSE_CODE _2**

Code identifying an accompanying cause of an illness, injury or an accident.

Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.

Beginning Position:	258	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 58: **RELATED_CAUSE_CODE _3**

Code identifying an accompanying cause of an illness, injury or an accident.

Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.

Beginning Position:	260	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 59: **E_CODE_1**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of morbidity. A decimal is implied following the third character.

Beginning Position:	262	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 60: **E_CODE_2**

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

Beginning Position:	269	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 61: **E_CODE_3**

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

Beginning Position:	276	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 62: **E_CODE_4**

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

Beginning Position:	283	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 63: **E_CODE_5**

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

Beginning Position:	290	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 64: **E_CODE_6**

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

Beginning Position:	297	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 65: **E_CODE_7**

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

Beginning Position:	304	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 66: **E_CODE_8**

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

Beginning Position:	311	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 67: **E_CODE_9**

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

Beginning Position:	318	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 68: **E_CODE_10**

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

Beginning Position:	325	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 69: **PROC_CODE_1**

Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code.

Beginning Position:	332	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 70: **PROC_CODE_2**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

Beginning Position:	337	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 71: **PROC_CODE_3**

	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	342	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 72:	**PROC_CODE_4**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	347	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 73:	**PROC_CODE_5**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	352	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 74:	**PROC_CODE_6**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	357	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 75:	**PROC_CODE_7**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	362	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 76:	**PROC_CODE_8**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	367	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 77:	**PROC_CODE_9**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	372	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 78:	**PROC_CODE_10**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	377	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 79:	**PROC_CODE_11**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	382	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 80:	**PROC_CODE_12**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	387	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 81:	**PROC_CODE_13**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	392	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 82:	**PROC_CODE_14**		

	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	397	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 83:	**PROC_CODE_15**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	402	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 84:	**PROC_CODE_16**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	407	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 85:	**PROC_CODE_17**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	412	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 86:	**PROC_CODE_18**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	417	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 87:	**PROC_CODE_19**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	422	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 88:	**PROC_CODE_20**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	427	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 89:	**PROC_CODE_21**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	432	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 90:	**PROC_CODE_22**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	437	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 91:	**PROC_CODE_23**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	442	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 92:	**PROC_CODE_24**		
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	447	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 93:	**PROC_CODE_25**		

	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	452	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 94:	**OTHER_AMOUNT**		
	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.		
Beginning Position:	457	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 95:	**PHARM_AMOUNT**		
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X.		
Beginning Position:	469	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 96:	**MEDSURG_AMOUNT**		
	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
Beginning Position:	481	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 97:	**DME_AMOUNT**		
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.		
Beginning Position:	493	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 98:	**USED_DME_AMOUNT**		
	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293.		
Beginning Position:	505	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 99:	**PT_AMOUNT**		
	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X.		
Beginning Position:	517	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 100:	**OT_AMOUNT**		
	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X.		
Beginning Position:	529	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 101:	**SPEECH_AMOUNT**		
	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.		
Beginning Position:	541	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 102:	**IT_AMOUNT**		

Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.

Beginning Position:	553	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 103: **BLOOD_AMOUNT**

Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.

Beginning Position:	565	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 104: **BLOOD_ADMIN_AMOUNT**

Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.

Beginning Position:	577	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 105: **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 036X, 071X-072X.

Beginning Position:	589	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 106: **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 079X.

Beginning Position:	601	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 107: **CARD_AMOUNT**

Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.

Beginning Position:	613	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 108: **ANES_AMOUNT**

Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.

Beginning Position:	625	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 109: **LAB_AMOUNT**

Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.

Beginning Position:	637	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 110: **RAD_AMOUNT**

Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.

Beginning Position:	649	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 111: **MRI_AMOUNT**

Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.

