

### Texas Department of State Health Services

## Center for Health Statistics Texas Health Care Information Collection

# TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2023

#### **TABLE OF CONTENTS**

BACKGROUND	3
TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES	3
DATA PROCESSING AND QUALITY	7
PATIENT/PHYSICIAN CONFIDENTIALITY	8
RESTRICTIONS ON DATA USE	10
DATA LIMITATIONS	11
HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE	13
CITATION	14
DATA DICTIONARY	
INPATIENT BASE DATA #1 FILE	
INPATIENT BASE DATA #2 FILE	
INPATIENT CHARGES DATA FILE	
INPATIENT GROUPER DATA FILE	_
OUTPATIENT BASE DATA FILE	
OUTPATIENT CHARGES DATA FILE	_
OUTPATIENT CLASSIFICATION DATA FILEOUTPATIENT GROUPER DATA FILE	_
FACILITY TYPE DATA FILE	
DATA FILE LAYOUTS	
Inpatient Base Data #1 File	
Inpatient Base Data #2 File	
Inpatient Charges Data File	
Inpatient Grouper Data File	
Outpatient Base Data File	
Outpatient Charges Data File	
Outpatient Classification Data File	
Outpatient Grouper Data File	
Facility Tyne Data File	110

#### BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC).

DSHS began collecting ED data from hospitals on January 1, 2015 per <u>25</u> <u>Texas Administrative Code (TAC)</u> <u>Sections 421.71-421.79</u>, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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.

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

THSC Section <u>108.012</u> authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

#### **TEXAS EMERGENCY DEPARTMENT Public Use DATA FILES**

The Texas Emergency Department Public Use Data Files include data from Inpatient "Public Use Data Files" (PUDF) and the Outpatient PUDF. The Inpatient PUDF contains patient-level information for patients which were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged; the Outpatient PUDF contains patient-level information for outpatient services that does not go more than twenty-four (24) hours from the time they are being treated in the hospital or freestanding emergency medical care facility (FEMCF). DSHS only collect data from these hospitals and FEMCFs in which patient's received one or more procedures that included invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections <u>421.1</u>, <u>421.6</u> and <u>421.7</u>, for inpatient ED records and <u>421.73</u>, <u>421.75</u> and <u>421.76</u> for outpatient ED records (which references 25 TAC Sections <u>421.63</u>, <u>421.65</u> and <u>421.66</u>). The reporting schedules are also posted on the DSHS/THCIC webpage at <a href="http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm">http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</a>. This means

that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

#### The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding facility identifier, principal diagnosis, other diagnoses, external cause of injury, principal procedure, other procedures, diagnosis related group, type of admission, source of admission, length of stay, patient ethnicity, patient race, patient residence city, county, ZIP code, patient status, primary payment source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding condition code, value code, occurrence code, occurrence day, charge amounts for service pay groups, and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains grouper variables that were previously included in the IP base #1 file as well as their dynamic counterparts. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_MS\_DRG, FROZEN\_RISK\_MORTALITY, MS\_DRG, and RISK\_MORTALITY. Any variables with the suffix "frozen" are those included in the IP base #1 file of previously years but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding facility identifier, diagnoses, external cause of injury, procedures, diagnosis related group, charge amounts for service pay groups, patient ethnicity, patient race, patient

- residence city, county, ZIP code, patient status, source of admission, primary payment source, and other data used for most research topics.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software Refined (CCSR) codes for diagnoses and Clinical Classification Software (CCS) codes for procedures.
- OP Grouper File This file contains groupers variables that were previously included in the OP charges and classification files. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_EAPG\_GRP\_VER, FROZEN\_APC\_WEIGHT, EAPG\_GRP\_VER, and APC\_WEIGHT. Any variables with the suffix "frozen" are those included in the OP charges and classification files previously but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated quarterly.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

The following supplementary information is provided along with the ED PUDF:

- Hospital/ASC/FEMCF Comments File This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These documents provide information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low

numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2023 ED PUDF is available in nine fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Inpatient Grouper Data, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges Data, Outpatient Grouper Data, and Facility Type Data files. The sizes of the files are as follows:

#### First quarter, 847 facilities:

IP Base Data #1	443,443 records	156 variables	Fixed field format	329 MB	Tab-delimited	171 MB
IP Base Data #2	443,443 records	99 variables	Fixed field format	275 MB	Tab-delimited	117 MB
IP Charges Data	10,384,173 records	13 variables	Fixed field format	812 MB	Tab-delimited	499 MB
IP Grouper Data	443,443 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,832,990 records	128 variables	Fixed field format	2,394 MB	Tab-delimited	1,135 MB
OP Classification Data	2,832,990 records	51 variables	Fixed field format	646 MB	Tab-delimited	297 MB
OP Charges Data	25,222,582 records	13 variables	Fixed field format	1,972 MB	Tab-delimited	1,296 MB
OP Grouper Data	25,222,582 records	18 variables	Fixed field format	2,766 MB	Tab-delimited	2,654 MB
Facility Type Data	847 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

#### Second quarter, 843 facilities:

IP Base Data #1	438,451 records	156 variables	Fixed field format	325 MB	Tab-delimited	169 MB
IP Base Data #2	438,451 records	99 variables	Fixed field format	272 MB	Tab-delimited	115 MB
IP Charges Data	10,136,349 records	13 variables	Fixed field format	793 MB	Tab-delimited	484 MB
IP Grouper Data	438,451 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,899,136 records	128 variables	Fixed field format	2,450 MB	Tab-delimited	1,161 MB
OP Classification Data	2,899,136 records	51 variables	Fixed field format	661 MB	Tab-delimited	304 MB
OP Charges Data	25,633,620 records	13 variables	Fixed field format	2,005 MB	Tab-delimited	1,316 MB
OP Grouper Data	25,633,620 records	18 variables	Fixed field format	2,811 MB	Tab-delimited	2,699 MB
Facility Type Data	843 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

#### Third quarter, 822 facilities:

IP Base Data #1	448,014 records	156 variables	Fixed field format	332 MB	Tab-delimited	172 MB
IP Base Data #2	448,014 records	99 variables	Fixed field format	278 MB	Tab-delimited	118 MB
IP Charges Data	10,311,351 records	13 variables	Fixed field format	806 MB	Tab-delimited	491 MB
IP Grouper Data	448,014 records	21 variables	Fixed field format	28 MB	Tab-delimited	37 MB
OP Base Data	2,960,638 records	128 variables	Fixed field format	2,502 MB	Tab-delimited	1,194 MB
OP Classification Data	2,960,638 records	51 variables	Fixed field format	675 MB	Tab-delimited	310 MB
OP Charges Data	26,430,907 records	13 variables	Fixed field format	2,067 MB	Tab-delimited	1,357 MB
OP Grouper Data	26,430,907 records	18 variables	Fixed field format	2,899 MB	Tab-delimited	2,782 MB
Facility Type Data	822 records	33 variables	Fixed field format	78 KB	Tab-delimited	69 KB

#### Fourth quarter, 852 facilities:

IP Base Data #1	456,910 records	156 variables	Fixed field format	339 MB	Tab-delimited	176 MB
DSHS/THCIC		Page		DS	SHS Document	#25-15013
www.dshs.texas.gov/THCIC	7	6		L	ast Updated: Au	igust, 2024

#### Fourth quarter, 852 facilities:

IP Base Data #2	456,910 records	99 variables	Fixed field format	283 MB	Tab-delimited	120 MB
IP Charges Data	10,564,726 records	13 variables	Fixed field format	826 MB	Tab-delimited	503 MB
IP Grouper Data	456,910 records	21 variables	Fixed field format	29 MB	Tab-delimited	37 MB
OP Base Data	3,158,898 records	128 variables	Fixed field format	2,669 MB	Tab-delimited	1,267 MB
OP Classification Data	3,158,898 records	51 variables	Fixed field format	720 MB	Tab-delimited	326 MB
OP Charges Data	27,315,160 records	13 variables	Fixed field format	2,136 MB	Tab-delimited	1,403 MB
OP Grouper Data	27,315,160 records	18 variables	Fixed field format	2,996 MB	Tab-delimited	2,877 MB
Facility Type Data	852 records	33 variables	Fixed field format	81 KB	Tab-delimited	71 KB

The data must be imported into a software application. The ED PUDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (software limits may not allow all data to be loaded), Microsoft Excel 2016 (software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

#### DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	7	Last Updated: August, 2024

missing values and invalid codes in this file before the ED PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

#### PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. 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 THSC Section 108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections 108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

- 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 (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. 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 patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections 108.002 (17), 108.009, and 108.011 require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or 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 Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with

criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

#### **RESTRICTIONS ON DATA USE**

Users of the ED PUDF are cautioned about using less than a year of data to make any hospital, or FEMCF quality assumptions.

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit 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 patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes 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 FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

In the Texas Emergency Department PUDF 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 ED PUDF:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use

Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

Texas Emergency Department Public Use Data Files, [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 THSC Sections 108.014 and 108.0141 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 licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

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

#### **DATA LIMITATIONS**

(Users are advised to become familiar with the data limitations.)

THSC Section <u>108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).

- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type

- is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

#### **HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE**

(Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	13	Last Undated: August 2024

hospitals, and 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, and FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

#### **CITATION**

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

Texas Emergency Department Data Set, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



## Texas Department of State Health Services

Last Updated: August, 2024

#### **Texas Emergency Department Data Set**

#### DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Texas Emergency Department (ED) Data Set. The following information is provided:

**Field** Unique, abbreviated name of the data element.

**Description** Brief explanation of the data element. Descriptions of data elements are

taken from specifications manuals

**Data** Provided by the health care facility on the claim form (Claim)

Source

Provided to THCIC by the healthcare facility (Provider)

Assigned by DSHS (Assigned)
Calculated by DSHS (Calculated)

Note: For those data elements that have been temporarily suppressed, the

quarter of data for which the data element will be released is noted

following the Data Source.
Alphanumeric or numeric

**Coding** Valid codes for a data field. Values taken from specifications manuals.

scheme

www.dshs.texas.gov/THCIC

**Type** 

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` (Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

#### **INPATIENT BASE DATA #1 FILE**

Field 1:	RECORD_ID			
Description:	Record Identification Nu	ımber. Unique nu	mber assigned t	to identify the record. The
	Record ID in the ED Ing	oatient PUDF is n	ot linkable to the	e Record ID in the ED
	Outpatient PUDF or ED I	Research Data Fi	es (RDFs).	_
<b>Beginning Position:</b>	1	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 2:	DISCHARGE			
Description:	Discharge Quarter. Year ar	nd quarter of discha	rge. <i>yyyy</i> Qn.	
<b>Beginning Position:</b>	13	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
DSHS/THCIC		Page		DSHS Document #25-15013

15

**Description:** Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. **Beginning Position:** 19 **Data Source:** Assigned Length: Alphanumeric Type: Field 4: TYPE\_OF\_ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information not available Invalid **Beginning Position:** 25 **Data Source:** Claim Length: Type: Alphanumeric Field 5: SOURCE\_OF\_ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 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 Paver Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim Length: Alphanumeric Type: Field 6: 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. **Coding Scheme:** Coronary Care Unit Р Pediatric Unit Detoxification Unit Psychiatric Unit D Υ Intensive Care Unit Rehabilitation Unit R Ι Н Hospice Unit U Sub-acute Care Unit Skilled Nursing Unit S Ν Nurserv В Obstetric Unit Blank Acute Care Oncology Unit **Beginning Position:** 27 **Data Source:** Calculated Length: Alphanumeric Type: Field 7: SPEC\_UNIT\_2 **Description:** Specialty Units in which 2<sup>nd</sup> 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: Type: Alphanumeric Field 8: SPEC UNIT 3 **Description:** Specialty Units in which 3<sup>rd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC UNIT 1. **Coding Scheme: Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 9: SPEC\_UNIT\_4 **Description:** Specialty Units 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. Data Source: **Beginning Position:** Calculated DSHS/THCIC Page DSHS Document #25-15013

16

Last Updated: August, 2024

Length: Alphanumeric Type:

Field 10: SPEC\_UNIT\_5

**Description:** Specialty Units 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: Data Source:** Calculated Length: Alphanumeric Type:

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:** Arkansas

LA Louisiana New Mexico NM ΩK Oklahoma ΤX Texas

ZZ All other states and American Territories

FC Foreign country

XX Foreign country

**Beginning Position:** 32 **Data Source:** 

Length: Alphanumeric Type:

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 discharges. 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-STD 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 hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown',

the ZIP Code is blank.

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

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).

Suppressed if fewer than 5 patients from one country. Suppression:

Coding scheme: See www.ISO.org for complete list.

**Data Source: Beginning Position:** Claim 39

Length: Alphanumeric Type:

Field 14: PAT\_COUNTY

**Description:** FIPS code of patient's county.

Coding schem

Coaing scn	eme:							
001	Anderson	037	Bowie		073	Cherokee	109	Culberson
003	Andrews	039	Brazoria		075	Childress	111	Dallam
005	Angelina	041	Brazos		077	Clay	113	Dallas
007	Aransas	043	Brewster		079	Cochran	115	Dawson
009	Archer	045	Briscoe		081	Coke	117	Deaf Smith
011	Armstrong	047	Brooks		083	Coleman	119	Delta
013	Atascosa	049	Brown		085	Collin	121	Denton
015	Austin	051	Burleson		087	Collingsworth	123	Dewitt
017	Bailey	053	Burnet		089	Colorado	125	Dickens
019	Bandera	055	Caldwell		091	Comal	127	Dimmit
021	Bastrop	057	Calhoun		093	Comanche	129	Donley
023	Baylor	059	Callahan		095	Concho	131	Duval
025	Bee	061	Cameron		097	Cooke	133	Eastland
027	Bell	063	Camp		099	Coryell	135	Ector
029	Bexar	065	Carson		101	Cottle	137	Edwards
031	Blanco	067	Cass		103	Crane	139	Ellis
033	Borden	069	Castro		105	Crockett	141	El Paso
035	Bosque	071	Chambers		107	Crosby	143	Erath
DSHS/TE	ICIC			Page			DSHS Docu	ment #25-15013

145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209	Hays	303	Lubbock	397	Rockwall	491	Williamson
211	Hemphill	305	Lynn	399	Runnels	493	Wilson
213	Henderson	307	McCulloch	401	Rusk	495	Winkler
215	Hidalgo	309	McLennan	403	Sabine	497	Wise
217	Hill	311	McMullen	405	San Augustine	499	Wood
219	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	409	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry		
229	Hudspeth	323	Maverick	417	Shackelford	`	Invalid
231	Hunt	325	Medina	419	Shelby		
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		
	*		•				

**Beginning Position:** 41 **Data Source:** Assigned; based on patient ZIP code

**Length:** 3 **Type:** Alphanumeric

#### Field 15: Description: Coding Scheme:

#### **PUBLIC\_HEALTH\_REGION**

Public Health Region of patient's address.

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

Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

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

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	18	Last Updated: August, 2024

- 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
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 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
- 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 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

**Beginning Position:** 44 Data Source: Assigned Length: Alphanumeric Type:

Field 16: **PAT\_STATUS** 

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

#### **Coding Scheme:**

63

64

65

Discharged/transferred to Medicare-certified

Discharged/transferred to Medicaid-certified

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

Discharged/transferred to psychiatric hospital or

long term care hospital

nursing facility

Hospital (CAH)

reported 01 Discharged to home or self-care (routine Discharged/Transferred to a designated disaster 69 alternate care (effective 10-1-2013) discharge) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the 03 Discharged to skilled nursing facility code list 04 Discharged to intermediate care facility Discharged/transferred to other outpatient 71 Discharged/transferred to a Designated Cancer 05 72 Discharged/transferred to institution outpatient Center or Children's Hospital 06 Discharged to care of home health service Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission 07 Left against medical advice (effective 10-1-2013) 08 Discharged to care of Home IV provider Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute 09 Admitted as inpatient to this hospital Care Hospital Inpatient Readmission (effective 20 Expired 10-1-2013) Discharged/Transferred to a Skilled Nursing Discharged/transferred to Court/Law 21 Facility (SNF) with Medicare Certification with a Enforcement Planned Acute Care Hospital Inpatient 30 Still patient Readmission (effective 10-1-2013) 40 Expired at home Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a 41 Expired in a medical facility Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 42 Expired, place unknown Discharged/transferred to a Designated Cancer 43 Discharged/transferred to federal health care Center or Children's Hospital with a Planned facility Acute Care Hospital Inpatient Readmission 50 Discharged to hospice-home (effective 10-1-2013) 51 Discharged to hospice-medical facility Discharged/Transferred to Home under Care of Organized Home Health Service Organization 61 Discharged/transferred within this institution to with a Planned Acute Care Hospital Inpatient Medicare-approved swing bed Readmission (effective 10-1-2013) 62 Discharged/transferred to inpatient Discharged/Transferred to Court/Law rehabilitation facility Enforcement with a Planned Acute Care Hospital

Inpatient Readmission (effective 10-1-2013)

Facility with a Planned Acute Care Hospital

Inpatient Readmission (effective 10-1-2013)

Discharged/Transferred to a Hospital-based

(effective 10-1-2013)

Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission

Discharged/Transferred to a Federal Health Care

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC 19 Last Updated: August, 2024

- 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)

