



Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 1
February 2, 2022

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

System13 Data Collection System Changes

Here are some changes that you will soon see when you log into the System13 Data Collection System (System).

Check for Errors Button

This change has already been implemented and announced, but as a reminder to ensure clarity, the "SUBMIT CLAIM" button is renamed to "CHECK FOR ERRORS". It performs the same function as before.

In This Issue

Upcoming System13 Changes

Videos for Troubleshooting

Did You Know?

THCIC Training

Upcoming Due Dates

How to Reach Us

Past Newsletters

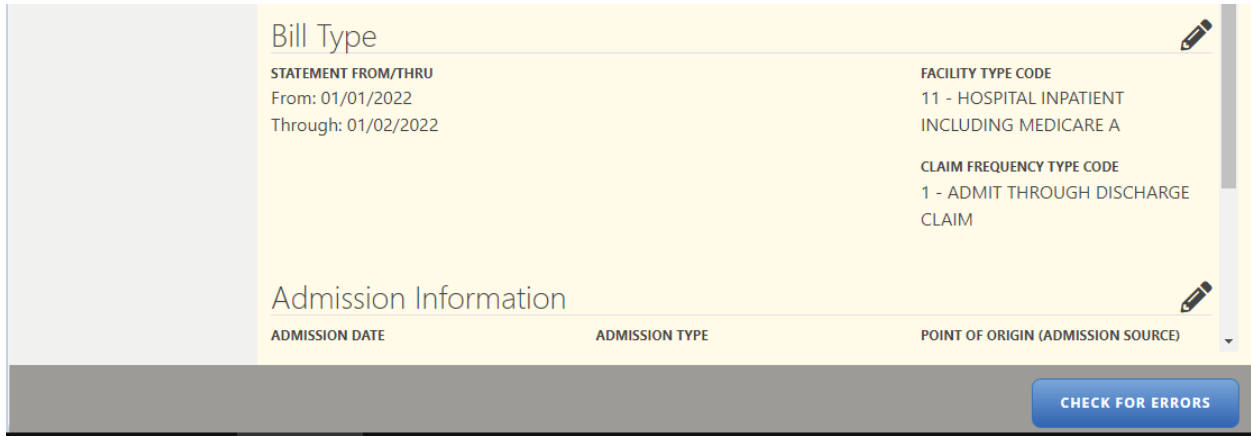
Links to Forms and Documents

History

Submit Button Before

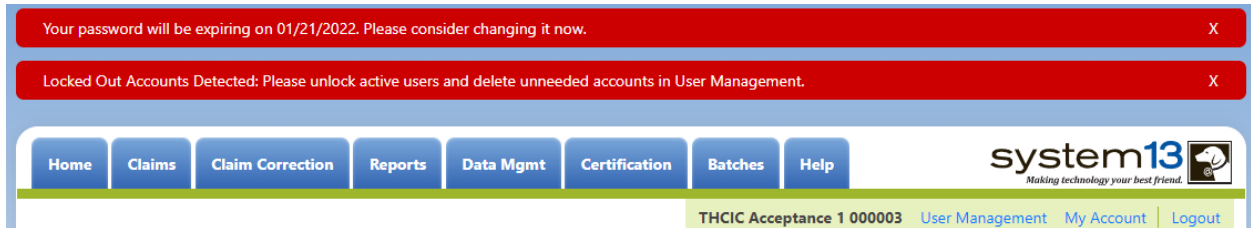
Bill Type		
STATEMENT FROM/THRU	FACILITY TYPE CODE	
From: 01/01/2022	11 - HOSPITAL INPATIENT INCLUDING MEDICARE A	
Through: 01/02/2022	CLAIM FREQUENCY TYPE CODE	
	1 - ADMIT THROUGH DISCHARGE CLAIM	
		SUBMIT CLAIM

Check for Errors Button After



Banner Messages and Locked Accounts

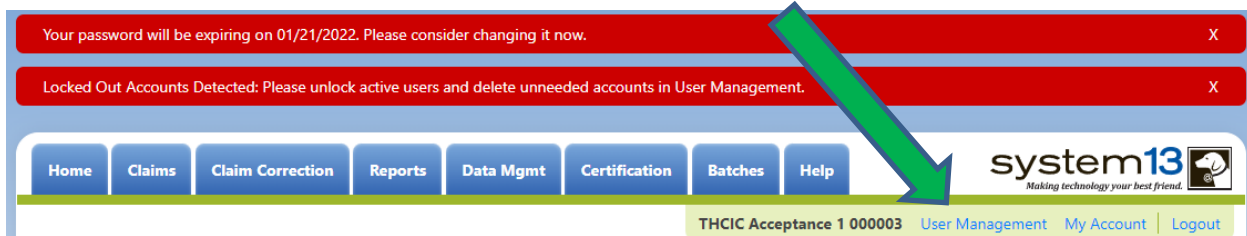
Red error messages and green success messages have moved to the top of the screen, and they will not disappear until you either click the X on the right side of the banner or click on one of the function tabs (Home, Claims, etc.).