Beginning Position:	661	**Data Source:**	Calculated

Length:	12	**Type:**	Numeric
Field 112:	**OP_AMOUNT** Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.		
Beginning Position:	673	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 113:	**ER_AMOUNT** Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X.		
Beginning Position:	685	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 114:	**AMBULANCE_AMOUNT** Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.		
Beginning Position:	697	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 115:	**PRO_FEE_AMOUNT** Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.		
Beginning Position:	709	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 116:	**ORGAN_AMOUNT** Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.		
Beginning Position:	721	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 117:	**ESRD_AMOUNT** Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.		
Beginning Position:	733	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 118:	**CLINIC_AMOUNT** Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.		
Beginning Position:	745	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 119:	**TOTAL_CHARGES** Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.		
Beginning Position:	757	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 120:	**TOTAL_NON_COV_CHARGES** Sum of non-covered accommodation charges, non-covered ancillary charges.		
Beginning Position:	769	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 121:	**TOTAL_CHARGES_ANCIL** Sum of covered and non-covered ancillary charges.		
Beginning Position:	781	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 122:	**TOTAL_NON_COV_CHARGES_ANCIL**		

Sum of non-covered ancillary charges.

Beginning Position:	793	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 123: **PHYSICIAN1_INDEX_NUMBER**

Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.

Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians reported for CCS_PROC_CODE_1 for the facility is less than five.

Coding Scheme:
- 9999999998 Cell size less than 5
- 9999999999 Temporary license or license number could not be matched

Beginning Position:	805	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric

Field 124: **PHYSICIAN2_INDEX_NUMBER**

Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwives or podiatrist, authorized by the facility to treat patients.

Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_1 for a facility is less than five.

Coding Scheme:
- 9999999998 Cell size less than 5
- 9999999999 Temporary license or license number could not be matched

Beginning Position:	815	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric

Field 125: **INPUT_FORMAT**

Format in which the outpatient data file was submitted by the facility

Coding Scheme:
- 0 837 Professional
- 1 837 Institutional

Beginning Position:	825	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 126: **SOURCE_OF_ADMISSION**

Description: Code indicating source of the admission.

Coding Scheme:
- 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
- 2 Clinic or Physician's Office
- 4 Transfer from a hospital
- 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
- 6 Transfer from another health care facility
- 8 Court/Law Enforcement
- 9 Information not available
- D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
- E Transfer from Ambulatory Surgery Center
- F Transfer from a Hospice Facility
- ` Invalid

If Type of Admission=4 (Newborn)
- 5 Born inside this hospital
- 6 Born outside this hospital

Beginning Position:	826	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 127: **PAT_STATUS**

Description: Code indicating patient status as of the ending date of service for the period of care reported

- 01 Discharged to home or self-care (routine discharge)

Coding Scheme:

02	Discharged/transferred to a short-term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal government operated health facility
50	Hospice–home
51	Hospice–medical facility (Certified) providing hospice level of care
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
81	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
82	Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
92	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
`	Invalid

Beginning Position:	827	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 128: **PROVIDER_NAME**

Description: Name provided by the facility.

Suppression: Facilities reporting fewer than 50 events (Provider ID equals ‘999999’) are assigned the name ‘Low Volume Facility’. If a facility reported fewer than 5 events for a particular gender, including ‘unknown’, Provider Name is blank.

Beginning Position:	829	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric

Field 129: **EMERGENCY_DEPT_FLAG**

Description:	Indicator of emergency department visit.		
Coding Scheme:	Y visit was emergency related N Visit was not emergency related		
Beginning Position:	802	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