Inpatient Readmission (effective 10-1-2013)			2013)		
			` Invalid		
<b>Beginning Position:</b>	46	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 17:	SEX_CODE				
Description:	Gender of the patient as	recorded at dat	te of admission or start of care.		
Suppression:	Code is suppressed if an	ICD-10-CM cod	le indicates drug or alcohol use or an HIV-		
	STD diagnosis. If ICD-10	O-CM indicates a	llcohol 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). I	f a hospital has fewer than 5 patients of a		
	particular gender, includ	ling unknown, P	rovider ID is '999998' and Hospital Name and		
	Patient ZIP Code are bla				
Coding Scheme:	M Male				
-	F Female				
	U Unknown				
	` Invalid				
Beginning Position:	48	Data Source:	Claim		
Length:	1	Туре:	Alphanumeric		
Field 18:	RACE				
Description:	Code indicating the patie				
Suppression:		nan ten patients	of one race that race is changed to 'Other'		
	(code equals 5).				
Coding Scheme:	1 American Indian/Esk				
	2 Asian or Pacific Islan	der			
	3 Black				
	4 White 5 Other				
	` Invalid				
Beginning Position:	49	Data Source:	Claim		
Length:	1	Type:	Alphanumeric		
Field 19:	ETHNICITY	73-	F		
Description:	Code indicating the Hispanic origin of the patient.				
Suppression:			of one race the ethnicity of patients of that		
• •	race is suppressed (code		,		
Coding Scheme:	1 Hispanic Origin				
3	2 Not of Hispanic Origi	n			
	` Invalid				
<b>Beginning Position:</b>	50	Data Source:	Claim		
Length:	1	Туре:	Alphanumeric		
Field 20:	ADMIT_WEEKDAY				
Description:	Code indicating day of week patient is admitted				

Length: 1
Field 21: LENGTH\_OF\_STAY

1

3

4

51

Monday

Tuesday

Thursday

Wednesday

**Coding Scheme:** 

**Beginning Position:** 

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	20	Last Updated: August, 2024

**Data Source:** 

Type:

5

6

7

Assigned

Alphanumeric

Friday

Saturday

Sunday

Invalid

Admission/start of care date. The minimum length of stay is 1 day. The maximum is 999 days.   999 days.   10 35-39	Description:	Length of stay in days e	<i>quals</i> Statement	t covers period th	hrough date <i>minus</i>
Paginning Position:   S2		Admission/start of care			
PAT_AGE	Beginning Position:	52	Data Source:		
Code   Indicating age of patient in days or years on date of discharge.			Туре:	Alphanumeric	
1		<del></del>			
1	•			r years on date o	
02	Coding Scheme:	•			
Page     Page     Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Pa		•			
04   10-14		02 1 4 years	12 45 45		5.
05   15-17   15   60-64   225   55-74     07   20-24   17   70-74   26   75-4     08   25-29   18   75-79   26   75-4     09   30-34   19   80-84     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     10   10   10   10   10     10   10					
Definition   De					
07    20-24					
Description					
Beginning Position:   25   STRST PAYMENT SRC   Payment   Page					` Invalid
Field 23:   FIRST_PAYMENT_SRC	Danimala a Danihia			A :	
Field 23:				•	
Coding Scheme:				Alphanamenc	
Coding Scheme:   09   Self Pay (Removed from 5010 format, beginning 202012 data)   Hall Health Maintenance Organization beginning 202012 data)   LI Liability Medical   Liability Medic				ource of payment	<del>-</del>
10   Central Certification   11   Other Non-federal Programs   Li   Liability   Medicare Part A   Medicare Part A   Medicare Part B   More Pa	Coding Scheme:				
1.1   Other Non-federal Programs	-		2012 data)	1.7 1.5-1.00.	
12   Preferred Provider Organization (PPO)			rams	,	
14   Exclusive Provider Organization (EPO)   MC   Medical		12 Preferred Provider Orga		•	
15   Indemnity Insurance   16   Health Maintenance Organization (HMO)   OF   Other Federal Program			(EDO)		
Health Maintenance Organization (HMO)			inization (EPO)		a
All		•	ganization (HMO)		ederal Program
Bulle Cross/Blue Shield ChamPUS   CI   Commercial Insurance   CI   Commercial Insurance   CI   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Invalid   Invalid   Invalid   Invalid   Invalid   Invalid   Inv				\/A \/ahauau	Advairsiaturation Dlan
CHAMPUS   CI   COmmercial Insurance   Code   Codes 09 and ZZ, combined for 2004 & 2005					
Beginning Position: Length: Field 24:  Description: Coding Scheme: Beginning Position: Length:  Type:  Beginning Position: Coding Scheme:  Indicates the specific type of bill.  Indicates the specific type of Scallity Inpatient, including Medicare Part A Part A Part B Part A Part B Part A Part B only  Interim—first daim  Interim—continuing claim Part B only  Interim—last claim  Interim—continuing claim  Interim—last claim  Interim—last claim  Interim—last claim  Interim—continuing claim  Interim—continuing claim  Interim—continuing claim  Interim—continuing claim  Interim—first claim  Interim—continuing  Interim—con					
Beginning Position: 58					99 and ZZ, combined for 2004 & 2005
Length:   2   Type:   Alphanumeric	Daniumina Danitiani	,	Data Causas	Ilivaliu	
Field 24:  Description: Coding Scheme: Beginning Position: Coding Scheme:  Indicates the specific type of bill.  Indicates the specific type of Care  Inpatient, including Medicare  Inpatient, Medicare Part B only only claim  A Religious non-medical health care—Hospital  Inpatient of the Medicare Part B only only claim  A Religious non-medical health care—Hospital  Interimediate Care—Level I A Interim—last claim health care—Extended care  Interimediate Care—Level I A Interim—last claim (Not used by Medicare)  Interimediate Care—Level I A Interimediate Care—Level I A Interim—last claim (Not used by Medicare)  Reginning Position:  Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges,  Beginning Position:  Length:  Page DSHS Document #25-15013			_ : :: : : : : : : : : : : : : : : : :		
Code indicating the expected secondary source of payment. Same as field FIRST_PAYMENT_SRC				/ upriditatione	_
Coding Scheme:       Same as field FTRST_PAYMENT_SRC         Beginning Position:       Coding Scheme:       TYPE_OF_BILL         Description:       Indicates the specific type of bill.         Coding Scheme:       Indicates the specific type of Facility       2nd digit—Type of Care       3rd digit—Sequence of claim         Length:       1 Hospital       1 Inpatient, including Medicare Part B only       0 Non-payment/Zero claim         Coding Scheme:       2 Skilled nursing       2 Inpatient, Medicare Part B only       1 Admit through discharge claim         2 Skilled nursing       2 Inpatient, Medicare Part B only       1 Admit through discharge 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—Hospital health care—Extended care       5 Intermediate Care—Level I Part B only       4 Interim—last claim         6 Intermediate care       6 Intermediate Care—Level I III       5 Late charge(s) only claim         7 Clinic       7 Sub-acute inpatient – Level III       6 Adjustment of prior claim         8 Special facility       8 Swing bed       7 Replacement of prior claim         Beginning Position: Length:       62 Data Source: Claim       Alphanumeric         Field 26: Data Source: Sum of accommodation charges, non-covered ancillary charges, non-covered ancillary charges, non-covered	Description:	· · · · · · · · · · · · · · · · · · ·	_	source of payme	ent.
Page	Coding Scheme:	Same as field FIRST_PAYMI		. ,	
Field 25: Description: Coding Scheme:    1st digit—Type of Facility	-				
Description:			Туре:	Alphanumeric	
Coding Scheme:			of hill		
Hospital   Linear Part A   Linear Part B   L				ne of Care	3 <sup>rd</sup> digit-Sequence of claim
2   Skilled nursing   2   Inpatient, Medicare Part B only   3   Admit through discharge claim   3   Outpatient   2   Interim-first claim   2   Interim-first claim   3   Outpatient   Other, Medicare   3   Interim-continuing claim   Part B only   Part B	county beneficien				
Seginning Position:   Claim					
3   Home health   3   Outpatient   2   Interim-first claim		2 Skilled nursing	•	t, Medicare Part B	
health care–Hospital  5 Religious non-medical health care–Extended care  6 Intermediate care		3 Home health	,	nt	
Seginning Position: Length: TOTAL_CHARGES   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered ancillary charges   Sum of accommodation charges, non-covered ancillary charges   Sum		3			3 Interim-continuing claim
health care—Extended care    four intermediate care		•		,	4 Interim_last claim
7 Clinic 7 Sub-acute inpatient - Level 6 (Not used by Medicare) 8 Special facility 8 Swing bed 7 Replacement of prior claim 8 Special facility 8 Swing bed 7 Replacement of prior claim 8 Void/cancel of prior claim 9 Void				liate Care-Level 1	4 Interim-last claim
Beginning Position: Length:  TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered ancillary charges, non-covered ancillary charges.  Beginning Position: Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.  Beginning Position: Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length:  Type: Numeric  DSHS Document #25-15013					<b>5</b> ( ) ,
Beginning Position: Length:  TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered ancillary charges.  Beginning Position: Length:  Data Source: Claim Alphanumeric  Type: Alphanumeric  Claim Commodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length:  Data Source: Claim Commodation charges, ancillary charges.  Beginning Position: Length:  Data Source: Claim Numeric  Data Source: Data Source: Data Source: Data Source: Numeric		7 Clinic		e inpatient – Level	
Beginning Position: Length:  Field 26: Data Source: Type: Claim Alphanumeric  Field 26: Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Charges, non-covered ancillary charges.  Beginning Position: Length: Type: Numeric  DSHS/THCIC  Page DSHS Document #25-15013		8 Special facility		ed	
Length:3Type:AlphanumericField 26:TOTAL_CHARGESDescription:Sum of accommodation charges, non-covered accommodation charges, ancillary charges.Beginning Position: Length:65Data Source: Type:Claim NumericDSHS/THCICPageDSHS Document #25-15013			_		8 Void/cancel of prior claim
Field 26: TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length: Data Source: Type: Numeric  DSHS/THCIC Page DSHS Document #25-15013					
Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length: DSHS/THCIC Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Claim Numeric DSHS Document #25-15013			туре:	Alphanumeric	_
charges, non-covered ancillary charges.  Beginning Position: Length:  DSHS/THCIC  Charges, non-covered ancillary charges.  Data Source: Type:  Claim Numeric  DSHS Document #25-15013			charges non-co	vered accommo	dation charges ancillary
Beginning Position:     65     Data Source:     Claim       Length:     12     Type:     Numeric       DSHS/THCIC     Page     DSHS Document #25-15013	200. paoii				addon charges, anchiary
Length:         12         Type:         Numeric           DSHS/THCIC         Page         DSHS Document #25-15013	Beginning Position:				
	DSHS/THCIC		Page		DSHS Document #25-15013
		THCIC	_		

Field 27: TOTAL\_NON\_COV\_CHARGES Description: Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position: Data Source:** Claim 12 Numeric Length: Type: Field 28: **TOTAL CHARGES ACCOMM Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Numeric Length: 12 Type: Field 29: TOTAL\_NON\_COV\_CHARGES\_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: Type: Numeric 12 Field 30: TOTAL\_CHARGES\_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Type: Numeric Length: 12 Field 31: TOTAL\_NON\_COV\_CHARGES\_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **Data Source:** Claim Length: 12 Type: Numeric Field 32: ADMITTING\_DIAGNOSIS Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 137 Claim Length: 7 Type: **Alphanumeric** Field 33: PRINC\_DIAG\_CODE **Description:** 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:** 144 **Data Source:** Claim Length: Type: Alphanumeric Field 34: POA\_PRINC\_DIAG\_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid 151 **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 35: OTH\_DIAG\_CODE\_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 **Data Source:** Claim Length: Alphanumeric Type: Field 36: POA\_OTH\_DIAG\_CODE\_1 Description: Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 159 Data Source: Claim Length: Type: Alphanumeric Field 37: OTH\_DIAG\_CODE\_2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA OTH DIAG CODE 2 **Description:** Code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital DSHS/THCIC DSHS Document #25-15013 Page

22

Last Updated: August, 2024

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position:167Data Source:ClaimLength:1Type:Alphanumeric

Field 39: OTH\_DIAG\_CODE\_3

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position:168Data Source:ClaimLength:7Type:Alphanumeric

Field 40: POA\_OTH\_DIAG\_CODE\_3

**Description:** Code identifying whether Oth\_Diag\_Code\_3 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position:175Data Source:ClaimLength:1Type:Alphanumeric

Field 41: OTH\_DIAG\_CODE\_4

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 176 Data Source: Claim

**Length:** 7 **Type:** Alphanumeric

Field 42: POA\_OTH\_DIAG\_CODE\_4

**Description:** Code identifying whether Oth\_Diag\_Code\_4 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position: 183 Data Source: Claim

**Length:** 1 **Type:** Alphanumeric

Field 43: OTH\_DIAG\_CODE\_5

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 184 Data Source: Claim

**Length:** 7 **Type:** Alphanumeric

Field 44: POA\_OTH\_DIAG\_CODE\_5

**Description:** Code identifying whether Oth\_Diag\_Code\_5 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position:191Data Source:ClaimLength:1Type:Alphanumeric

Field 45: OTH\_DIAG\_CODE\_6

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 192 Data Source:

**Length:** 7 **Type:** Alphanumeric

Field 46: POA\_OTH\_DIAG\_CODE\_6

**Description:** Code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient

Claim

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position:199Data Source:ClaimLength:1Type:Alphanumeric

Field 47: OTH\_DIAG\_CODE\_7

**Description:** 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 48: POA\_OTH\_DIAG\_CODE\_7

**Description:** Code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 207 **Data Source:** Claim

**Length:** 1 **Type:** Alphanumeric

Field 49: OTH\_DIAG\_CODE\_8

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 23 Last Updated: August, 2024

Beginning Position:208Data Source:ClaimLength:7Type:Alphanumeric

Field 50: POA\_OTH\_DIAG\_CODE\_8

**Description:** Code identifying whether Oth Diag Code 8 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 215 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 51: OTH\_DIAG\_CODE\_9

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Beginning Position:216Data Source:ClaimLength:7Type:Alphanumeric

Field F2: POA OTH DIAG CODE O

Field 52: POA\_OTH\_DIAG\_CODE\_9

**Description:** Code identifying whether Oth Diag Code 9 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 223 **Data Source:** Claim

**Length:** 1 **Type:** Alphanumeric

Field 53: OTH DIAG CODE 10

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position:** 224 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 54: POA\_OTH\_DIAG\_CODE\_10

**Description:** Code identifying whether Oth\_Diag\_Code\_10 code was present at the time the

patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 231 **Data Source:** Claim

**Length:** 1 **Type:** Alphanumeric

Field 55: OTH\_DIAG\_CODE\_11

**Coding Scheme:** 

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position:** 232 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 56: POA\_OTH\_DIAG\_CODE\_11

**Description:** Code identifying whether Oth Diag Code 11 code was present at the time the

patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position: 239 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 57: OTH DIAG CODE 12

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position:** 240 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 58: POA\_OTH\_DIAG\_CODE\_12

**Description:** Code identifying whether Oth\_Diag\_Code\_12 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA PRINC DIAG CODE

Beginning Position: 247 Data Source: Claim

**Length:** 1 **Type:** Alphanumeric

Field 59: OTH\_DIAG\_CODE\_13

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position:** 248 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 60: POA\_OTH\_DIAG\_CODE\_13

**Description:** Code identifying whether Oth\_Diag\_Code\_13 code was present at the time the

patient was admitted to the hospital

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 24 Last Updated: August, 2024

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 255 **Data Source:** Claim

Length: Type: Alphanumeric

Field 61: OTH\_DIAG\_CODE\_14

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position:** Data Source: Claim

Length: Alphanumeric Type:

Field 62: POA\_OTH\_DIAG\_CODE\_14

**Description:** Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 263 **Data Source:** Claim

Length: Alphanumeric Type:

Field 63: OTH\_DIAG\_CODE\_15

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim 264

Length: Type: Alphanumeric

Field 64: POA\_OTH\_DIAG\_CODE\_15

**Description:** Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Coding Scheme:** 271 **Data Source:** 

**Beginning Position:** Claim

Length: Alphanumeric Type:

Field 65: OTH\_DIAG\_CODE\_16

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Type: Alphanumeric

Field 66: POA\_OTH\_DIAG\_CODE\_16

**Description:** Code identifying whether Oth\_Diag\_Code\_16 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Data Source: Beginning Position:** 279 Claim

Length: Alphanumeric Type:

Field 67: OTH\_DIAG\_CODE\_17

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Claim

Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the

Alphanumeric

Decimal is implied following the third character.

**Beginning Position:** 280 Data Source: Length: Type:

Field 68: POA\_OTH\_DIAG\_CODE\_17

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Data Source: **Beginning Position:** 287 Claim

Length: Type: Alphanumeric

Field 69: OTH\_DIAG\_CODE\_18

**Description:** 

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

**Data Source: Beginning Position:** 288 Claim

Length: Type: Alphanumeric

Field 70: POA\_OTH\_DIAG\_CODE\_18

**Description:** Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the

patient was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

**Beginning Position:** 295 **Data Source:** Claim

Length: Alphanumeric Type:

Field 71: OTH DIAG CODE 19

**Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC 25 Last Updated: August, 2024

**Beginning Position:** 296 **Data Source:** Claim Length: Type: Alphanumeric Field 72: POA OTH DIAG CODE 19 **Description:** Code identifying whether Oth\_Diag\_Code\_19 code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 303 **Data Source:** Claim Length: Alphanumeric Type: Field 73: OTH\_DIAG\_CODE\_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA\_OTH\_DIAG\_CODE\_20 **Description:** Code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position: Data Source:** Claim 311 Length: Type: Alphanumeric Field 75: OTH\_DIAG\_CODE\_21 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 312 Claim Lenath: Type: Alphanumeric Field 76: POA\_OTH\_DIAG\_CODE\_21 **Description:** Code identifying whether Oth\_Diag\_Code\_21 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH\_DIAG\_CODE\_22 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 320 Claim Length: Type: Alphanumeric Field 78: **POA OTH DIAG CODE 22 Description:** Code identifying whether Oth\_Diag\_Code\_22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 327 Data Source: Claim Length: Alphanumeric Type: Field 79: OTH DIAG CODE 23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 80: POA\_OTH\_DIAG\_CODE\_23 **Description:** Code identifying whether Oth Diag Code 23 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Data Source: Beginning Position:** 335 Claim Length: Type: Alphanumeric Field 81: OTH\_DIAG\_CODE\_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 Data Source: Claim Lenath: Alphanumeric Type: Field 82: POA\_OTH\_DIAG\_CODE\_24 **Description:** Code identifying whether Oth\_Diag\_Code\_24 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Page

26

DSHS Document #25-15013

Last Updated: August, 2024

DSHS/THCIC

 Beginning Position:
 343
 Data Source:
 Claim

 Length:
 1
 Type:
 Alphanumeric

Field 83: E\_CODE\_1

**Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of the primary external cause of injury. A decimal is implied following the

third character.