Primary Contact users may see a new message that reads "Locked Out Accounts Detected: Please unlock active users and delete unneeded accounts in User Management." Users can get locked out for the following reasons:

- the user does not change their password when required (when the account is first created and 60 days after the last password change),
- the user enters the wrong password three times and does not follow the login reset procedure, or
- the Primary Contact temporarily locks a user's account for security reasons while the user is on extended leave, probation, etc.

THCIC asks that if you are a Primary Contact, and you receive the "Locked Out" banner message, please click on the User Management link and resolve the issue.



The Primary Contact should unlock active users and encourage them to log into the System successfully. The Primary Contact should delete unneeded accounts, such as employees who no longer work at the facility or have changed jobs. If the Primary Contact purposely and temporarily locked a user's account for security reasons, feel free to leave the user account locked until the user becomes active again or you delete the account.

Accept As Is

This article will explain what "Accept As Is" does, how it has worked in the past, and how it will work in the future. Submitted claims may contain errors; providers are expected to review and fix those errors. On rare occasion, a value may be correct but still receive an error. In that situation, the "Accept As Is" feature allows System users to remove a submitted claim with errors from the Claim Correction list as a cue to facility users that it has passed your facility's review.

To be clear, the errors in claims that have been "accepted as is" still exist and it will need to be commented on at the time of certification. Please contact THCIC at thcichelp@dshs.texas.gov for error help before using the "Accept As Is" feature since most errors can be corrected and the rest can be reviewed by THCIC for possible System improvement.

The System previously allowed "Accept As Is" to be applied to multiple claims at once on the Claim Correction screen (see "Before" graphic). The old "Accept As Is" button on the Claim Correction screen will no longer perform that function. A new "Accept As Is" button has been added to the Claim Error Summary screen that you see after clicking the "Check for Errors" button to submit a record and it will only affect that one claim (see "After" graphic).

"Accept as is" Before

system13
Making technology your best friend.

THCIC Support Center

THCIC Acceptance 1 000003 User Management My Account Logout

Enter Control #, Medical Record #, Patient or Claim # SEARCH ADVANCED SEARCH START CORRECTIONS

Patient Control #	Medical Record #	Claim #	Started On	Patient Name	In/Out	Errors
<input checked="" type="checkbox"/> ERR-600	NO-PRI-PX-DATE	202201200031000001000003	01/20/2022	DOE, JANE	IN	1
<input checked="" type="checkbox"/> ERR-601	NO-PX-WHEN-OTH-PX	202201200031000002000003	01/20/2022	DOE, JANE	IN	1
<input checked="" type="checkbox"/> ERR-602	BAD-PRI-PX	202201200031000003000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-603	DUP-DX	202201200031000004000003	01/20/2022	DOE, JANE	IN	2
<input type="checkbox"/> ERR-604	INCONSISTENT-DX	202201200031000005000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-605	BAD-OTH-DX	202201200031000006000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-606	BAD-ECODE	202201200031000007000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-607	BAD-PRI-DX	202201200031000008000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-608	NO-PRI-DX	202201200031000009000003	01/20/2022	DOE, JANE	IN	1
<input type="checkbox"/> ERR-609	BAD-PRI-PX-DATE	202201200031000010000003	01/20/2022	DOE, JANE	IN	1

SELECT ALL 136 Claims (3 Selected) DELETE ACCEPT AS IS

"Accept as is" After

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Back to list of claims 202109300001000003

BBRODERICK, SSUSAN Medical Record Number: MRN-1011 Patient Control Number: PCN-1011 Inpatient

✓ Patient
✓ Payers
✓ Charges
1 Diagnoses & Procs

Claim has been successfully submitted, but still has errors.
REVIEW ERRORS NEXT CLAIM → ACCEPT AS IS ✓

605 - Invalid Other Diagnosis

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- A **Summary Report** should always be generated and reviewed each time data are submitted, and again after data corrections and before the certification phase begins.
- Your quarterly **certification “comments”** are **PUBLICLY** released as written. Use caution. You should **never** provide physician or patient identifying information in a certification comment.
- All Data Manager and Data Certifier login passwords **MUST** be reset every 60 days in our system and must never be shared.
- **Emailing of Personal Identifying Information (PII) or Sensitive Personal Information (SPI)**, even if the email is encrypted, may not be adequately protected by all systems the data may pass through.