CLASSIFICATION DATA FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**CCS_ PRIN_DIAG_CODE**		
	Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category.		
Beginning Position:	13	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 3:	**CCS_OTH_DIAG_CODE_1**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.		
Beginning Position:	17	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 4:	**CCS_OTH_DIAG_CODE_2**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_2 into clinically meaningful diagnosis category.		
Beginning Position:	21	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 5:	**CCS_OTH_DIAG_CODE_3**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_3 into clinically meaningful diagnosis category.		
Beginning Position:	25	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 6:	**CCS_OTH_DIAG_CODE_4**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_4 into clinically meaningful diagnosis category.		
Beginning Position:	29	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 7:	**CCS_OTH_DIAG_CODE_5**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_5 into clinically meaningful diagnosis category.		
Beginning Position:	33	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 8:	**CCS_OTH_DIAG_CODE_6**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_6 into clinically meaningful diagnosis category.		
Beginning Position:	37	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 9:	**CCS_OTH_DIAG_CODE_7**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_7 into clinically meaningful diagnosis category.		
Beginning Position:	41	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 10:	**CCS_OTH_DIAG_CODE_8**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_8 into clinically meaningful diagnosis category.		
Beginning Position:	45	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 11:	**CCS_OTH_DIAG_CODE_9**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_9 into clinically meaningful diagnosis category.		

Beginning Position:	49	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 12: **CCS_OTH_DIAG_CODE_10**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically meaningful diagnosis category.

Beginning Position:	53	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 13: **CCS_OTH_DIAG_CODE_11**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_11 into clinically meaningful diagnosis category.

Beginning Position:	57	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 14: **CCS_OTH_DIAG_CODE_12**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_12 into clinically meaningful diagnosis category.

Beginning Position:	61	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 15: **CCS_OTH_DIAG_CODE_13**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_13 into clinically meaningful diagnosis category.

Beginning Position:	65	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 16: **CCS_OTH_DIAG_CODE_14**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_14 into clinically meaningful diagnosis category.

Beginning Position:	69	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 17: **CCS_OTH_DIAG_CODE_15**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_15 into clinically meaningful diagnosis category.

Beginning Position:	73	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 18: **CCS_OTH_DIAG_CODE_16**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_16 into clinically meaningful diagnosis category.

Beginning Position:	77	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 19: **CCS_OTH_DIAG_CODE_17**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_17 into clinically meaningful diagnosis category.

Beginning Position:	81	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 20: **CCS_OTH_DIAG_CODE_18**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_18 into clinically meaningful diagnosis category.

Beginning Position:	85	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 21: **CCS_OTH_DIAG_CODE_19**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_19 into clinically meaningful diagnosis category.

Beginning Position:	89	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 22: **CCS_OTH_DIAG_CODE_20**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_20 into clinically meaningful diagnosis category.

Beginning Position:	93	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 23: **CCS_OTH_DIAG_CODE_21**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_21 into clinically meaningful diagnosis category.

Beginning Position:	97	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 24: **CCS_OTH_DIAG_CODE_22**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category.

Beginning Position:	101	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 25: **CCS_OTH_DIAG_CODE_23**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.

Beginning Position:	105	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 26: **CCS_OTH_DIAG_CODE_24**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.

Beginning Position:	109	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 27: **CCS_PROC_CODE_1**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.

Beginning Position:	113	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 28: **CCS_PROC_CODE_2**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.

Beginning Position:	116	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 29: **CCS_PROC_CODE_3**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.

Beginning Position:	119	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 30: **CCS_PROC_CODE_4**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.

Beginning Position:	122	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 31: **CCS_PROC_CODE_5**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.

Beginning Position:	125	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 32: **CCS_PROC_CODE_6**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.

Beginning Position:	128	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 33: **CCS_PROC_CODE_7**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.

Beginning Position:	131	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 34: **CCS_PROC_CODE_8**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.

Beginning Position:	134	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 35: **CCS_PROC_CODE_9**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.

Beginning Position:	137	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 36: **CCS_PROC_CODE_10**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category.

Beginning Position:	140	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 37: **CCS_PROC_CODE_11**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.

Beginning Position:	143	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 38: **CCS_PROC_CODE_12**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.

Beginning Position:	146	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 39: **CCS_PROC_CODE_13**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.

Beginning Position:	149	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 40: **CCS_PROC_CODE_14**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.

Beginning Position:	152	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 41: **CCS_PROC_CODE_15**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.

Beginning Position:	155	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 42: **CCS_PROC_CODE_16**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.