Beginning Position: 344 Data Source: Claim

**Length:** 7 **Type:** Alphanumeric

Field 84: POA\_E\_CODE\_1

**Description:** Code identifying whether E\_Code\_1 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 351 **Data Source:** Claim

**Length:** 1 **Type:** Alphanumeric

Field 85: E\_CODE\_2

**Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position:352Data Source:ClaimLength:7Type:Alphanumeric

Field 86: POA E CODE 2

**Description:** Code identifying whether external cause of injury E Code 2 code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position: 359

Data Source: Claim

**Length:** 1 **Type:** Alphanumeric

Field 87: E\_CODE\_3

**Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 360 Data Source: Claim

**Length:** 7 **Type:** Alphanumeric

Field 88: POA\_E\_CODE\_3

**Description:** Code identifying whether E\_Code\_3 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 367 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 89: E\_CODE\_4

**Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

**Beginning Position:** 368 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 90: POA\_E\_CODE\_4

**Description:** Code identifying whether E Code 4 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 375 **Data Source:** Claim

**Length:** 1 **Type:** Alphanumeric

Field 91: E CODE 5

**Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

**Beginning Position:** 376 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 92: POA\_E\_CODE\_5

**Description:** Code identifying whether E\_Code\_5 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 383 **Data Source:** Claim

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 27 Last Updated: August, 2024

Length: Alphanumeric Type: Field 93: E\_CODE\_6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 384 **Data Source:** Claim Length: Alphanumeric Type: Field 94: POA\_E\_CODE\_6 **Description:** Code identifying whether E Code 6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 391 **Data Source:** Claim Alphanumeric Length: Type: Field 95: E\_CODE\_7 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 **Data Source:** Claim Lenath: Alphanumeric Type: Field 96: POA\_E\_CODE\_7 **Description:** Code identifying whether E\_Code\_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 399 **Data Source:** Claim Length: Type: Alphanumeric Field 97: E\_CODE\_8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Data Source: Beginning Position:** 400 Claim Length: Alphanumeric Type: Field 98: POA E CODE 8 **Description:** Code identifying whether E\_Code\_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 407 **Data Source:** Claim Alphanumeric Length: Type: Field 99: E CODE 9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Type: Alphanumeric Field 100: POA E CODE 9 **Description:** Code identifying whether E Code 9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 101: E\_CODE\_10 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position: Data Source:** 416 Claim Alphanumeric Length: Type: Field 102: POA E CODE 10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 423 **Data Source:** Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

28

Last Updated: August, 2024

Field 103: PRINC\_SURG\_PROC\_CODE **Description:** Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 424 Claim Length: 7 Alphanumeric Type: Field 104: PRINC\_SURG\_PROC\_DAY **Description:** Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 431 **Data Source:** Calculated Length: Alphanumeric 4 Type: Field 105: OTH SURG PROC CODE 1 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 435 Claim Alphanumeric Length: Type: Field 106: OTH\_SURG\_PROC\_DAY\_1 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 442 Calculated Length: 4 Type: Alphanumeric Field 107: OTH\_SURG\_PROC\_CODE\_2 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 446 **Data Source:** Claim Length: Alphanumeric Type: Field 108: OTH\_SURG\_PROC\_DAY\_ 2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: 4 Alphanumeric Type: Field 109: OTH\_SURG\_PROC\_CODE\_3 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 457 **Data Source:** Claim Length: Alphanumeric Type: Field 110: OTH SURG PROC DAY 3 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 464 Calculated Length: Alphanumeric 4 Type: Field 111: OTH\_SURG\_PROC\_CODE\_4 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 468 Claim Lenath: Type: Alphanumeric Field 112: OTH\_SURG\_PROC\_DAY\_4 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 475 Calculated Length: 4 Type: Alphanumeric Field 113: OTH\_SURG\_PROC\_CODE\_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 479 **Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 114: OTH\_SURG\_PROC\_DAY\_5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 Data Source: Calculated Lenath: Type: **Alphanumeric** Field 115: OTH\_SURG\_PROC\_CODE\_6 DSHS/THCIC DSHS Document #25-15013 Page

29

Last Updated: August, 2024

**Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** 490 Claim Length: 7 Alphanumeric Type: Field 116: OTH\_SURG\_PROC\_DAY\_6 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Data Source: Beginning Position:** 497 Calculated Alphanumeric Length: Type: Field 117: OTH SURG PROC CODE 7 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** Claim 501 Length: Type: Alphanumeric Field 118: OTH SURG PROC DAY 7 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 508 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 119: OTH\_SURG\_PROC\_CODE\_8 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** 512 Claim Length: Type: Alphanumeric Field 120: OTH SURG PROC DAY 8 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Data Source: Beginning Position:** 519 Calculated Length: Type: Alphanumeric Field 121: OTH\_SURG\_PROC\_CODE\_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 523 **Data Source:** Claim Length: Type: Alphanumeric Field 122: OTH SURG PROC DAY 9 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 530 **Data Source:** Calculated Length: Alphanumeric Type: Field 123: OTH\_SURG\_PROC\_CODE\_10

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 534 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 124: OTH\_SURG\_PROC\_DAY\_10

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:541Data Source:CalculatedLength:4Type:Alphanumeric

Field 125: OTH\_SURG\_PROC\_CODE\_11

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 545 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 126: OTH SURG PROC DAY 11

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:552Data Source:CalculatedLength:4Type:Alphanumeric

Field 127: OTH SURG PROC CODE 12

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 30 Last Updated: August, 2024

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 556 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 128: OTH\_SURG\_PROC\_DAY\_12

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:563Data Source:CalculatedLength:4Type:Alphanumeric

Field 129: OTH\_SURG\_PROC\_CODE\_13

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 567 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 130: OTH\_SURG\_PROC\_DAY\_13

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:574Data Source:CalculatedLength:4Type:Alphanumeric

Field 131: OTH\_SURG\_PROC\_CODE\_14

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 578 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 132: OTH\_SURG\_PROC\_DAY\_14

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:585Data Source:CalculatedLength:4Type:Alphanumeric

Field 133: OTH\_SURG\_PROC\_CODE\_15

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position:589Data Source:ClaimLength:7Type:Alphanumeric

Field 134: OTH SURG PROC DAY 15

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position: 596
Length: 4

Data Source: Calculated
Type: Alphanumeric

Field 135: OTH\_SURG\_PROC\_CODE\_16

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 600 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 136: OTH\_SURG\_PROC\_DAY\_16

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:607Data Source:CalculatedLength:4Type:Alphanumeric

Field 137: OTH\_SURG\_PROC\_CODE\_17

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 611 Data Source: Claim

**Length:** 7 **Type:** Alphanumeric

Field 138: OTH SURG PROC DAY 17

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:618Data Source:CalculatedLength:4Type:Alphanumeric

Field 139: OTH\_SURG\_PROC\_CODE\_18

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 31 Last Updated: August, 2024

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 622 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 140: OTH\_SURG\_PROC\_DAY\_18

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:629Data Source:CalculatedLength:4Type:Alphanumeric

Field 141: OTH\_SURG\_PROC\_CODE\_19

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 633 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 142: OTH\_SURG\_PROC\_DAY\_19

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:640Data Source:CalculatedLength:4Type:Alphanumeric

Field 143: OTH\_SURG\_PROC\_CODE\_20

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 644 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 144: OTH\_SURG\_PROC\_DAY\_20

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:651Data Source:CalculatedLength:4Type:Alphanumeric

Field 145: OTH\_SURG\_PROC\_CODE\_21

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 655 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 146: OTH\_SURG\_PROC\_DAY\_21

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:662Data Source:CalculatedLength:4Type:Alphanumeric

Field 147: OTH\_SURG\_PROC\_CODE\_22

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 666 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 148: OTH\_SURG\_PROC\_DAY\_22

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:673Data Source:CalculatedLength:4Type:Alphanumeric

Field 149: OTH\_SURG\_PROC\_CODE\_23

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 677 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 150: OTH SURG PROC DAY 23

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:684Data Source:CalculatedLength:4Type:Alphanumeric

Field 151: OTH SURG PROC CODE 24

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 32 Last Updated: August, 2024

**Description:** Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

**Beginning Position:** 688 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 152: OTH\_SURG\_PROC\_DAY\_24

**Description:** Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* 

Admission/Start of Care Date.

Beginning Position:695Data Source:CalculatedLength:4Type:Alphanumeric

Field 153: ATTENDING\_PHYSICIAN\_UNIF\_ID

**Description:** Attending Physician Uniform Identifier. Unique identifier assigned to the licensed

physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual

licensed to practice medicine under the Medical Practice Act. Can include an

individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists,

chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists

authorized by the hospital to admit or treat patients.

**Suppression:** Suppressed when the number of physicians represented in a DRG for a hospital is less than the

minimum cell size of five.

**Coding Scheme:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:699Data Source:AssignedLength:10Type:Alphanumeric

Field 154: OPERATING\_PHYSICIAN\_UNIF\_ID

**Description:** Operating or other Physician Uniform Identifier (if applicable). Unique identifier

assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients,

including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,

and podiatrists authorized by the hospital to admit or treat patients.

**Suppression:** Suppressed when the number of physicians represented in a DRG for a hospital is

less than the minimum cell size of five.

**Coding Scheme:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:709Data Source:AssignedLength:10Type:Alphanumeric

Field 155: ENCOUNTER INDICATOR

**Description:** Indicates the number of claims used to create the encounter

Beginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: PROVIDER NAME

**Description:** Hospital name provided by the hospital.

**Suppression:** Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name

'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular

gender, including 'unknown', Hospital Name is blank.

Beginning Position:721Data Source:ProviderLength:55Type:Alphanumeric

#### INPATIENT BASE DATA #2 FILE

Field 1: RECORD\_ID

**Description:** Record Identification Number. Unique number assigned to identify the record. The

Record\_ID in the ED Inpatient PUDF is not linkable to the Record\_ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: PRIVATE\_AMOUNT

**Description:** Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes 0100-0219, revenue

center 011X, 014X

Beginning Position:13Data Source:CalculatedLength:12Type:Numeric

Field 3: SEMI PRIVATE AMOUNT

**Description:** Accommodation Charge, Semi-private Room Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 010X, 012X-014X, 016X-019X

Beginning Position:25Data Source:CalculatedLength:12Type:Numeric

Field 4: WARD AMOUNT

**Description:** Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes 0100-0219, revenue center 015X.

Beginning Position:37Data Source:CalculatedLength:12Type:Numeric

Field 5: ICU AMOUNT

**Description:** Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 020X.

Beginning Position:49Data Source:CalculatedLength:12Type:Numeric

Field 6: CCU AMOUNT

**Description:** Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 021X.

Beginning Position:61Data Source:CalculatedLength:12Type:Numeric

Field 7: OTHER AMOUNT

**Description:** 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:73Data Source:CalculatedLength:12Type:Numeric

Field 8: PHARM\_AMOUNT

**Description:** Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes other than 0100-0219,

revenue center 025X, 026X, and 063X.

Beginning Position:85Data Source:CalculatedLength:12Type:Numeric

Field 9: MEDSURG\_AMOUNT

**Description:** 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:97Data Source:CalculatedLength:12Type:Numeric

Field 10: DME\_AMOUNT **Description:** 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:** Data Source: Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT Description:** 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: Data Source:** Calculated 121 Length: Numeric 12 Type: Field 12: PT AMOUNT **Description:** 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:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** 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:** 145 **Data Source:** Calculated Length: Numeric 12 Type: SPEECH AMOUNT Field 14: **Description:** 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:** 157 Data Source: Calculated Length: 12 Type: Numeric IT\_AMOUNT Field 15: **Description:** 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:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD\_AMOUNT Description:** 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:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** 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:** 193 **Data Source:** Calculated Length: Numeric 12 Type: OR\_AMOUNT Field 18: **Description:** 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:** 205 **Data Source:** Calculated Numeric Length: 12 Type: Field 19: LITH AMOUNT **Description:** 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: Data Source:** Calculated 217 Length: 12 Type: Numeric

Page

35

DSHS Document #25-15013

Last Updated: August, 2024

DSHS/THCIC

Field 20: CARD\_AMOUNT **Description:** 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:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** 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:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT **Description:** 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. Data Source: Calculated **Beginning Position:** 265 Length: Numeric 12 Type: Field 24: MRI\_AMOUNT Description: 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:** Data Source: 277 Calculated Numeric Length: 12 Type: Field 25: OP\_AMOUNT Description: 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:** 289 **Data Source:** Calculated Length: 12 Type: Numeric Field 26: **ER\_AMOUNT Description:** 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:** 301 **Data Source:** Calculated Length: Numeric 12 Type: Field 27: AMBULANCE AMOUNT **Description:** 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: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** 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:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** 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:** Data Source: Calculated

Page

**36** 

DSHS Document #25-15013

Last Updated: August, 2024

DSHS/THCIC

Length: 12 Numeric Type: Field 30: ESRD\_AMOUNT Description: 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:** Data Source: Calculated 349 Length: 12 Numeric Type: Field 31: **CLINIC AMOUNT** Description: 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:** 361 Data Source: Calculated Length: 12 Type: Numeric Field 32: OCCUR\_CODE\_1 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** 01 Auto accident 27 Date Home Health Plan 47 Date cost outlier status begins Established or Last Reviewed 02 No Fault Insurance Involved -Birthdate - Insured A Α1 28 Date Comprehensive Outpatient Including Auto Accident/Other Α2 Effective Date - Insured A Rehabilitation Plan Established 03 Accident/ Tort Liability Policy or Last Reviewed Accident/ Employment Related 04 Payer A benefits exhausted Α3 29 Date Outpatient PT Plan established or last reviewed 05 Other accident Α4 Split Bill Date 30 Date Outpatient ST Plan 06 Crime Victim В1 Birthdate - Insured B established or last reviewed 09 Start of Infertility Treatment 31 Date beneficiary notified of B2 Effective date - Insured B Policy Cycle intent to bill (accommodations) ВЗ Payer B benefits exhausted 32 Date beneficiary notified of Last Menstrual Period 10 C1 Birthdate - Insured C intent to bill (procedures or 11 Onset of Symptoms/ Illness treatments) C2 Effective date - Insured C Policy 12 Date of Onset for a Chronically 37 Date of inpatient hospital C3 Payer C benefits exhausted Dependent Individual discharge for non-covered transplant patients Date of Last Therapy 16 DR Katrina disaster related 38 Date treatment started for Date Outpatient OT Plan 17 E1 Birthdate - Insured D home IV therapy Established or Last Reviewed E2 Effective date - Insured D 39 Date discharged on a 18 Date of Retirement continuous course if IV therapy Policy Patient/Beneficiary E3 Payer D benefits exhausted 40 Scheduled date of admission 19 Date of Retirement - Spouse 41 Date of first test of pre-F1 Birthdate - Insured E 20 Date Guarantee of Payment admission testing F2 Effective date - Insured E Policy Began 42 Date of discharge (hospice Date UR Notice Received 21 F3 Payer E benefits exhausted 22 Date Active Care Ended 43 Scheduled date of canceled G1 Birthdate - Insured F surgery 24 Date Insurance Denied Effective date - Insured F Policy G2 44 Date treatment started - OT Date Benefits Terminated by 25 G3 Payer F benefits exhausted 45 Primary Payer Date treatment started - ST Date SNF Bed Became Available 26 46 Date treatment started Cardiac rehabilitation **Beginning Position:** 373 Data Source: Claim Length: Type: Alphanumeric Field 33: OCCUR\_DAY\_1 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 375 **Data Source:** Calculated Length: Type: Alphanumeric Field 34: OCCUR CODE 2 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 379 Data Source: Claim Length: Alphanumeric Type: Field 35: OCCUR DAY 2 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. DSHS/THCIC **Page** DSHS Document #25-15013

37

Last Updated: August, 2024

**Beginning Position:** 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OCCUR\_DAY\_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Length: Alphanumeric Type: Field 38: OCCUR\_CODE\_4 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR\_DAY\_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR\_CODE\_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE\_1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR\_DAY\_5 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR\_DAY\_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR\_CODE\_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric OCCUR\_CODE\_8 Field 46: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR\_DAY\_8 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: Alphanumeric Field 48: OCCUR CODE 9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR\_DAY\_9 DSHS/THCIC DSHS Document #25-15013 Page