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THCIC (in Austin)

Web site: www.dshs.texas.gov/thcic

Main phone: (512) 776-7261

Email: thcichelp@dshs.texas.gov

THCIC Staff

TK Brown - Director

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Victor Filos - Research Analyst

Yanxia Guo - Research Analyst

Tiffany Overton – Training, PUDF Orders

Dee Roes – Hospital & ASC Data Compliance, IRB Research Data

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HCPCS Codes -

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

History of the Texas Health Care Information Collection Program

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

THCIC was created by **Chapter 108** of the Health and Safety Code by the 74th Texas Legislature in 1995.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.108.htm>

Rules

Rules that apply to the Texas Health Care Information Collection are found in Chapter 421 of Title 25, Part 1 of the Texas Administrative Code.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=421)

Visit Us Online

www.dshs.texas.gov/thcic



Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 2
April 11, 2022

Please share with all staff working with the THCIC data collection efforts.

SSN Unknown Value

Texas Administrative Code, Chapter 421, requires all reporting facilities to report each patient’s Social Security Number (SSN) to THCIC.

THCIC allows for the use of “999999999” for SSNs only in certain circumstances:

- newborns whose SSN is unknown
- foreigners who do not have social security numbers
- patients who cannot provide social security numbers.

Facilities are expected to report valid SSNs at all other times.

THCIC discovered an increase in the use of the social security number unknown value “999999999” instead of the required SSN.

Enforcement of patients social security numbers may be implimented by THCIC in the near future.

Self-Pay Data Requirements

Facilities are required to report data to THCIC regardless of how payment for services were made to the facility.

This includes all **Self-Pay** data.

In This Issue

- SSN Value (New)
- Self-Pay Requirements (New)
- PUDF Update (New)
- System13 Changes (New)
- Videos for Troubleshooting
- Did You Know?
- THCIC Training
- Upcoming Due Dates
- How to Reach Us
- Past Newsletters
- Links to Forms and Documents

[Chapter 421 Inpatient Data](#), §421.2(b)
[Chapter 421 Outpatient Data](#), §421.62(b)
[Chapter 421 Emergency Department Data](#), §421.72(b)

PUDF Order Form Updates

THCIC has updated the Public Use Data File (PUDF) order forms for cost clarity and are effective immediately. The version date on the updated forms is 20220328.

THCIC System Changes

HCPCS Code Ambulance Modifiers

Ambulance HCPCS Modifier Codes have been added to the list of procedure code modifiers. They will be present in the System13 modifiers drop-down list when an Ambulance HCPCS Code is selected. They will not be present when a non-Ambulance HCPCS Code is selected. When an Ambulance Modifier is specified for a non-Ambulance Code, audit ID 680, 681, 682, or 683 will be triggered.

Reason for Visit

"Reason for Visit" for Outpatient **Professional** Claims has been completely revamped. That field will no longer be displayed. It will no longer be reported on the FER/HCR reports. It will no longer be audited or collected via File Submission.

This is valid for claims with a statement period thru date on or after January 1, 2022. However, "**Reason for Visit**" for **Outpatient Institutional claims is still required** and will now receive an error message if not submitted.

Technical changes for developers: (Share with your IT or software vendor)
(Error codes 733 and 785)

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

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

- The claim is Outpatient-Institutional (ED or non-ED)
- The Reason for Visit Code is blank/missing

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

See updated Appendices document at:

https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAppendices.pdf

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

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

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

HCPCS Discontinued Codes

Based on claim statement period thru date, discontinued HCPCS codes cannot be manually entered and are not available in the System13 HCPCS code drop-down list. Discontinued HCPCS cannot be included in submitted files. Audit ID 672 is triggered when a discontinued HCPCS code is submitted.

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

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 3
May 4, 2022

IMPORTANT NOTIFICATION

Please share with all staff working with the THCIC data collection efforts.

Reason for Visit (Urgent)

It was announced in the THCIC December 21, 2021 Newsletter that **"Reason for Visit"** for Outpatient Institutional claims is still required and claims with a statement period thru date on or after January 1, 2022 would receive an error message if it was not submitted.