Beginning Position:	158	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 43: **CCS_PROC_CODE_17**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.

Beginning Position:	161	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 44: **CCS_PROC_CODE_18**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.

Beginning Position:	164	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 45:	**CCS_PROC_CODE_19** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.		
Beginning Position:	167	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 46:	**CCS_PROC_CODE_20** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.		
Beginning Position:	170	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 47:	**CCS_PROC_CODE_21** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.		
Beginning Position:	173	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 48:	**CCS_PROC_CODE_22** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category.		
Beginning Position:	176	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 49:	**CCS_PROC_CODE_23** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category.		
Beginning Position:	179	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 50:	**CCS_PROC_CODE_24** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category.		
Beginning Position:	182	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 51:	**CCS_PROC_CODE_25** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category.		
Beginning Position:	185	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 52:	**EAPG_GRP_VER** Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper		
Beginning Position:	188		
Length:	12	**Type:**	Alphanumeric
Field 53:	**APC_GRP_VER** Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.		
Beginning Position:	200	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

CHARGES DATA FILE

Field 1: **RECORD_ID**

Description: Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).

Beginning Position: 1 **Data Source:** Assigned

Length: 12 **Type:** Alphanumeric

Field 2: **REVENUE_CODE**

Description: Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge

0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line

0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery

0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells-allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies

0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation

0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
0479	Audiology - other	0996	Patient convenience items - late discharge charge
0480	Cardiology - general	0997	Patient convenience items - admission kits
0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
0482	Cardiology - stress test	0999	Patient convenience items - other
0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
0489	Cardiology - other	1001	Behavior health accommodations - residential treatment - psychiatric
0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
0509	Outpatient services - other	1005	Behavior health accommodations - group home
0510	Clinic - general	2100	Alternative therapy services - general
0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
0512	Clinic - dental	2102	Alternative therapy services - acupressure
0513	Clinic - psychiatric	2103	Alternative therapy services - massage
0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
0517	Clinic - family practice	2109	Alternative therapy services - other
0519	Clinic - other	3101	Adult day care, medical and social - hourly
0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	3109	Adult foster care - other
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility		
0526	Freestanding Clinic - urgent care		

Beginning Position:	13	**Data Source:**	Claim
Length:	4	**Type:**	Alphanumeric

Field 3: **HCPCS_QUALIFIER**

Description: Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE.

Beginning Position:	17	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 4 **HCPCS_PROCEDURE_CODE**

Description: HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

Coding Scheme: See https://www.cms.gov/medicare/coding/hcpcsreleasecodesets for complete list of Level II HCPCS codes.

Beginning Position:	19	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 5: **MODIFIER_1**

Description: Identifies special circumstances related to the performance of the service

Coding Scheme:

22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	E1	Upper left eyelid
26	Professional Component	E2	Lower left eyelid
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
32	Mandated Services	E4	Lower right eyelid
33	Preventive Service	F1	Left hand, second digit
47	Anesthesia by Surgeon	F2	Left hand, third digit
50	Bilateral Procedure	F3	Left hand, fourth digit
51	Multiple Procedures	F4	Left hand, fifth digit
52	Reduced Services	F5	Right hand, thumb
53	Discontinued Procedure	F6	Right hand, second digit
54	Surgical Care Only	F7	Right hand, third digit
55	Postoperative Management Only	F8	Right hand, fourth digit
56	Preoperative Management Only	F9	Right hand, fifth digit
57	Decision for Surgery	FA	Left hand, thumb
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
62	Two Surgeons	LC	Left circumflex coronary artery
63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
66	Surgical Team	LM	Left main coronary artery
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM	Ambulance service provided under arrangement by a provider of services
76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	RI	Ramus intermedius coronary artery
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
80	Assistant Surgeon	T1	Left foot, second digit
81	Minimum Assistant Surgeon	T2	Left foot, third digit
82	Repeat procedure by same physician	T3	Left foot, fourth digit
90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit
99	Multiple Modifiers	T8	Right foot, fourth digit
1P	Performance Measure Exclusion Modifier due to Medical Reasons	T9	Right foot, fifth digit