38

Last Updated: August, 2024

**Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 423 Length: Alphanumeric Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR\_DAY\_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR\_CODE\_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR\_DAY\_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Data Source: Beginning Position:** 435 Calculated Length: Type: Alphanumeric Field 54: OCCUR CODE 12 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position: Data Source:** 439 Claim Length: Alphanumeric Type: Field 55: OCCUR\_DAY\_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: Alphanumeric Type: Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 **Coding Scheme:** 70 SNF prior stay dates 80 Prior Same SNF prior stay dates for Payment 71 Prior stay dates Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period M0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Data Source: **Beginning Position:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR\_SPAN\_THRU\_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Lenath: Alphanumeric 6 Type: Field 59: OCCUR\_SPAN\_CODE\_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 459 **Data Source:** Claim Length: Type: Alphanumeric Field 60: OCCUR\_SPAN\_FROM\_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

39

Last Updated: August, 2024

**Beginning Position:** 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: **OCCUR SPAN THRU 2 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR\_SPAN\_FROM\_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 Data Source: Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR\_SPAN\_CODE\_4 **Description:** Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 487 **Data Source:** Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: Type: Alphanumeric Field 67: **OCCUR SPAN THRU 4 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 495 Data Source: Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION\_CODE\_1 Code describing a condition relating to the claim. **Description: Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists Condition is employment 02 diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name 29 Disabled beneficiary and/or 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a 22 Patient on multiple drug of entitlement covered by EGHP qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 80 Beneficiary would not provide Home IV patient also receiving 24 Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) Neither patient or spouse is 09 33 Patient is student (full time -VA eligible patient chooses to 26 employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists DSHS/THCIC DSHS Document #25-15013 Page

40

Last Updated: August, 2024

36	General care patient in a special unit	74	Home	AM	Non-emergency medically necessary stretcher transport
37	Ward accommodation at patient	75	Home - 100% reimbursement		required
38	request Semi-private room not	76 77	Back-up in facility dialysis  Provider accepts or is	AN	Pre-admission screening not required
39	available Private room medically		obligated/required due to a contractual arrangement or law	В0	Medicare coordinated care demonstration claim
	necessary		to accept payment by a primary payer as payment	B1	Beneficiary is ineligible for demonstration program
40	Same day transfer	78	New coverage not implemented	В4	Admission unrelated to
41 42	Partial hospitalization	79	by HMO CORF services provided offsite		discharge on same day
42	Continuing care not related to inpatient admission	80	Home dialysis - nursing facility	BP C1	Gulf Oil Spill of 2010
43	Continuing care not provided within prescribed postdischarge	81	C-section/Inductions <39	C1 C2	Approved as billed  Automatic approval as billed
	window		weeks-Medical Necessity	CZ	based on focused review
44	Inpatient admission changed to outpatient	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on	84	or greater Dialysis for Acute Kidney Injury	C5	Postpayment review applicable
47	file Transfer from another Home	01	(AKI)	C6	Admission Preauthorization
47	Health Agency	85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization
48	Psychiatric residential treatment centers for children	86	Additional Hemodialysis	D0	Changes to Service Dates
	and adolescents (RTCs)		Treatment with Medical Justification	D1 D3	Changes to Charges Second or Subsequent Interim
49	Product replacement within product lifecycle	Α0	TRICARE external partnership	υs	PPS Bill
50	Product Replacement for Known	A1	program EPSDT/CHAP	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Recall of a Product Attestation of Unrelated	A2	Physically handicapped	DE	codes.
31	Outpatient Nondiagnostic Services		children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Out of Hospice Service Area	A3	Special Federal Funding	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
53	Initial placement of a medical	A4 A5	Family planning Disability	D7	Change to Make Medicare the
	device provided as part of a clinical trial or a free sample	A6	Vaccines/Medicare 100%		Secondary Payer
54	No Skilled Home Health Visits in		payment	D8	Change to Make Medicare the Primary Payer
	Billing Period. Policy Exception Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56 57	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57 58	SNF readmission Terminated Medicare+Choice		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
	organization enrollee	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
59 60	Non-primary ESRD facility	AE	Abortion performed due to	Н3	Reoccurrence of GI Bleed
60 61	Day outlier  Cost outlier		physical health of mother that is not life endangering	114	Comorbid Category
66	Provider does not wish cost	AF	Abortion performed due to	H4	Reoccurrence of Pneumonia Comorbid Category
	outlier payment		emotional/psychological health of mother	H5	Recurrence of Pericarditis Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	AG	Abortion performed due to social or economic reasons	P1	Do not Resuscitate Order (DNR)
68	Beneficiary elects to use life time reserve (LTR) days	АН	Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	ΑI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co- payment		Code - Mathematical or Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
72	Self-care in unit	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason
73	Self-care training				Code - Misapplication of a Fee Schedule
DSHS/	THCIC		Page		DSHS Document #25-15013
www.d	lshs.texas.gov/THCIC		41		Last Updated: August, 2024

R4	Request for re Code - Compu	eopening Reason uter Errors	R7	Request for reopenin Code - Corrections of		WO	United Mine Workers of America (UMWA) Demonstration
R5		eopening Reason ectly Identified	R8	clerical errors  Request for reopenin	a Reason	W2	Indicator  Duplicate of Original Bill
5.0	Duplicate Clai	m ´		Code - New and Mate		W3	Level I Appeal
R6		eopening Reason Clerical Errors or	R9	Request for reopenin	g Reason	W4	Level II Appeal
	Minor Errors a Specified in R	and Omissions not 1-R5 above		Code - Faulty Eviden	ce	W5	Level III Appeal
Beginnin .ength:	g Position:	501 2		Data Source: Type:	Claim Alphanum	ieric	
ield 69:		CONDITION_					
Descripti				dition relating to t	the claim.		
Coding S Beainnin	cneme: g Position:	Same as Field CO 503	וונטאכ	Data Source:	Claim		
ength:	g . 05.c.o	2		Type:	Alphanum	eric	
ield 70:		CONDITION_		_3	•		
Descripti		Code describin	g a cor	dition relating to t	the claim.		
Coding S	cheme: g Position:	Same as Field 68 505	3.	Data Source:	Claim		
seginnin .ength:	y Position:	2		Type:	Alphanum	eric	
ield 71:		CONDITION_	CODE			<b>-</b>	
Descripti	on:	Code describin	g a cor	dition relating to t	he claim.		
Coding S		Same as Field CO	ONDITIO		CI :		
Beginnin Length:	g Position:	507 2		Data Source: Type:	Claim Alphanum	eric	
engtn: Field 72	<u> </u>	CONDITION_	CODE		Aipridituff	ICI IL	
Descrip		_	_	_ <b>_</b> dition relating to t	he claim.		
Coding S		Same as Field CO					
Beginning Position:		509		Data Source:	Claim		
		2 CONDITION	CODE	Type:	Alphanum	ieric	
Pielu 73: Descripti		Code describing		<b>_o</b> Idition relating to t	ho claim		
Coding Scheme: Beginning Position:		Same as Field CO	y a coi DNDITIO	ON CODE 1.	.iie Ciaiiii.		
		511		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 74:		CONDITION_					
Descripti Coding S		Same as Field CO	_	dition relating to t	ne ciaim.		
_	g Position:	513	JNDITT	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 75:		CONDITION_					
Descripti				dition relating to t	the claim.		
Coding S	cheme: g Position:	Same as Field CO 515	)ITIUNC	ON_CODE_1.  Data Source:	Claim		
Length:	g Position.	2		Type:	Alphanum	eric	
ield 76:		VALUE_CODE	_1	71	•		
Descripti				mation that may a	ffect payer	proces	ssing.
Coding S	cheme:						
01		semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
02	rooms	no semi-private	10	Lifetime reserve amo second calendar year		16	Public health service (PHS) or other federal agency
04		arges which are	11	Coinsurance amount second calendar year		21	Catastrophic
combined billed  05 Professional con included in char			12	Working aged beneficiary/spouse w		22	Surplus  Recurring monthly income
06	billed separate	ely to carrier	13	employer group healt	Medicare	24	Medicaid Rate Code
				coordination period w employer group healt		25	Offset to the patient - payment
08 Life time reserve amount in the first calendar year			employer group health plan  14 No fault, including auto/other			23	amount - prescription drugs
00	msc calendar						
DSHS/				Page			DSHS Document #25-15013

26	Offset to the patient - payment amount - hearing and ear	53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or
27	services Offset to the nationt navment	54	Newborn birth weight in grams		health care related taxes - payer A
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	АВ	Other assessments or allowances (e.g., medical
28	Offset to the patient - payment	56	Skilled nurse - home visit hours	D1	education) - payer A
29	amount - dental services  Offset to the patient - payment	57	Home health aide - home visit	B1	Deductible payer B
29	amount - chiropractic services		hours	B2	Coinsurance payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
31	Patient Liability Amount	59	Oxygen saturation		В
22	•	60	HHA branch MSA	В7	Co-payment payer B
32	Multiple patient ambulance transport	61	Place of Residence where	BA	Regulatory surcharges,
33	Offset to the patient - payment amount - podiatric services	01	service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
34	Offset to the patient - payment amount - other medical	66	Medicaid spend down amount	ВВ	Other assessments or allowances (e.g., medical
	services	67	Peritoneal dialysis		education) - payer B
35	Offset to the patient - payment	60	EDO desig	C1	Deductible payer C
	amount - health insurance premiums	68	EPO-drug	C2	Coinsurance payer C
37	Units of blood furnished	69	State charity care percentage		. ,
38	Blood deductible units	80	Covered Days	C3	Estimated responsibility payer C
39	Units of blood replaced	81	Non-covered Days	C7	Co-payment payer C
40	New coverage not implemented	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or
4.4	by HMO	83	Lifetime Reserve Days		health care related taxes - payer C
41	Black lung	84	Shorter Duration Hemodialysis	СВ	Other assessments or
42	VA		·		allowances (e.g., medical education) - payer C
43	Disabled beneficiary under age	A0	Special zip code reporting	D3	Patient estimated responsibility
	65 with LGHP	A1	Deductible payer A	D4	Clinical Trial Number Assigned
44	Amount provider agreed to accept from primary payer	A2	Coinsurance payer A	D4	by NLM/NIH
	when this amount is less than charges but higher than	4.2		D5	Last Kt/V Reading
	payment received	A3	Estimated responsibility payer A	FC	Patient Paid Amount
45	Accident hour	A4	Covered self-administrable		Cradit Daggivad from the
46	Number of grace days	A5	drugs - emergency Covered self-administrable	FD	Credit Received from the Manufacturer for a Medical
47		AS	drugs - administrable in form		Device
47	Any liability insurance		and situation furnished to patient	G8	Facility where Inpatient Hospice Service is Delivered
48	Hemoglobin reading	A6	Covered self-administrable	Y1	Part A Demonstration Payment
49	Hematocrit reading		drugs - diagnostic study and other	Y2	Part B Demonstration Payment
50	Physical Therapy visits	A7	Co-payment payer A	Y3	Part B Coinsurance
51	Occupational Therapy visits	A8	Patient weight	Y4	Conventional Provider Payment
52	Speech Therapy visits	A9	Patient height	Y5	Part B Deductible
innir	ng Position: 517		Data Source: Claim		
	J J - /				

**Beginning Position:** 

Length: Type: Alphanumeric

Field 77: VALUE\_AMOUNT\_1

**Description:** Dollar amount that may be affected.

**Beginning Position:** Data Source: 519 Claim

Length: Type: Alphanumeric

Field 78: VALUE\_CODE\_2

**Description:** Code describing information that may affect payer processing.

DSHS/THCIC DSHS Document #25-15013 **Page** www.dshs.texas.gov/THCIC 43 Last Updated: August, 2024

**Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 **Data Source:** Claim Length: Alphanumeric Type: Field 80: VALUE\_CODE\_3 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric **VALUE AMOUNT 3** Field 81: **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE\_CODE\_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position: Data Source:** 550 Claim Length: Alphanumeric Type: Field 83: **VALUE AMOUNT 4 Description:** Dollar amount that may be affected. **Beginning Position:** 552 **Data Source:** Claim Length: Type: Alphanumeric Field 84: VALUE\_CODE\_5 **Description:** Code describing information that may affect payer processing. Same as Field VALUE\_CODE\_1. Coding Scheme: **Beginning Position:** 561 **Data Source:** Alphanumeric Length: Type: Field 85: VALUE\_AMOUNT\_5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric Field 86: VALUE\_CODE\_6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 572 **Data Source:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: VALUE CODE 7 Field 88: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 583 **Data Source:** Claim Lenath: Alphanumeric Type: Field 89: VALUE\_AMOUNT\_7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE\_CODE\_8 Description: Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 594 **Data Source:** Length: Type: Alphanumeric Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Alphanumeric Length: Type:

Page

44

DSHS Document #25-15013

Last Updated: August, 2024

Field 92:

DSHS/THCIC

www.dshs.texas.gov/THCIC

VALUE\_CODE\_9

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 605 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 93: VALUE\_AMOUNT\_9

**Description:** Dollar amount that may be affected.

**Beginning Position:** 607 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 94: VALUE\_CODE\_10

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 616 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 95: VALUE AMOUNT 10

**Description:** Dollar amount that may be affected.

**Beginning Position:** 618 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 96: VALUE\_CODE\_11

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 627 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 97: VALUE\_AMOUNT\_11

**Description:** Dollar amount that may be affected.

**Beginning Position:** 629 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 98: VALUE\_CODE\_12

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 638 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 99: VALUE\_AMOUNT\_12

**Description:** Dollar amount that may be affected.

**Beginning Position:** 640 **Data Source:** Claim

Length: 9 Type: Alphanumeric

## **INPATIENT 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:1Data Source:AssignedLength:12Type: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:**

www.dshs.texas.gov/THCIC

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private - 3/4 beds - rooms -	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification  Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms  – Sterile Environment
0115	Room charges for private rooms - hospice	0100	- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN  Room charges for private	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	(deluxe) rooms - obstetrics  Room charges for private	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	(deluxe) rooms - pediatric  Room charges for private	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	(deluxe) rooms - psychiatric  Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
DSHS/			Page		DSHS Document #25-15013
1	.1 /TIICIC		4 /		I . II 1 . 1 A

46

Last Updated: August, 2024

0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	- heart transplant Room charges for coronary care	0262	IV Therapy - pharmacy services	0312	Laboratory pathological - histology
	<ul> <li>intermediate coronary care unit (CCU)</li> </ul>	0263	IV Therapy - drug/supply delivery	0314	Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography Radiology - diagnostic -
0223	support charge Special charges - UR service	0272	Medical surgical supplies and devices - sterile	0323	arthrography Radiology - diagnostic -
0224	charge Special charges - late	0273	Medical surgical supplies and		arteriography
	discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other	0275	devices - prosthetic/orthotic  Medical surgical supplies and	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general		devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

DSHS/THCIC www.dshs.texas.gov/THCIC Page 47

0360	Operating room services - general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - kidney transplant Operating room services - other  Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other Blood - general Blood - packed red cells Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives (cryoprecipitate) Blood - other	0410 0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432 0433 0434 0439 0440 0441	Respiratory services - inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other  Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate  Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - evaluation Occupational therapy - evaluation Occupational therapy - evaluation Occupational therapy - other  Speech-language pathology - general Speech-language pathology - visit charge Speech-language pathology - hourly charge	0480 0481 0482 0483 0489 0490 0499 0500 0509 0510 0511 0512 0513 0514 0515 0516 0517 0519 0520 0521	Cardiology - general Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other  Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - psychiatric Clinic - pediatric Clinic - urgent care Clinic - tamily practice Clinic - other Freestanding Clinic - general Freestanding Clinic - Clinic Visby Member to RHC/FQHC DSHS Document #25-1501
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - kidney transplant Operating room services - other  Anesthesia - general Anesthesia - incident to oradiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives (cryoprecipitate)	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432 0433 0434 0439 0440	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - evaluation Occupational therapy - evaluation Occupational therapy - evaluation Occupational therapy - evaluation Occupational therapy - other  Speech-language pathology - general Speech-language pathology - visit charge Speech-language pathology -	0481 0482 0483 0489 0490 0499 0500 0509 0511 0512 0513 0514 0515 0516 0517 0519	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - pediatric Clinic - urgent care Clinic - tamily practice Clinic - other Freestanding Clinic - general Freestanding Clinic - Clinic Vis
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - kidney transplant Operating room services - other  Anesthesia - general Anesthesia - incident to oradiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432 0433 0434 0439 0440	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - evaluation or reevaluation Occupational therapy - other  Speech-language pathology - general Speech-language pathology - visit charge	0481 0482 0483 0489 0490 0499 0500 0509 0510 0511 0512 0513 0514 0515 0516 0517 0519	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care Clinic - family practice Clinic - other
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432 0433 0434	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - other  Speech-language pathology -	0481 0482 0483 0489 0490 0499 0500 0509 0510 0511 0512 0513 0514 0515	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care
3360 O g g 3361 O m 3362 O o k 3367 O k 3369 O 3370 A 3371 A 3372 A d d 3374 A 3379 A 3380 B 3381 B 3382 B 3383 B 3384 B	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - kidney transplant Operating room services - other  Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy - group rate Occupational therapy -	0481 0482 0483 0489 0490 0499 0500 0509 0511 0512 0513 0514 0515	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric
1360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other  Anesthesia - general Anesthesia - incident to oradiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431 0432	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other  Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - group rate Occupational therapy -	0481 0482 0483 0489 0490 0499 0500 0509 0510 0511 0512 0513 0514	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN
1360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group	0481 0482 0483 0489 0490 0499 0500 0509 0510 0511 0512 0513	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric
9360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells	0412 0413 0419 0420 0421 0422 0423 0424 0429 0430 0431	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly	0481 0482 0483 0489 0490 0499 0500 0509 0510 0511	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general	0412 0413 0419 0420 0421 0422 0423 0424 0429	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit	0481 0482 0483 0489 0490 0499 0500 0509 0510	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other	0412 0413 0419 0420 0421 0422 0423 0424 0429	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other  Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate  Physical therapy - evaluation or reevaluation Physical therapy - other	0481 0482 0483 0489 0490 0499 0500 0509	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other Clinic - general
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services	0412 0413 0419 0420 0421 0422 0423 0424	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or reevaluation	0481 0482 0483 0489 0490 0499 0500	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general Outpatient services - other
0360	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to radiology Anesthesia - incident to other	0412 0413 0419 0420 0421 0422 0423	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge Physical therapy - group rate Physical therapy - evaluation or	0481 0482 0483 0489 0490 0499	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other
3360 O g g 3361 O m 3362 O o k 3367 O k 3370 A 3371 A	general Operating room services - minor surgery Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - other Anesthesia - general Anesthesia - incident to	0412 0413 0419 0420 0421 0422	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly charge	0481 0482 0483 0489	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care -
360	general  Operating room services - minor surgery  Operating room services - organ transplant other than kidney  Operating room services - kidney transplant  Operating room services - other	0412 0413 0419 0420 0421	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general Physical therapy - visit charge Physical therapy - hourly	0481 0482 0483 0489	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care -
360 O g 361 O m 362 O k 367 O k	general  Operating room services - minor surgery  Operating room services - organ transplant other than kidney  Operating room services - kidney transplant	0412 0413 0419 0420	inhalation Respiratory services - hyperbaric oxygen therapy Respiratory services - other Physical therapy - general	0481 0482 0483	Cardiology - cardiac cath lab Cardiology - stress test Cardiology - echocardiology
360 O g g 361 O m 362 O k 367 O	general  Operating room services - minor surgery  Operating room services - organ transplant other than kidney  Operating room services -	0412 0413 0419	inhalation  Respiratory services - hyperbaric oxygen therapy Respiratory services - other	0481 0482	Cardiology - cardiac cath lab Cardiology - stress test
360 O g g 361 O m 362 O o	general  Operating room services - minor surgery  Operating room services - organ transplant other than	0412 0413	inhalation  Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
360 O g 361 O m	general Operating room services - minor surgery	0412	inhalation		
)360 O	general		Respiratory services -	0.400	Counding to an
	Danastia a manassis	0410	Respiratory services - general	0479	Audiology - other
	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
)351 C	CT scan - head		screening mammography	0470	Audiology - general
350 C	CT scan - general	0403	ultrasound Other imaging services -	0469	Pulmonary function - other
349 N	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	0460	Pulmonary function - general
	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	0459	Emergency room - other
	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening Emergency room - urgent ca
	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screenin
)340 N	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
cl	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation  Speech-language pathology other
c	chemotherapy administration - chemotherapy - IV	0201	administration, storage and processing - general	0444	group rate Speech-language pathology