Beginning with 1q2022 claims with a statement period thru date on or after **January 1, 2022**, THCIC is enforcing the requirement to provide valid "Reason for Visit" coding on the Outpatient **Institutional** claims.

Facilities submitting 1q2022 Outpatient **Institutional** claims with invalid or missing "Reason for Visit" coding will receive an error code of 733 or 785. The facility is required to correct the errors.

If your facility is having issues correcting the error, you are encouraged to contact System13 directly to receive instruction on how to correct the error. THCIC and System13 are committed to assisting you with this change.

Contact System13 at 888-308-4953.

Facilities may wish to submit 1q2022 claims data **early** (or as a TEST File for verification) to ensure their Outpatient Institutional claims file has populated the "Reason for Visit" field.

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Reason for Visit

SSN Values

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 4
June 13, 2022

Please share with all staff working with the THCIC data collection efforts.

Reason for Visit versus Primary Diagnosis

Patient's Reason for Visit and Primary Diagnosis Code often have the same value in a claim. However, they are not the same thing. Quality data in both fields can help researchers find clues for better healthcare. According to the UB-04 Data Specifications Manual, Patient's Reason for Visit is "the ICD diagnosis code ... describing the patient's stated reason for visit at the time of outpatient registration" and Admitting (Primary) Diagnosis Code is "the ICD diagnosis code ... describing the patient's diagnosis at the time of admission". The difference between the two is that the patient's reason for visit is the patient's initial complaint and the admitting diagnosis code is the facility's primary diagnosis after an initial examination.

New Technical Specifications

Updated versions of the THCIC Inpatient 5010 Technical Specifications and 5010 Inpatient and Outpatient Appendices have been posted on the THCIC website, <https://dshs.texas.gov/thcic/>, under the links to Facility Reporting Requirements for Inpatient and Outpatient. The changes THCIC made are detailed at the end (last section) of each document.

Data Collection Workgroup

THCIC holds a quarterly Data Collection Workgroup meeting in which we update stakeholders on recent events, share upcoming events and projects, and answer stakeholder questions. This is an opportunity for stakeholders to

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interact with THCIC and be a part of future changes. If you would like to be added to the email list for future Data Collection Workgroup meetings, please send a request to andy.alegria@dshs.texas.gov.

The next Data Collection Workgroup meeting is scheduled for Thursday, June 30, 10 a.m.- 11 a.m. An agenda will be sent to you by Friday, June 22, 2022. You can join us using the following:

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 512-580-4366](tel:+15125804366),840825044#

Phone Conference ID: 840 825 044#

Upcoming Due Dates

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- All Data Manager and Data Certifier login passwords **MUST** be reset every 60 days in our system and must never be shared
- Your quarterly **certification "comments"** are **PUBLICLY** released as written. Remember to use caution. You should **never** provide physician or patient identifying information in a certification comment.

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 5
July 19, 2022

Please share with all staff working with the THCIC data collection efforts.

Share Your Thoughts on the FER

What changes to the Frequency of Error Report (FER) would make it more useful to you? The FER is the report emailed to facility primary contacts when provider data is submitted to the THCIC System (maintained by System13).

THCIC is planning a 1-hour workshop in the third week of August focused on improving the design of the FER. THCIC is seeking a small group of volunteers who will brainstorm ideas for improving the current design. THCIC invites representatives from Hospitals, Ambulatory Surgery Centers (ASCs), and Freestanding Emergency Medical Care Facilities (FEMCs) who use the FER. If you would like to participate, please email andy.alegria@dshs.texas.gov by July 22, 2022. The day and time of the workshop will be scheduled based on the availability of participants.

In This Issue

- Share Your Thoughts on the FER
- Inpatient Technical Specs Change
- Report Highlight – Hardcopy Report
- Upcoming Due Dates
- Videos for Troubleshooting
- Did You Know?
- THCIC Training
- How to Reach Us

Inpatient Technical Specifications Change

Please share this article with the vendor or IT staff who maintains the application you use to enter and submit THCIC data. THCIC plans to make the following change to the [THCIC Inpatient 5010 Technical Specifications](#) effective January 1, 2023.

In loop 2300 — CLAIM INFORMATION, reference destination CLM05-1 – Facility Code Value (Health Care Service Location Information), THCIC is removing the "code 85" Specialty Facility – Critical Access Hospital. In other words, Specialty Facility – Critical Access Hospital (code 85) will no longer be

a valid bill type - facility type code for inpatient claims. Instead, you should use Facility Code Values 11, 12, or 18.