2P	Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
8P	Performance Measure Reporting Modifier-Action not performed, reason not otherwise specified	XS	Separate Structure
P1	A normal healthy patient	XP	Separate Practitioner
P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
P3	A patient with severe systemic disease		

Beginning Position: 24 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 6: **MODIFIER_2**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field MODIFIER_1
Beginning Position: 26 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 7: **MODIFIER_3**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field MODIFIER_1
Beginning Position: 28 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 8: **MODIFIER_4**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field MODIFIER_1
Beginning Position: 30 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 9: **UNIT_MEASUREMENT_CODE**
Description: Code specifying the units in which a value is being expressed.
Coding Scheme:

DA	Days
F2	International unit
UN	Unit

Beginning Position: 32 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 10: **UNITS_OF_SERVICE**
Description: Numeric value of quantity
Beginning Position: 34 **Data Source:** Claim
Length: 7 **Type:** Numeric

Field 11: **UNIT_RATE**
Description: Rate per unit
Beginning Position: 41 **Data Source:** Claim
Length: 12 **Type:** Numeric

Field 12: **CHRGS_LINE_ITEM**
Description: Total amount of the charge
Beginning Position: 53 **Data Source:** Assigned
Length: 14 **Type:** Numeric

Field 13: **CHRGS_NON_COV**
Description: Total non-covered amount of the charge
Beginning Position: 67 **Data Source:** Assigned
Length: 14 **Type:** Numeric

Field 14: **FINAL_EAPG_CATEGORY_CODE**
Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.
Beginning Position: 81 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 15: **FINAL_EAPG_TYPE_CODE**

	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.		
Beginning Position:	83	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 16:	**FINAL_EAPG**		
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.		
Beginning Position:	85	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 17:	**APC_PROCEDURE_CODE**		
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	90	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 18:	**APC_PX_STATUS_IND_CODE**		
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	95	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 19:	**APC_WEIGHT**		
	Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	97	**Data Source:**	Assigned
Length:	9	**Type:**	Alphanumeric

FACILITY TYPE INDICATOR FILE

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

Field 1:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Beginning Position:	7	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 3:	**FAC_TEACHING_IND**		
Description:	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching Hospitals X Other teaching facility		
Beginning Position:	62	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 4:	**FAC_PSYCH_IND**		
Description:	Psychiatric facility indicator.		
Beginning Position:	63	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 5:	**FAC_REHAB_IND**		
Description:	Rehabilitation facility indicator.		
Beginning Position:	64	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 6:	**FAC_ACUTE_CARE_IND**		
Description:	Acute care facility indicator.		
Beginning Position:	65	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 7:	**FAC_SNF_IND**		
Description:	Skilled nursing facility indicator.		
Beginning Position:	66	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 8:	**FAC_LONG_TERM_AC_IND**		
Description:	Long term acute care facility indicator.		
Beginning Position:	67	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 9:	**FAC_OTHER_LTC_IND**		
Description:	Other long term care facility indicator.		
Beginning Position:	68	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 10:	**FAC_PEDS_IND**		
Description:	Pediatric facility Indicator.		
Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children		
Beginning Position:	69	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 11:	**FAC_CARDIOVASCULAR_IND**		
Description:	Cardiovascular facility indicator.		
Beginning Position:	70	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 12:	**FAC_CHIROPRACTIC_IND**		
Description:	Chiropractic care facility indicator.		