)SHS/	THCIC shs.texas.gov/THCIC		Page 49		DSHS Document #25-1501 Last Updated: August, 202
0561	Medical social services - visit charge		<u>.</u> ,	0658	Hospice services - room and board - nursing facility
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (nonrespite)
0552	Skilled nursing - hourly charge	0618	Magnetic Resonance Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0551	Skilled nursing - visit charge	0610	Technology (MRT) - MRA - lower extremities	0652	Hospice services - continuous home care
0550	Skilled nursing - general	0616	head and neck Magnetic Resonance	0651	Hospice services - routine hor care
0549	transmission EKG Ambulance service - other	0615	Magnetic Resonance Technology (MRT) - MRA –	0650	Hospice services - general
0548	Ambulance service - telephone		Technology (MRT) - MRI - other	0649	Home IV therapy services - other
0546 0547	Ambulance service - neonatal  Ambulance service - pharmacy	0614	spinal cord (including spine)  Magnetic Resonance	0648	Home IV therapy services - training, disabled patient, peripheral
0545	Ambulance service - air ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0640	training, patient/caregiver, peripheral
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0647	central line Home IV therapy services -
0543	transport  Ambulance service - heart  mobile	5010	Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0542	Ambulance service - medical	0609 0610	Oxygen (home health) - other  Magnetic Resonance	0645	Home IV therapy services - training patient/caregiver, central line
0540 0541	Ambulance service - general  Ambulance service - supplies		portable add-in	JU-17	nonroutine nursing, periphera line
0539	Osteopathic service - other	0604	per minute Oxygen (home health) -	0644	start/change, peripheral line Home IV therapy services -
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0643	site care, central line  Home IV therapy services - IV
0530	Osteopathic service - general	0002	stat/equip/supply under 1 liter per minute	0641	nonroutine nursing, central lin Home IV therapy services - IV
		0601	Oxygen (home health) - stat/equip/supply or contents Oxygen (home health) -	0641	Home IV therapy services - general Home IV therapy services -
0529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0640	identification - self- administrable
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	identification - requiring detailed coding Drugs requiring specific
	Nurse Services(s) to a Member's Home when in a Home Health Shortage Area	0589	assessment Other visits (home health) - other	0636	more units  Drugs requiring specific
0527	Freestanding Clinic - Visiting	0583	hourly charge Other visits (home health) -	0635	10,000 units  Drugs requiring specific identification - EPO, 10,000 o
		0582	visit charge Other visits (home health) -	0634	Drugs requiring specific identification - EPO, less than
0526	Other Residential Facility Freestanding Clinic - urgent care	0581	general Other visits (home health) -	0033	identification - restrictive prescription
	Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579 0580	Home health aide - other  Other visits (home health) -	0632	Drugs requiring specific identification - multiple sourc Drugs requiring specific
0525	Stay at SNF Freestanding Clinic - Visit by RHC/FOHC Practitioner to a	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FD investigational devices
0524	practice Freestanding Clinic - Visit by	0570	Home health aide - general	0623	Medical/surgical supplies - surgical dressings
)523	Freestanding Clinic - family	0569	Medical social services - other		

0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740	EEG services - general	0825	Hemodialysis - outpatient or
0660		0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other  CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services		general
0692	Pre-hospice/Palliative Care	0802	<ul> <li>hemodialysis</li> <li>Inpatient renal dialysis services</li> </ul>	0841	CAPD - outpatient or home - composite or other rate
0693	Services – hourly charge Pre-hospice/Palliative Care	0803	<ul> <li>peritoneal (non-CAPD)</li> <li>Inpatient renal dialysis services</li> </ul>	0842	CAPD - outpatient or home - home supplies
0694	Services - evaluation Pre-hospice/Palliative Care		- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home – home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD)  Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0003	- other	0849	CAPD - outpatient or home -
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home -
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	general  CCPD - outpatient or home -
0710	Recovery Room services -	0812	Acquisition of body components - cadaver donor	0852	composite or other rate CCPD - outpatient or home -
0720	general  Labor/Delivery Room services -	0813	Acquisition of body components	0853	home supplies  CCPD - outpatient or home -
0721	general  Labor/Delivery Room services -	0814	<ul> <li>unknown donor</li> <li>Acquisition of body components</li> </ul>	0854	home equipment  CCPD - outpatient or home -
0722	labor Labor/Delivery Room services -		<ul> <li>unsuccessful organ search- donor bank charges</li> </ul>	0855	maintenance 100%  CCPD - outpatient or home -
0723	delivery Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic		support services
	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0859	CCPD - outpatient or home - other
0724	birthing center		- other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG
			_		

DSHS/THCIC www.dshs.texas.gov/THCIC

Page 50

DSHS Document #25-15013 Last Updated: August, 2024

0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0045	drug rehabilitation	0988	Professional fees - consultation
0905	Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services -		nurse
0906	Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0013	rehabilitation	0952	athletic training Other therapeutic services -	0995	Patient convenience items -
0912	Behavior health treatment/services - partial hospitalization - less intensive		kinesiotherapy	0996	nonpatient room rentals Patient convenience items - late
0913	Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0997	discharge charge Patient convenience items -
	treatment/services - partial hospitalization - intensive	0960	alcohol) Professional fees - general		admission kits
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
0015	therapy Rehavior health		• •	0999	Patient convenience items - other
0915	Behavior health treatment/services - group therapy	0962	Professional fees - ophthalmology	1000	Behavior health
0916	Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0919	treatment/services - testing Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	accommodations - halfway house
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating	1005	Behavior health accommodations - group home
	electromyogram	0976	room Professional fees - respiratory	2100	Alternative therapy services - general
0923	Other diagnostic services - pap smear	0370	therapy		general

Page 51 DSHS Document #25-15013 Last Updated: August, 2024

DSHS/THCIC www.dshs.texas.gov/THCIC

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy service biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	<ul> <li>Alternative therapy services - hypnosis</li> </ul>		3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	9 Alternative therapy services - other		3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	ind	3105	Adult foster care - daily
	· circlesgy			,		3109	Adult foster care - other
Dogin	mina Docition.	12		Data Course	Claim		
Lengt	ining Position: th:	13 4		Data Source: Type:	Alphani	ımerio	
Field		HCPCS_QUA	LIFI				
Desci	ription:	Code identify HCPCS_PROC		e type/source of the de RE CODE	escriptiv	e nu	mber used in
_	ning Position:	17		Data Source:	Claim		
Lengt Field		2	CEDI	Type:	Alphani	umerio	
	4 ription:	HCEA Commo			(HCDC	S) co/	de applicable to ancillary
Desci	iption.	services or ac			(HCFC.	3) (0)	de applicable to afficilially
Codin	g Scheme:				odeSets/	ANHC	PCS/list.asp for complete list.
	ning Position:	19		Data Source:	Claim		, ,
Lengt		5		Туре:	Alphani	umerio	
Field		MODIFIER_					
	ription:	Identifies spe	cial ci	rcumstances related to	the pe	rform	nance of the service
	g Scheme:						
22	Increased procedur		59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia	l	62	Two Surgeons		92	Alternative Laboratory Platform
24	Unrelated Evaluation Management Service		63 Procedure Performed on Infants e Same less than 4kg		ants		Testing
	Physician or Other		66	Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
	Care Professional d Postoperative Perio		73	Discontinued Outpatient			Interactive Audio and Video
25	Significant, Separat		, 3	Hospital/Ambulatory Surger		00	Telecommunications System
	Evaluation and Man	agement .		Center (ASC) Procedure prior the Administration of Anesth		99	Multiple Modifiers
	Service by the Sam Other Qualified Hea		74	Discontinued Outpatient		1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the the Procedure or Ot	Same Day of		Hospital/Ambulatory Surgery		2P	Performance Measure Exclusion
26	Professional Compo			Center (ASC) Procedure after Administration of Anesthesia			Modifier due to Patient Reasons
27	Multiple Outpatient	Hospital E/M	76	Repeat Procedure by Same Physician or Other Qualified	Health	3P	Performance Measure Exclusion Modifier due to System Reasons
22	Encounters on the S Mandated Services	Same Date		Care Professional		8P	Performance Measure Reporting Modifier- Action not performed,
32			77	Repeat Procedure by Anothe Physician or Other Qualified			reason not otherwise specified
33	Preventive Service			Care Professional	ricular	P1	A normal healthy patient
47	Anesthesia by Surg	eon	78	Unplanned Return to the Operating/Procedure Room I	by the	P2	A patient with mild systemic
50 E1	Bilateral Procedure			Same Physician or Other Qu	alified	Р3	disease A patient with severe systemic
51	Multiple Procedures	•		Health Care Professional Foll Initial Procedure for a Relate			disease
52 52	Reduced Services  Discontinued Procee	dura		Procedure During the		P4	A patient with severe systemic disease that is a constant threat to
53		uure	79	Postoperative Period Unrelated Procedure or Serv	vice by		life
54	Surgical Care Only	and Only	, ,	the Same Physician or Other	r	P5	A moribund patient who is not expected to survive without the
55	Postoperative Mana	,		Qualified Health Care Profes During the Postoperative Per			operation
56	Preoperative Manag	•	80	Assistant Surgeon		P6	A declared brain-dead patient
57	Decision for Surger	•	81	Minimum Assistant Surgeon			whose organs are being removed for donor purposes
58	Staged or Related F Service by the Sam		82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea	ilth Ćare		physician		E2	Lower left eyelid
	Professional During Postoperative Period		90	Reference (Outside) Laborat	ory	E3	Upper right eyelid
		=					- r r

DSHS/THCIC Page 52 DSHS Document #25-15013 Last Updated: August, 2024

E4	Lower right eyelid		GH		tic mammogram ed from screening		T1	Left foot, second digit	
F1	Left hand, second di	git			gram on same day		T2	Left foot, third digit	
F2	Left hand, third digit	t	LC	Left circumflex coronary artery			T3	Left foot, fourth digit	
F3	Left hand, fourth dig	jit	LD Left anterior descending coronary					Left foot, fifth digit	
F4	Left hand, fifth digit			artery			T5	Right foot, great toe	
F5	Right hand, thumb		LM	Left mai	n coronary artery		Т6	Right foot, second digit	
F6	Right hand, second	diait	LT	Left side	e of the body procedu	ire	T7	Right foot, third digit	
F7	Right hand, third did	•	Q		nce service provided		Т8	Right foot, fourth digit	
F8	Right hand, fourth d		М	services	ment by a provider o	ı	T9	Right foot, fifth digit	
F9		-	QN	Ambular	nce service furnished				
	Right hand, fifth dig	it.	D.C.	•	by a provider of serv	ices	TA	Left foot, great toe	
FA	Left hand, thumb		RC	_	ronary artery		XE	Separate Encounter	
GG	Performance and pa screening mammogr		RI	Ramus i artery	ntermedius coronary		XS	Separate Structure	
	diagnostic mammog	raphy on	RT	•	de of the body proced	lure	XP	Separate Practitioner	
	same patient, same	day.	•••		ac or the sour proces		XU	Unusual Non-Overlapping Service	
Pogis	ning Positions	24			Data Source:	Claim			
Leng	nning Position: th:	24			Type:	Alpha	nume	ric	
Field		MODIFIER	2		7.1				
Desc	ription:	Identifies sp	ecial	circums	stances related t	o the p	erfor	mance of the service.	
	ng Scheme:	Same as Field	I MOD	IFIER_1					
_	nning Position:	26			Data Source:	Claim	numa	win .	
Leng Field		MODIFIER	3		Туре:	Alpha	nume	TIC	
	ription:	-	_	circums	stances related to	o the n	erfor	mance of the service.	
	ng Scheme:	Same as Field				oo p			
	nning Position:	28		Data Source: Claim					
Leng Field		2 MODIFIER			Туре:	Alpha	nume	ric	
	ription:			circums	stances related to	o the r	erfor	mance of the service.	
	ng Scheme:	Same as Field			starices related t	o tric p	CITOI	mance of the service.	
	nning Position:	30		_	Data Source:	Claim			
Leng		2			Туре:	Alpha	nume	ric	
Field	9: ription:	UNIT_MEA		_		a :a ba	:	vanagad	
	ng Scheme:	DA Days		ine units	s in which a valu	e is be	ing e	xpressed.	
-	ig conomo.	•		nal unit					
		UN Unit				·			
Beg Leng	nning Position:	32 2			Data Source: Type:	Claim Alpha	numa	ric	
Field		UNITS_OF	SER	VICE	турсі	Аірпа	iiuiiic	TIC .	
	ription:	Numeric val			У				
	nning Position:	34		•	Data Source:	Claim			
Leng		7			Туре:	Nume	ric		
Field	11: ription:	UNIT_RATI							
	ning Position:	Rate per uni 41	L		Data Source:	Claim			
Leng		12			Type:	Nume	ric		
Field	12:	CHRGS_LI	NE_I	TEM				_	
	ription:	Total amour	nt of t	the char	-				
	nning Position:	53			Data Source:	Assign			
Leng Field		14 CHRGS_NO	N C	ΩV	Туре:	Nume	IIC		
	ription:				nt of the charge				
	nning Position:	67			Data Source:	Assigr	ned		
Leng		14			Туре:	Nume	ric		

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	53	Last Updated: August, 2024

## **INPATIENT GROUPER DATA FILE**

Field 1.	DECORD ID
Field 1:	RECORD_ID  Percent Identification Number Unique number assigned to identify the record. First available
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available
Danimuima Danitiama	1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 <b>Data Source:</b> Assigned 12 <b>Type:</b> Alphanumeric
Length:	V1 1
Field 2:	FROZEN_MS_DRG
<b>Description:</b>	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
D 1 1 D 11	assigned for hospital payment for Medicare beneficiaries.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 3:	FROZEN_MS_MDC
<b>Description:</b>	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
	Medicare beneficiaries. First available 2004.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 4:	FROZEN_MS_GRP_VER
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG
	and, MS MDC codes
<b>Beginning Position:</b>	18 Data Source: Assigned
Length:	5 <b>Type:</b> Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
<b>Description:</b>	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	No errors. DRG successfully assigned.  19 DisableHac = 0 and at least one HAC POA is invalid or
	exempt
	O1 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or diagnosis U
	02 21 DisableHad is invalid and at least one HAC DOA is
	Record does not meet criteria for any DRG  Record does not meet criteria for any DRG  Invalid or exempt
	O3 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt
	O4 Invalid Sex DisableHac is invalid and at least one HAC POA is exempt
	05 24 DisableHac = 0 and there are multiple HACs that have
	Invalid Discharge Status
	10 Illogical Principal Diagnosis (CMS only) 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 <b>Type:</b> Alphanumeric
Field 6:	FROZEN APR DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
20001170110	Grouper
<b>Beginning Position:</b>	25 <b>Data Source:</b> Assigned
Length:	3 <b>Type:</b> Alphanumeric
Field 7:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
Description.	Group (DRG) from the 3M <sup>™</sup> APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
coung seneme.	2 Moderate
	3 Major
n n	4 Extreme
<b>Beginning Position:</b>	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
Delle/Tucio	Dog - Dollo D
DSHS/THCIC	Page DSHS Document #25-15013
www.dshs.texas.gov/7	THCIC 54 Last Updated: August, 2024