THCIC is making this change because valid values for the CLM05-1 – Facility Code Value field is derived from the uniform bill for institutional providers (known as UB-04) where Type of Bill 085x is not a valid value for inpatient claims.

Report Highlight – Hardcopy Report

Would you like a detailed list of all the errors and warnings for each field in each of your claims submitted to the THCIC System? The Hardcopy Report, found in the [THCIC System](#) Reports tab, includes useful information such as the record IDs, field, value you sent, and error number.

You can use the [5010 Inpatient and Outpatient Appendices](#), downloadable from the THCIC website, to look up the error descriptions by error number. Alternatively, the Frequency of Error report on the Reports tab, and the FERs emailed to the facility primary contact when your data is submitted, provide a short list of the error numbers and descriptions specific to your data. For those of you who enter data into your facility's data collection application and then submit to the THCIC System, using the Hardcopy Report and Frequency of Error report together provide the easiest method for finding data entry and software translation errors so that you or your software vendor can correct them.

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Texas Health Care Information Collection - THCIC
Health Facilities Numbered Letter, Volume 25 Number 6
November 18, 2022

Please share with all staff working with the THCIC data collection efforts.

Data Correction Period to Change

THCIC will be discussing changes to the data correction period from the current 45-day period to 30 days.

This change will also affect the Certification schedule.

Please join THCIC at the next **Data Collection Workgroup (DCW)** meeting scheduled for December 8, 2022, at 10:00 a.m. CST.

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FER Comment
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Invitation to the Data Collection Workgroup Meeting

The next Data Collection Workgroup Meeting will be Thursday, December 8, from 10:00 a.m. to 11:00 a.m. Central Standard Time. The Teams video meeting link (recommended) and non-video call-in phone number (if you cannot get Teams to work) are provided below.

The purpose of the Data Collection Workgroup is to discuss THCIC events and projects; hear from stakeholders; and answer stakeholder questions about THCIC data submission, collection, analysis, and reporting.

If you would like to be added to the contact list for future Data Collection Workgroup emails and meetings, please contact Andy Alegria at andy.alegria@dshs.texas.gov.

Inpatient Technical Specifications Change

Please share this article with the vendor or IT staff who maintains the application you use to enter and submit THCIC data. THCIC plans to make the following change to THCIC inpatient claims data with a discharge date on or after January 1, 2023 (example: Statement Period Jan.1-Mar 31, 2023). The change will not affect 4q22 data.

In loop 2300 — CLAIM INFORMATION, reference destination CLM05-1 – Facility Code Value (Health Care Service Location Information), THCIC is removing the "code 85" Specialty Facility – Critical Access Hospital. In other words, Specialty Facility – Critical Access Hospital (code 85) will no longer be a valid bill type - facility type code for inpatient claims. Instead, you should use Facility Code Values 11, 12, or 18.

Questions may be emailed to THCICHelp@dshs.texas.gov

For Comment: Frequency of Error Report (FER) Change

THCIC would like to hear from facilities on a proposed change to the format of the Frequency of Error Report (FER), which facilities can use to determine if there are systemic issues causing errors in facility data sent to THCIC. The FER is emailed to the Primary and Alternate Contacts when a data file is uploaded. Facilities that manually enter data directly into the THCIC System (System13) should manually run the FER from the Reports tab.

Currently, the Errors By Field that starts on page 2 of the FER are sorted by a predetermined field order. Facility participants at a workshop held by THCIC earlier this year recommended sorting the Errors By Field so that the fields with the most Failed/Invalid would be at the top. This should make it faster and easier to determine if there is a data quality issue that needs to be addressed.

The result might look something like this:

Field	Valid	Blank/Zero	Failed/Invalid	Passed
SSN	78	0	78	50.00%
Patient birth date	128	0	8	94.11%
Admission type	136	0	0	100.00%

We would love to hear your opinion of this change to the FER. Please send your feedback to Andy Alegria, THCIC Business Analyst, at andy.alegria@dshs.texas.gov.

Upcoming Due Dates

Activity	Q2 2022	Q3 2022	Q4 2022
Quarterly data submission - no later than	9/1/2022	12/1/2022	3/1/2023
Error corrections completed - no later than (Free)	11/1/2022	2/1/2023	5/1/2023
Facility certification files available by	12/1/2022	3/1/2023	6/1/2023
Certification/comments due - no later than	1/17/2023	4/17/2023	7/17/2023

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