Beginning Position:	71	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 13:	**FAC_ENDOSCOPY_IND**		
Description:	Endoscopy facility indicator.		
Beginning Position:	72	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 14:	**FAC_FOOT_IND**		
Description:	Foot care facility indicator.		
Beginning Position:	73	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 15:	**FAC_GASTROENTEROLOGY_IND**		
Description:	Gastroenterology facility indicator.		
Beginning Position:	74	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 16:	**FAC_GENERAL_IND**		
Description:	General care facility indicator.		
Beginning Position:	75	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 17:	**FAC_NEUROLOGICAL_IND**		
Description:	Neurological care facility indicator.		
Beginning Position:	76	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 18:	**FAC_OB_GYN_IND**		
Description:	Obstetrics and gynecology facility indicator.		
Beginning Position:	77	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 19:	**FAC_OPTHAMOLOGY_IND**		
Description:	Opthamology facility indicator.		
Beginning Position:	78	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 20:	**FAC_ORAL_IND**		
Description:	Oral health care facility indicator.		
Beginning Position:	79	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 21:	**FAC_ORTHOPEDIC_IND**		
Description:	Orthopedic care facility indicator.		
Beginning Position:	80	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 22:	**FAC_OTOLARYNGOLOGY_IND**		
Description:	Otolaryngology facility indicator.		
Beginning Position:	81	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 23:	**FAC_ PAIN_MNGMT _IND**		
Description:	Pain management facility indicator.		
Beginning Position:	82	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 24:	**FAC_PLASTIC_IND**		
Description:	Plastic surgery facility indicator.		
Beginning Position:	83	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 25:	**FAC_THORACIC_IND**		
Description:	Thoracic care facility Indicator.		
Beginning Position:	84	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 26:	**FAC_UROLOGY_IND**		

Description:	Urology care facility indicator.		
Beginning Position:	85	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 27:	**FAC_OTHER_IND**		
Description:	Other facility indicator.		
Beginning Position:	86	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 28:	**FAC_EMERGENCY_DEPARTMENT_IND**		
Description:	Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File. Note: The FEMCFs names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4th Quarter 2020, the facility indicator has incomplete data due to implementation timing.		
Beginning Position:	87	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 29:	**FAC_ONCOLOGY_IND**		
Description:	Oncology facility indicator.		
Beginning Position:	33	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 30:	**POA_PROVIDER_INDICATOR**		
	Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.		
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ` Invalid		
Beginning Position:	89	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 31:	**CERT_STATUS**		
	Assignment of a code to indicate the certification of data and submission of comments by the facility. First available 3rd quarter 1999.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Facility elected not to certify 5 Facility closed; data not certified 6 Facility out of compliance, did not certify data 7 Data not certified. Facility affected by natural or man-made disaster (Starting 4Q2016)		
Beginning Position:	90	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

TEXAS Health and Human Services | Texas Department of State Health Services

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

Public Use Data File

DATA FIELDS

BASE DATA FILE

Number	Field Name	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID- Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric

Number	Field Name	Position	Length	Field Type
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric

Number	Field Name	Position	Length	Field Type
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric

Number	Field Name	Position	Length	Field Type
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric
128	PROVIDER_NAME	829	55	Alphanumeric
129	EMERGENCY_DEPT_FLAG	884	1	Alphanumeric
	Record_Length		884	

CLASSIFICATION DATA FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCS_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric

Number	Field Name	Position	Length	Field Type
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
	Record_Length		211	

CHARGES DATA FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
14	FINAL_EAPG_CATEGORY_CODE	81	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	83	2	Alphanumeric
16	FINAL_EAPG	85	5	Alphanumeric
17	APC_PROCEDURE_CODE	90	5	Alphanumeric
18	APC_PX_STATUS_IND_CODE	95	2	Alphanumeric
19	APC_WEIGHT	97	9	Alphanumeric
	Record_Length		105	

FACILITY TYPE DATA 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	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB_GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND[1]	87	1	Alphanumeric
29	FAC_ONCOLOGY_IND[1]	88	1	Alphanumeric
30	POA_PROVIDER_INDICATOR	89	1	Alphanumeric
31	CERT_STATUS	90	1	Alphanumeric
	Record_Length		90	

[1] Facility Type Code added to the 4th Quarter 2020 Facility Type Data File