<b>Description:</b>			n the All Patient Refined (APR) Diagnosis Related ouper. Indicates the extent of physiologic
	decompensation.	AFK-DKU UIC	ouper. Indicates the extent of physiologic
Coding Scheme:	1 Minor		
coung seneme.	2 Moderate		
	3 Major		
	4 Extreme 0 No class specified		
<b>Beginning Position:</b>	29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC	<u> </u>	
<b>Description:</b>		(MDC) as assign	ed by 3M™ APR-DRG Grouper.
<b>Beginning Position:</b>	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_VE		
<b>Description:</b>			d Grouper version used to assign APR DRG codes,
			s and, Severity of Illness rankings
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_ER		ADD DDG 1
<b>Description:</b>	• •		n APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfully		Gestational age/birth weight conflict (APR only)
	O1 Diagnosis code cannot be us principal diagnosis	sed as 19	DisableHac = 0 and at least one HAC POA is invalid or exempt
	02 Record does not meet criteri	ia for any 20	DisableHac is invalid and at least one HAC POA is N or U
	DRG 03 Invalid Age	21	Dischlattee is invalid and at least one HAC DOA is invalid
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	<ul><li>05 Invalid Discharge Status</li><li>06 Invalid birthweight (AP &amp; A</li></ul>	APR only) 23	DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
	oo invand birdiweight (Ai & A	arkomy) 24	different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in day	rs (AP & 25	DisableHac is invalid and there are multiple HACs that
	APR only) 11 Invalid Principal Diagnosis		have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS_DRG	· -	
<b>Description:</b>	Centers for Medicare and M	ledicaid Services	(CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payme	nt for Medicare b	peneficiaries.
<b>Beginning Position:</b>	39	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 13:	MS_MDC		
<b>Description:</b>			ed by Centers for Medicare and Medicaid Services
			ministration (HCFA)) for hospital payment for
Doginning Dogister	Medicare beneficiaries. Firs 42	Data Source:	
Beginning Position: Length:	2	Type:	Assigned Alphanumeric
Field 14:	MS_GRP_VER	rype.	тірнанинсте
Description:		agnosis Related (	Grouper (formerly CMS DRG Grouper and
Description.			/ERSION_NBR) version used to assign MS DRG
	and, MS MDC codes	r_onoor En_ v	ERSTOTI_TIBILY Version used to ussign his Bito
<b>Beginning Position:</b>	44	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 15:	MS_GRP_ERROR_COD		
<b>Description:</b>	Error codes identify potentia		MS DRG code assignment
Coding Scheme:	No errors. DRG successfully	1	
Ü	110 chois. Divo successium	, assigned.	exempt
DSHS/THCIC	*****	_ Page	DSHS Document #25-15013
www.dshs.texas.gov/7	THCIC	55	Last Updated: August, 2024

	01 Diagnosis code cannot b	e used as principal	20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis		U 21 DisableHac is invalid and at least one HAC POA is
	Record does not meet cr	iteria for any DRG	invalid or exempt
	03 Invalid Age		DisableHac = $0$ and at least one HAC POA is exempt
	04 Invalid Sex		23 DisableHac is invalid and at least one HAC POA is exempt
	05		24 DisableHac = 0 and there are multiple HACs that have
	Invalid Discharge Status		different HAC POA values that are not Y, W, N, U
	10 Illogical Principal Diagn	osis (CMS only)	25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagno		have different first 1 of 1 values that are not 1 of 14
<b>Beginning Position:</b>	49	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 16:	APR_DRG		
<b>Description:</b>		R) Diagnosis Relate	ed Group (DRG) as assigned by 3M APR-DRG
D 1 1 D 1/1	Grouper	D 4 G	A 1
Beginning Position:	51	Data Source:	Assigned
Length: Field 17:	3 RISK_MORTALITY	Type:	Alphanumeric
Description:		nortality score from	n the All Patient Refined (APR) Diagnosis Related
Description.			rouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor	M AIR-DROO	rouper. Indicates the fixenhood of dying.
County Scheme.	2 Moderate		
	3 Major		
Beginning Position:	4 Extreme 54	Data Source:	Assigned
Length:	1	Type:	Assigned Alphanumeric
Field 18:	ILLNESS_SEVERITY	Type.	7 Hiphanumene
Description:	<del></del>	of illness score fro	om the All Patient Refined (APR) Diagnosis Related
2 0501 p 110111			rouper. Indicates the extent of physiologic
	decompensation.		T , T , T , T , T , T , T , T , T , T ,
C - 1! C -1	1 Minor		
Coding Scheme:			
Coding Scheme:	2 Moderate		
Coding Scheme:			
	<ul> <li>Moderate</li> <li>Major</li> <li>Extreme</li> <li>No class specified</li> </ul>		
Beginning Position:	2 Moderate 3 Major 4 Extreme 0 No class specified 55	Data Source:	Assigned
Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1	Data Source: Type:	Assigned Alphanumeric
Beginning Position: Length: Field 19:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC	Type:	Alphanumeric
Beginning Position: Length: Field 19: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC Major Diagnostic Categor	Type: ory (MDC) as assig	Alphanumeric  ned by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56	Type: ory (MDC) as assig Data Source:	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2	Type: ory (MDC) as assig	Alphanumeric  ned by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER	Type: ory (MDC) as assig Data Source: Type:	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine	Type: ory (MDC) as assig Data Source: Type: d Diagnosis Relate	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes,
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine	Type: ory (MDC) as assig Data Source: Type: d Diagnosis Relate	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient Refine APR MDC codes, Risk of	Type:  ory (MDC) as assig     Data Source:     Type:  od Diagnosis Relate f Mortality ranking	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, ass, and Severity of Illness rankings Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:  ODE	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, ass, and Severity of Illness rankings Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success	ry (MDC) as assig Data Source: Type:  d Diagnosis Relate f Mortality ranking Data Source: Type:  ODE ential variations wifully assigned.	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be	ry (MDC) as assig Data Source: Type:  d Diagnosis Relate f Mortality ranking Data Source: Type:  ODE ential variations wifully assigned.	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, as, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis	ry (MDC) as assig Data Source: Type:  d Diagnosis Relate f Mortality ranking Data Source: Type:  ODE ential variations wifully assigned. 12 e used as 19	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C  Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet created.	Type:  ory (MDC) as assig     Data Source:     Type:  od Diagnosis Relate of Mortality ranking     Data Source:     Type:  ODE ential variations wifully assigned. 12 e used as 19 iteria for any 20	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cr	ry (MDC) as assig Data Source: Type:  d Diagnosis Relate f Mortality ranking Data Source: Type:  ODE ential variations wifully assigned. 12 e used as 19	Alphanumeric  ned by 3M™ APR-DRG Grouper. Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C  Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet created.	Type:  ory (MDC) as assig     Data Source:     Type:  od Diagnosis Relate of Mortality ranking     Data Source:     Type:  ODE ential variations wifully assigned. 12 e used as 19 iteria for any 20	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cr DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:  ODE ontial variations wi fully assigned. 12 e used as 19  iteria for any 20  21  22 23	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C  Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cro DRG 03 Invalid Age 04 Invalid Sex	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:  ODE ontial variations wi fully assigned. 12 e used as 19  iteria for any 20  21  22 23	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cr DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:  ODE ontial variations wi fully assigned. 12 e used as 19  iteria for any 20  21  22 23	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ed Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cr DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status	Type:  ory (MDC) as assig     Data Source:     Type:  d Diagnosis Relate f Mortality ranking     Data Source:     Type:  ODE ontial variations wi fully assigned. 12 e used as 19  iteria for any 20  21  22 23	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	2 Moderate 3 Major 4 Extreme 0 No class specified 55 1  APR_MDC  Major Diagnostic Categor 56 2  APR_GRP_VER 3MTM All Patient Refine APR MDC codes, Risk of 58 5  APR_GRP_ERROR_C Error codes identify pote 00 No errors. DRG success 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet cro DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid birthweight (AP	Type:  ory (MDC) as assig     Data Source:     Type:  od Diagnosis Relate of Mortality ranking     Data Source:     Type:  ODE ential variations wire fully assigned. 12 e used as 19  iteria for any 20  21  22 23 & APR only) 24	Alphanumeric  ned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ad Grouper version used to assign APR DRG codes, gs, and Severity of Illness rankings Assigned Alphanumeric  th APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U  DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U

	09 11	Invalid discharge age in days (AP & 2 APR only) Invalid Principal Diagnosis	.5	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	63	Data Source	:	Assigned
Length:	2	Type:		Alphanumeric

## **OUTPATIENT BASE DATA FILE**

Field 1:	SERVICE_QUARTER	)		
Description:	Quarter during which		Vear and quarter of s	ervice vvvvOn
Beginning Position:	1	Data Source:	Assigned	er vice. yyyy Qii.
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID	- /		
Description:	Record Identification	Number Unique nu	imher assigned to ide	ntify the record. The
2	Record_ID in the ED			
	Inpatient PUDF or ED			cord_ID in the ED
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 3:	THCIC_ID	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/p	
Description:	Provider ID. Unique i	dentifier assigned to	the provider by DSF	ıs
Suppression:				ed into the Provider ID
				cular gender, including
	'unknown', Provider I		13 events for a partit	cular gender, including
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 4:	SPEC_UNIT_1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 ii pinanamene	
Description:		ch most davs durin	a stay occurred base	d on number of days by
2000.pt.o	Type of Bill or Revenu			
Coding Scheme:	C C Dill of Revent	Coronary Care Unit	P	Pediatric Unit
couning Schemen	D	Detoxification Unit	Ϋ́	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H 	Hospice Unit	U	Sub-acute Care Unit
	N B	Nursery	S	Skilled Nursing Unit Acute Care
	0	Obstetric Unit Oncology Unit	Blank	Acute Care
<b>Beginning Position:</b>	25	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2			
Description:	Specialty Unit in which	h 2 <sup>nd</sup> most days du	ring stay occurred ba	sed on number of days
	by Type of Bill or Rev		<i>3</i> ,	•
Coding Scheme:	Same as SPEC_UNIT_1			
<b>Beginning Position:</b>	26	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:	Specialty Unit in which	h 3 <sup>rd</sup> most days dui	ring stay occurred ba	sed on number of days
	by Type of Bill or Rev			
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_4			
Description:			ring stay occurred ba	sed on number of days
	by Type of Bill or Rev			
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	28	Data Source:	Calculated	
Length: Field 8:	SDEC UNIT E	Туре:	Alphanumeric	
Description:	SPEC_UNIT_5	h Eth mant days day	ina atau agailimad ba	and an number of days
Description:			ring stay occurred bas	sed on number of days
Coding Scheme:	by Type of Bill or Rev Same as SPEC_UNIT_1.			
Beginning Position:	29	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 9:	SEX_CODE	1,7001	Auptionatificite	
Description:	Gender of the patient	as recorded at date	e of start of care	
	ochaci oi the patient	as recorded at dat		
•		ICD-10-CM code indi	cates drug or alcohol us	se or an HIV diagnosis If
Suppression:	Code is suppressed if ar			
•			n HIV diagnosis (patient	

58

Last Updated: August, 2024

§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:** 

Μ Male Female U Unknown Invalid

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

Length:	OSICIOII.	1	1	Type:	·.	Alphanumeric		
Field 10:		PAT_COUNTY	<u> </u>	, <b>, , , .</b>		7 ii priditatii erie		
Description	n:	FIPS code of par	ient's cour	ntv.				
Coding sch		11.0 code of pa	ce b cou.	,.				
001	Anderson	097	Cooke		193	Hamilton	289	Leon
003	Andrews	099	Coryell		195	Hansford	291	Liberty
005	Angelina	101	Cottle		197	Hardeman	293	Limestone
007	Aransas	103	Crane		199	Hardin	295	Lipscomb
009	Archer	105	Crockett		201	Harris	297	Live Oak
011	Armstrong	107	Crosby		203	Harrison	299	Llano
013	Atascosa	109	Culberson		205	Hartley	301	Loving
015	Austin	111	Dallam		207	Haskell	303	Lubbock
017	Bailey	113	Dallas		209	Hays	305	Lynn
019	Bandera	115	Dawson		211	Hemphill	307	McCulloch
021	Bastrop	117	Deaf Smith		213	Henderson	309	McLennan
023	Baylor	119	Delta		215	Hidalgo	311	McMullen
025	Bee	121	Denton		217	Hill	313	Madison
027	Bell	123	Dewitt		219	Hockley	315	Marion
029	Bexar	125	Dickens		221	Hood	317	Martin
031	Blanco	127	Dimmit		223	Hopkins	319	Mason
033	Borden	129	Donley		225	Houston	321	Matagorda
035	Bosque	131	Duval		227	Howard	323	Maverick
037	Bowie	133	Eastland		229	Hudspeth	325	Medina
039	Brazoria	135	Ector		231	Hunt	327	Menard
039	Brazona	137	Edwards		233	Hutchinson	329	Midland
043	Brewster	139	Ellis		235	Irion	331	Milam
045	Briscoe	141	El Paso		237	Jack	333	Mills
043	Brooks	143	Erath		239	Jackson	335	Mitchell
047	Brown	145	Falls		239		337	
051	Burleson	147	Fannin		241	Jasper Jeff Davis	339	Montague Montgomery
051								Moore
055	Burnet	149	Fayette		245	Jefferson	341	
	Caldwell	151	Fisher		247	Jim Hogg	343	Morris
057	Calhoun	153	Floyd		249	Jim Wells	345	Motley
059	Callahan	155	Foard		251	Johnson	347	Nacogdoches
061	Cameron	157	Fort Bend		253	Jones	349	Navarro
063	Camp	159	Franklin		255	Karnes	351	Newton
065	Carson	161	Freestone		257	Kaufman	353	Nolan
067	Cass	163	Frio		259	Kendall	355	Nueces
069	Castro	165	Gaines		261	Kenedy	357	Ochiltree
071	Chambers	167	Galveston		263	Kent	359	Oldham
073	Cherokee	169	Garza		265	Kerr	361	Orange
075	Childress	171	Gillespie		267	Kimble	363	Palo Pinto
077	Clay	173	Glasscock		269	King	365	Panola
079	Cochran	175	Goliad		271	Kinney	367	Parker
081	Coke	177	Gonzales		273	Kleberg	369	Parmer
083	Coleman	179	Gray		275	Knox	371	Pecos
085	Collin	181	Grayson		283	La Salle	373	Polk
087	Collingswo		Gregg		277	Lamar	375	Potter
089	Colorado	185	Grimes		279	Lamb	377	Presidio
091	Comal	187	Guadalupe		281	Lampasas	379	Rains
093	Comanche	189	Hale		285	Lavaca	381	Randall
095	Concho	191	Hall		287	Lee	383	Reagan
DSHS/TH		THOIC		Page			DSHS Docu	ment #25-15013

DSHS/THCIC www.dshs.texas.gov/THCIC **Page** 

Last Updated: August, 2024

385	Real		419	Shelby	453	Travis	487	Wilbarger
387	Red River		421	Sherman	455	Trinity	489	Willacy
389	Reeves		423	Smith	457	Tyler	491	Williamson
391	Refugio		425	Somervell	459	Upshur	493	Wilson
393	Roberts		427	Starr	461	Upton	495	Winkler
395	Robertson		429	Stephens	463	Uvalde	497	Wise
397	Rockwall		431	Sterling	465	Val Verde	499	Wood
399	Runnels		433	Stonewall	467	Van Zandt	501	Yoakum
401	Rusk		435	Sutton	469	Victoria	503	Young
403	Sabine		437	Swisher	471	Walker	505	Zapata
405	San August	tine	439	Tarrant	473	Waller	507	Zavala
	San Jacinto		441	Taylor	475	Ward		
409	San Patricio	0	443	Terrell	477	Washington	`	Invalid
411	San Saba		445	Terry	479	Webb		
413	Schleicher		447	Throckmorton	481	Wharton		
415	Scurry		449	Titus	483	Wheeler		
	Shackelford	d	451	Tom Green	485	Wichita		
				D-1-	<b>6</b>	A!		TD
Beginning Po	osition:	31			Source:	Assigned; based on	i patient Z	IP code
Length: Field 11:		3		Туре:	i	Alphanumeric		
		PAT_STAT		:				Chandand 2
Description:			•	_		exas and contiguo	us states	. Standard 2-
G - 4! G -b -				Service abbrevia	tion.			
Coding Sche	me:	AR Arkans						
		NM New M						
		OK Oklaho						
		TX Texas	)IIIu					
			er stat	es and American Te	erritories			
		FC Foreign						
				ici y				
		XX Foreigr						
Beginning Po	osition:	34		itry <b>Data S</b> o	ource:	Claim		
Length:	osition:	34 2		itry	ource:	Claim Alphanumeric		
Length: Field 12:		34 2 <b>PAT_ZIP</b>	n cour	try Data So Type:	ource:			
Length: Field 12: Description:		34 2 PAT_ZIP Patient's fir	n cour	Data So Type: git ZIP code.		Alphanumeric		
Length: Field 12:		34 2 PAT_ZIP Patient's fir Last two dig	ve-dig	Data So Type: git ZIP code. e blank if a ZIP code	e has fewe	Alphanumeric r than 30 patients. If		
Length: Field 12: Description:		PAT_ZIP Patient's fir Last two dig equals '8888	ve-digits are	Data So Type: git ZIP code. e blank if a ZIP code state equals `FC' (fo	e has fewe	Alphanumeric  r than 30 patients. If ntry) ZIP code is blai	nk. If ICD	-10-CM indicates
Length: Field 12: Description:		PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di	ve-dig jits are 88'. If rug us	Data So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (fo e or an HIV diagnos	e has fewer oreign cour sis the ZIP	r than 30 patients. If htry) ZIP code is blan code is blank. If a fa	nk. If ICD acility has	-10-CM indicates fewer than fifty
Length: Field 12: Description:		34 2 PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s	ve-digits are 88'. If rug us	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss s reported for the q	e has fewe oreign cou sis the ZIP uarter the	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression	:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep	ve-digits are 88'. If rug us	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss s reported for the q	e has fewe oreign cour sis the ZIP uarter the ler, includi	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description:	:	34 2 PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s	ve-digits are 88'. If rug us	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnos s reported for the q of a particular gend	e has fewe oreign cour sis the ZIP uarter the ler, includi	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression Beginning Po	:	PAT_ZIP Patient's fir Last two dig equals '8888' alcohol or di outpatient s patients rep 36 5	ve-diq gits are 88'. If rug us service orted	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnos s reported for the q of a particular gend Data So Type:	e has fewe oreign cour sis the ZIP uarter the ler, includi	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI Claim	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression  Beginning Pe	: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU	ve-digits are 88'. If rug us ervice orted	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnos s reported for the q of a particular gend Data So Type:	e has fewer breign cour sis the ZIP uarter the ler, includin burce:	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI Claim Alphanumeric	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Polength: Field 13:	: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of	ve-digits are 88'. If rug us service orted	pata So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnos s reported for the q of a particular gend Data So Type:	e has fewer oreign cour sis the ZIP uarter the ler, includin ource:	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI Claim	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Polength: Field 13:	: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of Organization	ve-digits are 88'. If rug us service orted	pata Son Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss reported for the query of a particular gend Data Son Type:  ent's residential actors at the standardization	e has fewer breign coursis the ZIP quarter the ler, including burce: ddress. Li (ISO).	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI Claim Alphanumeric st maintained by t	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description:	: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of Organizatio Suppressed	ve-digits are 88'. If rug us service forted  NTR\ patie on for if few	pata Son Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss reported for the query of a particular gend Data Son Type:  ent's residential acceptance.	e has fewer breign coursis the ZIP quarter the ler, including burce: ddress. Li (ISO).	r than 30 patients. If ntry) ZIP code is blan code is blank. If a fa ZIP code is blank. If ng 'unknown', the ZI Claim Alphanumeric st maintained by t	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Peleginning Pelength:	: osition: : me:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of Organizatic Suppressed See www.IS 41	ve-digits are 88'. If rug us service forted  NTR\ patie on for if few	pata Son Type:  git ZIP code.  e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss reported for the query of a particular gend Data Son Type:  ent's residential actors of the pata Son Type:  ent's residential actors for the pata Son Type:	e has fewer breign coursis the ZIP quarter the ler, including burce: ddress. Li (ISO).	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZIP claim Alphanumeric st maintained by tountry.	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Polements: Field 13: Description: Suppression Coding schelleginning Polemeth:	: osition: : me:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient's rep 36 5 PAT_COU Country of Organizatic Suppressed See www.IS 41 2	ve-digits are 88'. If rug us service forted  NTRY patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the qual of a particular gend pata Sortype:  ent's residential action for the pata Sortype:  ent's residential action for complete list.  Data Sortype:	e has fewer breign coursis the ZIP quarter the ler, including burce: ddress. Li (ISO).	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZI Claim Alphanumeric st maintained by tountry.	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Polements: Field 13: Description: Suppression Coding schelleginning Polemeth: Field 14:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of Organizatio Suppressed See www.IS 41 2 PUBLIC_I	ve-digits are 88'. If rug us service forted  NTR\ patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnoses reported for the query of a particular gend pata Sortype:  ent's residential acceptance than 5 patients for complete list.  Data Sortype:  TH_REGION	e has fewer breign coursis the ZIP quarter the ler, including burce: ddress. Li (ISO). rom one co	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZIP claim Alphanumeric st maintained by tountry.	nk. If ICD acility has f a facility P Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5 PAT_COU Country of Organizatio Suppressed See www.IS 41 2 PUBLIC_F Public Heal	ve-digits are 88'. If rug us service forted  NTR\() patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnoses reported for the query of a particular gend pata Sortype:  ent's residential action for complete list.  Data Sortype:  TH_REGION egion of patient's second patient'se	e has fewer preign cours the ZIP quarter the ler, including purce:  ddress. Li (ISO).  rom one cource:	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fa outline is bl	nk. If ICD acility has f a facility P Code is the Interr	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 12: Description: Suppression  Beginning Polements: Field 13: Description: Suppression Coding schelleginning Polemeth: Field 14:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient's rep 36 5 PAT_COU Country of Organizatic Suppressed See www.IS 41 2 PUBLIC_H Public Heal 1 Armst	ve-digits are 88'. If rug us service orted  NTRY patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quals of a particular gend pata Sortype:  ent's residential act of Standardization er than 5 patients for complete list.  Data Sortype:  TH_REGION egion of patient's stalley, Briscoe, Carson	e has fewer preign coursis the ZIP uarter the ler, including purce:  ddress. Li (ISO).  rom one cource:  address., Castro, Ch	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZIP claim Alphanumeric st maintained by the country.  Claim Alphanumeric st maintained by the country.  Claim Alphanumeric ildress, Cochran, Colling in the country is the control of the company in the	nk. If ICD acility has f a facility P Code is the Interr	-10-CM indicates fewer than fifty has fewer than 5 blank.  national
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888' alcohol or di outpatient's rep 36 5 PAT_COU Country of Organizatic Suppressed See www.IS 41 2 PUBLIC_H Public Heal 1 Armst Smith	ve-digits are 88'. If rug us service forted  NTR\ patie on for if few 60. org	pata Sortype:  git ZIP code. be blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quote of a particular gend pata Sortype:  ent's residential action for complete list.  Data Sortype:  TH_REGION Egion of patient's stailey, Briscoe, Carson ns, Donley, Floyd, Gar	e has fewer preign coursis the ZIP uarter the ler, including purce:  ddress. Li (ISO). rom one cource:  address. , Castro, Chrza, Gray, Ha	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If any 'unknown', the ZIP code is blank. If any 'unknown', the ZIP code is blank. If any 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a factor is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', the ZIP code is blank. If a fing 'unknown', t	nk. If ICD acility has f a facility P Code is the Interr	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf nill, Hockley,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient's patients rep 36 5 PAT_COU Country of Organization Suppressed See www.IS 41 2 PUBLIC_H Public Heast Smith Hutch	ve-digits are 88'. If rug us service forted  NTRY  patie on for if few 60.org  HEAL' lth Recirong, E, Dicke inson,	git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnoses reported for the quote for a particular gend pata Son Type:  Int's residential act Standardization er than 5 patients for complete list.  Data Son Type:  TH_REGION  gion of patient's act alley, Briscoe, Carson ns, Donley, Floyd, Garking, Lamb, Lipscomb,	e has fewer preign coursis the ZIP uarter the ler, including purce:  ddress. Li (ISO). rom one cource:  address. , Castro, Ch	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fing 'unknown', the ZIP claim Alphanumeric st maintained by the country.  Claim Alphanumeric st maintained by the country.  Claim Alphanumeric ildress, Cochran, Colling in the country is the control of the company in the	nk. If ICD acility has f a facility P Code is the Interr gsworth, Cr tley, Hempl hiltree, Old	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf nill, Hockley,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	34 2  PAT_ZIP  Patient's fir  Last two dig equals `8888 alcohol or di outpatient s patients rep 36 5  PAT_COU  Country of Organization Suppressed See www.IS 41 2  PUBLIC_F  Public Heal 1 Armst Smith Hutch Randa 2 Archee	ve-digits are 88'. If rug us ervice forted  NTR\( \) patie on for if few 60.org  HEAL' lth Recrong, E, Dicke inson, , all, Robr, Baylor, Baylor	git ZIP code.  git Zi	e has fewer preign cours is the ZIP quarter the ler, including purce:  ddress. Li (ISO).  rom one cource:  address., Castro, Chiza, Gray, High, Lubbock, Ler, Terry, Wilay, Colema	r than 30 patients. If ntry) ZIP code is blank ode is blank. If a fazIP code is blank. If a fazI	gsworth, Cr tley, Hempl hiltree, Old satisting	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf hill, Hockley, ham, Parmer, Potter, her, Foard,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5  PAT_COU Country of Organizatio Suppressed See www.IS 41 2  PUBLIC_I Public Heal 1 Armst Smith Hutch Randa 2 Archei Harde	ve-digits are 88'. If rug us service forted NTR\( \) patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quals reported for complete list.  Data Sortype:  TH_REGION egion of patient's residential according to the patient's residential reported for patient's reported for pa	e has fewer preign cours the ZIP quarter the ler, including purce:  ddress. Li (ISO). rom one cource:  address. , Castro, Ch za, Gray, Ha, Lubbock, Ler, Terry, Willay, Colemant, Knox, Mary Loubon, Mary, Colemant, Knox, Mary, Colemant, Knox, Mary Colemant, Knox,	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fa ZIP code is blank. If a fa yunknown', the ZI Claim Alphanumeric st maintained by tountry.  Claim Alphanumeric ildress, Cochran, Colling Alphanumeric ildress, Cochran, Colling Alphanumeric compane, Motley, Other, Yoakum countier, Comanche, Cottle, Editchell, Montague, Nola	gsworth, Cr tley, Heap gsworth, Cr tley, Hempl hiltree, Old s astland, Fis n, Runnels,	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf hill, Hockley, ham, Parmer, Potter, her, Foard,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	34 2  PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient's rep 36 5  PAT_COU Country of Organizatic Suppressed See www.IS 41 2  PUBLIC_H Public Heal 1 Armst Smith Hutch Randa 2 Archei Harde Steph	ve-digits are 88'. If rug us service orted NTR\( \) patie on for if few 60.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quals reported for complete list.  Data Sortype:  TH_REGION egion of patient's residential action for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION egion of patient's residential for complete list.  Data Sortype:  TH_REGION of patient's residential for complete list.  Data Sortype:  TH_REGION of patient's residential for complete list.	e has fewer preign cours is the ZIP uarter the ler, including purce:  ddress. Li (ISO). rom one compurce:  address. , Castro, Cheza, Gray, Ha, Lubbock, Ler, Terry, Walay, Colemanent, Knox, Makmorton, W	r than 30 patients. If ntry) ZIP code is blank. If a fa ZIP code is blank. If a fa ZIP code is blank. If any code is blank. If a ZIP code	gsworth, Cr tley, Hempl hiltree, Old s sastland, Fis n, Runnels, g counties	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  rosby, Dallam, Deafnill, Hockley, ham, Parmer, Potter, Scurry, Shackleford,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5  PAT_COU Country of Organization Suppressed See www.IS 41 2  PUBLIC_H Public Head 1 Armst Smith Hutch Randa 2 Archei Harde Steph 3 Collin, Palo P	ve-digits are 88'. If rug us service forted with the service for for if few 60. org	git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnoses reported for the quals of a particular gend pata Sof Type:  Int's residential act of the standardization for complete list.  Data Sof Type:  TH_REGION  Gialley, Briscoe, Carson ans, Donley, Floyd, Garking, Lamb, Lipscomb, erts, Sherman, Swisher, Brown, Callahan, Claskell, Jack, Jones, Konewall, Taylor, Throcomposer, Dallas, Denton, Ellis, arker, Rockwall, Some	e has fewer preign coursis the ZIP uarter the ler, including purce:  ddress. Li (ISO). rom one cource:  address. , Castro, Ch. za, Gray, Ha, Lubbock, Ler, Terry, Wilay, Coleman ent, Knox, M. kmorton, W. Erath, Fantryell, Tarrar	r than 30 patients. If ntry) ZIP code is blank code is blank. If a fa ZIP code is blank. If any code is blank if no code is blank. If any code is blank if no code is blank. If any code is blank. If any code is blank if no code is blank. If any code is	gsworth, Cr tley, Hempl hiltree, Old sastland, Fis n, Runnels, g counties nt, Johnson	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley, ham, Parmer, Potter, Scurry, Shackleford, Kaufman, Navarro,
Length: Field 12: Description: Suppression  Beginning Pelength: Field 13: Description: Suppression Coding schelleginning Pelength: Field 14: Description:	: osition: : me: osition:	PAT_ZIP Patient's fir Last two dig equals '8888 alcohol or di outpatient s patients rep 36 5  PAT_COU Country of Organization Suppressed See www.IS 41 2  PUBLIC_F Public Heal 1 Armst Smith Hutch Randa 2 Archei Harde Steph 3 Collin, Palo P 4 Ander	ve-digits are 88'. If rug us service forted  NTR\ patie on for if few 60.org  HEAL' lth Recrong, E. inson, P. inson, P. inson, P. inson, P. inson, P. inson, P. inson, B. inson,	git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quote for a particular gend pata Scatter of the standardization for complete list.  Data Scatter of	e has fewer preign coursis the ZIP quarter the ler, including purce:  ddress. Li (ISO).  rom one cource:  address., Castro, Chource:  Lubbock, Ler, Terry, Wilay, Colemanent, Knox, Memorton, Wilay, Colemanert, Fanirvell, Tarrarerokee, Delta	r than 30 patients. If ntry) ZIP code is blank acode is blank. If a fazIP code is blank. If a fing 'unknown', the ZIP code is blank alphanumeric st maintained by the country.  Claim Alphanumeric st maintained by the country.  Claim Alphanumeric ildress, Cochran, Colling ale, Hall, Hansford, Harlynn, Moore, Motley, Ocheeler, Yoakum counties on, Comanche, Cottle, Glitchell, Montague, Nolaichita, Wilbarger, Younghin, Grayson, Hood, Hui	gsworth, Cr tlley, Hempl hiltree, Old s astland, Fis n, Runnels, g counties nt, Johnson	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley, ham, Parmer, Potter, Foard, Scurry, Shackleford, Kaufman, Navarro, erson, Hopkins,

5

counties
Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
   Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone,
- 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
- 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:43Data Source:AssignedLength:2Type: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 1 day. The maximum is 30 days.

**Beginning Position:** 45 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 16: PAT\_AGE **Description:** Code indicating age of patient in days or years on date of service. 35-39 85-89 **Coding Scheme:** 00 1-28 days 10 20 29-365 days 40-44 01 21 90 +11 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: nз 5-9 13 50-54 22 0-17 04 10-14 55-59 23 18-44 14 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 75-79 18 Invalid 30-34 80-84 09 19 **Beginning Position:** 47 **Data Source:** Assigned Length: Alphanumeric 2 Type:

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 OtherInvalid

Beginning Position:49Data Source:ClaimLength:1Type: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

Not of Hispanic Origin

Invalid

Beginning Position:50Data Source:ClaimLength:1Type:Alphanumeric

Field 19: FIRST PAYMENT SRC

**Description:** Code indicating the expected primary source of payment.

**Coding Scheme:** 09 Self Pay (Removed from 5010 format, beginning 2Q2012 data) HM Health Maintenance Organization

10 Central Certification LI Liability Liability Medical 11 Other Non-federal Programs LM Preferred Provider Organization (PPO) 12 MA Medicare Part A Point of Service (POS) MB Medicare Part B 13 14 Exclusive Provider Organization (EPO) MC Medicaid 15 Indemnity Insurance Title V

DSHS/THCIC Page DSHS Document #25-15013

		Medicare Ris	sk	ganization (HMO) O	F Other Fe	deral Program
		AM Automobile BL Blue Cross/I CH CHAMPUS	Blue Shield	V. W Z	C Workers	Administration Plan Compensation Health Claim Indigent or Unknown
		CI Commercial DS Disability In			Invalid	
Beginning	g Position:	51		Data Source: Claim	1	
ength:		2			numeric	
ield 20:	oni	SECONDARY_			. of no	
Description Solution		Same as field 16		ected secondary source	or paymer	10.
	g Position:	53	, 11101_1	Data Source: Claim	1	
ength:		2		Type: Alpha	numeric	
ield 21: escripti	on:	TYPE_OF_BIL		ation about the claim d	ata cubmit	ted. First digit = type of
escripti	011.			type of care. Third digit		
oding S	cheme:	1 <sup>st</sup> digit-Type of		2 <sup>nd</sup> digit-Type of Ca		3 <sup>rd</sup> digit-Sequence of claim
		1 Hospital		1 Inpatient, includii Part A	ng Medicare	0 Non-payment/Zero claim
		2 Skilled nursing	9	2 Inpatient, Medica only	re Part B	Admit through discharge claim
		3 Home health		<ol> <li>Outpatient</li> </ol>	M - d'	2 Interim-first claim
		4 Religious non- health care-H		4 Outpatient Other, Part B only	Medicare	3 Interim-continuing claim
		5 Religious non- health care-E	-medical	5 Intermediate Car	e-Level I	4 Interim-last claim
		6 Intermediate		6 Intermediate Car		5 Late charge(s) only claim
		7 Clinic		7 Sub-acute inpatie	nt – Level	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
-	g Position:	55		Data Source: Claim		, , , , , , , , , , , , , , , , , , ,
ength:		3 CONDITION (	CODE 1		numeric	
iela 22:		Code describing		tion relating to the claim	m	
Coding So	cheme:	Code describing	j a conai	don relating to the clair	11.	
01 02	Military servi		22	Patient on multiple drug regimen	36	General care patient in a special unit
02	related	simployment	23	Home care giver available	37	Ward accommodation at patier
03	Patient cover not reflected	red by insurance here	24	Home IV patient also receiving HHA services	ng 38	request Semi-private room not available
04	Information	only bill.	25	Patient is non-US resident	39	
05	Lien has bee	n filed	26			Private room medically
	ESPD nation			VA eligible patient chooses to		Private room medically necessary
06		t in first 18 months		VA eligible patient chooses to receive services in a Medicar certified facility		•
	of entitlemer	nt covered by EGHP	27	receive services in a Medicar certified facility Patient referred to a sole	0	necessary
06 07	of entitlemer Treatment of			receive services in a Medicar certified facility Patient referred to a sole community hospital for a	e 40	necessary Same day transfer Partial hospitalization Continuing care not related to
	of entitlemer Treatment of condition for Beneficiary w information of	nt covered by EGHP  f non-terminal hospice patient would not provide concerning other		receive services in a Medicar certified facility Patient referred to a sole	e 40 41 42	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided
07	of entitlemer Treatment of condition for Beneficiary v information of insurance co Neither patie	nt covered by EGHP  f non-terminal hospice patient would not provide concerning other	27	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is	e 40 41 42	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischargwindow
07 08	of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is	27 28 29	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare	e 40 41 42 P is 43	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient
07 08 09	of entitlemer Treatment of condition for Beneficiary v information of insurance co Neither patie employed Patient and/o	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is	27 28	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is	e 40 41 42 P is 43	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category
07 08 09	of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is it no EGHP exists deficiary but no	27 28 29	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare  Non-research services provide	e 40 41 42 P is 43 44 ded 45 46	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient
07 08 09 10	of entitlemer Treatment of condition for Beneficiary v information of insurance co Neither patie employed Patient and/of employed bu Disabled ben	f non-terminal hospice patient would not provide concerning other verage ent or spouse is to EGHP exists leficiary but no ge exists	27 28 29 30 31	receive services in a Medicar certified facility Patient referred to a sole community hospital for a diagnostic laboratory test Patient and/or spouse's EGH secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provict to patients enrolled in a qualified clinical trial Patient is student (full time day)	e 40 41 42 P is 43 44 ded 45 46	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home
07 08 09 10	of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is at no EGHP exists deficiary but no ge exists meless	27 28 29 30	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare  Non-research services provict to patients enrolled in a qualified clinical trial  Patient is student (full time day)  Patient is student	e 40 41 42 P is 43 44 46 46 47	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency
07 08 09 10 11	of entitlement of condition for Beneficiary winformation of insurance con Neither paties employed Patient and/of employed but Disabled ben LGHP covera Patient is how Maiden name	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is at no EGHP exists deficiary but no ge exists meless	27 28 29 30 31	receive services in a Medicar certified facility Patient referred to a sole community hospital for a diagnostic laboratory test Patient and/or spouse's EGH secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provict to patients enrolled in a qualified clinical trial Patient is student (full time day)	e 40 41 42 P is 43 44 46	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children
07 08 09 10 11 17	of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is how Maiden name	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is it no EGHP exists deficiary but no ge exists meless e retained	27 28 29 30 31	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare  Non-research services provict to patients enrolled in a qualified clinical trial  Patient is student (full time day)  Patient is student (cooperative/work study program)  Patient is student (full time day)	e 40 41 42 P is 43 44 ded 45 46 47 48	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs)
07 08 09 10 11 17 18 19	of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is how Maiden name	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is or no EGHP exists deficiary but no ge exists meless e retained mother's name equested billing	27 28 29 30 31 32	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare  Non-research services provict to patients enrolled in a qualified clinical trial  Patient is student (full time day)  Patient is student (cooperative/work study program)	e 40 41 42 P is 43 44 ded 45 46 47 48	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children
07 08 09 10 11 17 18 19 20 21	of entitlement of condition for Beneficiary winformation of insurance con Neither patient and/of employed but Disabled ben LGHP covera Patient is how Maiden name Child retains Beneficiary in the condition of th	nt covered by EGHP f non-terminal hospice patient would not provide concerning other verage ent or spouse is or spouse is or no EGHP exists deficiary but no ge exists meless e retained mother's name equested billing	27 28 29 30 31 32	receive services in a Medicar certified facility  Patient referred to a sole community hospital for a diagnostic laboratory test  Patient and/or spouse's EGH secondary to Medicare  Disabled beneficiary and/or family member's LGHP is secondary to Medicare  Non-research services provict to patients enrolled in a qualified clinical trial  Patient is student (full time day)  Patient is student (cooperative/work study program)  Patient is student (full time inight)	e 40 41 42 P is 43 44 ded 45 46 47 48	necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs) Product replacement within

50	Product Replacement for Known Recall of a Product	Α0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated	A1	EPSDT/CHAP		codes.
	Outpatient Nondiagnostic Services	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Out of Hospice Service Area	А3	Special Federal Funding	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a	A4	Family planning	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample  No Skilled Home Health Visits in	A5	Disability	D8	Change to Make Medicare the
34	Billing Period. Policy Exception	A6	Vaccines/Medicare 100% payment		Primary Payer
	Documented at the Home Health Agency	Α9	Second opinion surgery	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	E0	Changes in Patient Status
57	SNF readmission		incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice organization enrollee	AC	Abortion performed due to serious fatal genetic defect,	H0	Delayed Filing, Statement of Intent Submitted
59	Non-primary ESRD facility	AD	deformity, or abnormality  Abortion performed due to life	H2	Discharge by a Hospice Provider for Cause
60	Day outlier		endangering physical condition	Н3	Reoccurrence of GI Bleed
61	Cost outlier	AE	Abortion performed due to physical health of mother that		Comorbid Category
66	Provider does not wish cost outlier payment	AF	is not life endangering Abortion performed due to	H4	Reoccurrence of Pneumonia Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	AF	emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days	АН	social or economic reasons Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	AI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co-		Code - Mathematical or Computational Mistake
71	Full care in unit		payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required	R3	Code -Inaccurate Data Entry Request for reopening Reason
73 74	Self-care training  Home	AL	Specialized treatment/bed unavailable	KS	Code - Misapplication of a Fee Schedule
	Home - 100% reimbursement	AM	Non-emergency medically necessary stretcher transport	R4	Request for reopening Reason
75 76			required		Code - Computer Errors
76 77	Back-up in facility dialysis  Provider accepts or is	AN	Pre-admission screening not required	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
	obligated/required due to a contractual arrangement or law	В0	Medicare coordinated care	R6	Request for reopening Reason
	to accept payment by a primary	В1	demonstration claim Beneficiary is ineligible for		Code - Other Clerical Errors or
78	payer as payment  New coverage not implemented	J.	demonstration program		Minor Errors and Omissions not Specified in R1-R5 above
	by HMO	B4	Admission unrelated to discharge on same day	R7	Request for reopening Reason Code - Corrections other than
79	CORF services provided offsite	BP	Gulf Oil Spill of 2010		clerical errors
80	Home dialysis - nursing facility	C1	Approved as billed	R8	Request for reopening Reason Code - New and Material
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review		Evidence
82	C-section/Inductions <39 weeks-Elective	C3	Partial approval	R9	Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks or greater	C4	Admission/services denied	WO	United Mine Workers of America (UMWA) Demonstration
84	Dialysis for Acute Kidney Injury	C5	Post-payment review applicable		Indicator
	(AKI)	C6	Admission Preauthorization	W2	Duplicate of Original Bill
85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization	W3	Level I Appeal
86	Additional Hemodialysis	D0	Changes to Service Dates	W4	Level II Appeal
	Treatment with Medical Justification	D1	Changes to Charges	W5	Level III Appeal
	Suscinculon	D3	Second or Subsequent Interim PPS Bill		

DSHS/THCIC www.dshs.texas.gov/THCIC Page 63

**Beginning Position:** 58 **Data Source:** Claim Length: Alphanumeric Type: Field 23: **CONDITION CODE 2** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: 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: Type: Alphanumeric Field 25: CONDITION\_CODE\_4 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position:** 64 **Data Source:** Claim Length: Type: Alphanumeric Field 26: **CONDITION CODE 5** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 27: CONDITION\_CODE\_6 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** 68 Claim Length: Alphanumeric 2 Type: Field 28: **CONDITION CODE 7** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position:** 70 **Data Source:** Claim Alphanumeric Length: Type: 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: 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. **Beginning Position:** 74 **Data Source:** Claim Alphanumeric Length: Type: 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. **Data Source: Beginning Position:** 81 Claim Lenath: 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. 88 **Data Source: Beginning Position:** Claim Alphanumeric Length: Type: 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: Alphanumeric Type: 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: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page www.dshs.texas.gov/THCIC

64

Last Updated: August, 2024

Field DE.	OTH BIAC COSE 4			
Field 35:	OTH_DIAG_CODE_4	luding the 4th Eth	5th and 7th digits if applicable	
	ICD-10-CM diagnosis code, inc Decimal is implied following the	iuuiiig iile 4111, 5111, 1 e third character	our and 7th digits if applicable	
Beginning Position:		Source: Claim		
Length:	7 <b>Type</b>		eric	
Field 36:	OTH_DIAG_CODE_5			
	ICD-10-CM diagnosis code, inc		6th and 7th digits if applicable	<b>.</b>
	Decimal is implied following the			
Beginning Position: Length:		Source: Claim : Alphanum	oric	
Field 37:	7 Type OTH_DIAG_CODE_6	• Aipilailuili	CITC	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, (	5th and 7th digits if applicable	·.
	Decimal is implied following the		3	
<b>Beginning Position:</b>		Source: Claim		
Length:	7 Type	: Alphanum	eric	
Field 38:	OTH_DIAG_CODE_7		Calo and 746 distractionalisable	
	ICD-10-CM diagnosis code, inc Decimal is implied following the	nuaing the 4th, 5th, 1 o third character	oth and 7th digits if applicable	
Beginning Position:		Source: Claim		
Length:	7 <b>Type</b>		eric	
Field 39:	OTH_DIAG_CODE_8			
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th,	5th and 7th digits if applicable	·.
	Decimal is implied following the			
Beginning Position: Length:	137 Data 7 Type	Source: Claim : Alphanum	eric	
Field 40:	OTH_DIAG_CODE_9	- Alphanum	ELIC	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, (	5th and 7th digits if applicable	<b>.</b>
	Decimal is implied following the		3	
<b>Beginning Position:</b>		Source: Claim		
Length:	7 Type	: Alphanum	eric	
Field 41:	OTH_DIAG_CODE_10	luding the 4th Eth	Eth and 7th digits if applicable	
	ICD-10-CM diagnosis code, inc Decimal is implied following the		otii aliu 7tii digits ii appiicable	
Beginning Position:		Source: Claim		
Length:	7 <b>Type</b>		eric	
Field 42:	OTH_DIAG_CODE_11			
	ICD-10-CM diagnosis code, inc		6th and 7th digits if applicable	·.
Paginning Dagitians	Decimal is implied following the 158 <b>Data</b>	e third character. <b>Source:</b> Claim		
Beginning Position: Length:	7 <b>Type</b>		eric	
Field 43:	OTH_DIAG_CODE_12	7.11.01.10.11		
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th,	6th and 7th digits if applicable	<b>.</b>
	Decimal is implied following the			
Beginning Position:		Source: Claim		
Length: Field 44:	7 Type OTH_DIAG_CODE_13	: Alphanum	ELIC	
- 191W 171	ICD-10-CM diagnosis code, inc	luding the 4th. 5th	6th and 7th digits if applicable	·.
	Decimal is implied following the		and a sure and a supplied ble	
<b>Beginning Position:</b>	172 Data	Source: Claim		
Length:	7 <b>Type</b>	: Alphanum	eric	
Field 45:	OTH_DIAG_CODE_14		5.1 1.7.1 1 1. 1.1	
	ICD-10-CM diagnosis code, inc Decimal is implied following the		our and itn digits if applicable	: <b>.</b>
Beginning Position:		Source: Claim		
Length:	7 <b>Type</b>		eric	
Field 46:	OTH_DIAG_CODE_15			
	ICD-10-CM diagnosis code, inc		6th and 7th digits if applicable	<b>.</b>
Danimulus Daalti	Decimal is implied following the			
Beginning Position: Length:	186 <b>Data</b> 7 <b>Type</b>	Source: Claim : Alphanum	eric	
Field 47:	OTH_DIAG_CODE_16	. Aipilailaili		
DSHS/THCIC	Pa	ige	DSHS Document #25-150	013
www.dshs.texas.gov			Last Updated: August, 2	
	02		1	

	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied following the third character.  193 Data Source: Claim
Length:	7 <b>Type:</b> 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 <b>Data Source:</b> Claim
Length:	7 <b>Type:</b> Alphanumeric
Field 49:	OTH_DIAG_CODE_18
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied following the third character.  207
Length:	7 <b>Type:</b> Alphanumeric
Field 50:	OTH_DIAG_CODE_19
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied following the third character.  214
Length:	7 <b>Type:</b> Alphanumeric
Field 51:	OTH_DIAG_CODE_20
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.
Daniumina Danitian	Decimal is implied following the third character.  221  Data Source: Claim
Beginning Position: Length:	221 <b>Data Source:</b> Claim 7 <b>Type:</b> 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: Length:	228 <b>Data Source:</b> Claim 7 <b>Type:</b> 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: Length:	235 <b>Data Source:</b> Claim 7 <b>Type:</b> Alphanumeric
Field 54:	
rielu 54.	OTH DIAG CODE 23
rielu 54.	OTH_DIAG_CODE_23 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Beginning Position:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim  7  Type: Alphanumeric
Beginning Position: Length:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim
Beginning Position: Length: Field 55:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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: Length: Field 55: Beginning Position:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim
Beginning Position: Length: Field 55:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric
Beginning Position: Length: Field 55:  Beginning Position: Length:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim
Beginning Position: Length: Field 55:  Beginning Position: Length:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident AB Abuse
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:  Beginning Position:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:  Beginning Position: Length:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident  256  Data Source: Claim 256  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident.
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:  Beginning Position: Length: Field 57: Coding Scheme:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AB Abuse AP Another party responsible EM Employment OA Other accident  OA Other accident  256  Data Source: Claim Type: Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim Type: Alphanumeric  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.  249  Data Source: Claim Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident  256  Data Source: Claim 2 Type: Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.  258  Data Source: Claim  Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim Claim
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme:  Beginning Position: Length: Field 57: Coding Scheme:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim 7  Type: Alphanumeric  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.  249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AB Abuse AP Another party responsible EM Employment OA Other accident  OA Other accident  256  Data Source: Claim Type: Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56:  Coding Scheme:  Beginning Position: Length: Field 57:  Coding Scheme: Beginning Position: Length: Length: Field 57:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242  Data Source: Claim  Type: Alphanumeric  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.  249  Data Source: Claim  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident  AB Abuse  AP Another party responsible  EM Employment  OA Other accident  256  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.  258  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_1.  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_1.  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_3  Code identifying an accompanying cause of an illness, injury or an accident.
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56:  Coding Scheme:  Beginning Position: Length: Field 57:  Coding Scheme: Beginning Position: Length: Length: Field 57:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position: Length: Field 58:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 242  Data Source: Claim 7  Type: Alphanumeric  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. 249  Data Source: Claim 7  Type: Alphanumeric  RELATED_CAUSE_CODE_1  Code identifying an accompanying cause of an illness, injury or an accident. AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_2  Code identifying an accompanying cause of an illness, injury or an accident. Same as Field RELATED_CAUSE_CODE_1.  Data Source: Claim Alphanumeric  RELATED_CAUSE_CODE_3  Code identifying an accompanying cause of an illness, injury or an accident. Same as Field RELATED_CAUSE_CODE_1.  RELATED_CAUSE_CODE_3  Code identifying an accompanying cause of an illness, injury or an accident. Same as Field RELATED_CAUSE_CODE_1.
Beginning Position: Length: Field 55:  Beginning Position: Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position: Length: Field 58: Coding Scheme:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.  Decimal is implied following the third character.  242

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	71-	p
			, including the 4th, 5th, 6th and 7th digits if
		y external cause	e of injury. A decimal is implied following the
	third character.		
Beginning Position: Length:	262 7	Data Source: Type:	Claim Alphanumeric
Field 60:	E_CODE_2	i ype.	Alphanamenc
		se of iniury code	, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.		
Beginning Position:	269	Data Source:	Claim
Length: Field 61:	7 <b>E_CODE_3</b>	Туре:	Alphanumeric
ricia or.		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai externar educ	is or injury. Beennar is implied following the
<b>Beginning Position:</b>	276	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:	E_CODE_4		
			e, including the 4th, 5th, 6th and 7th digits if
	third character.	iai externai caus	se of injury. Decimal is implied following the
Beginning Position:	283	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 63:	E_CODE_5		·
			, including the 4th, 5th, 6th and 7th digits if
		ial external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position: Length:	290 7	Data Source: Type:	Claim Alphanumeric
Field 64:	E_CODE_6	1,4001	Alphanamene
		se of injury code	, including the 4th, 5th, 6th and 7th digits if
	ICD-10-CM external cause applicable, of an addition		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
	ICD-10-CM external cause applicable, of an addition third character.	nal external caus	se of injury. Decimal is implied following the
Beginning Position:	ICD-10-CM external caus applicable, of an addition third character.	Data Source:	se of injury. Decimal is implied following the  Claim
Length:	ICD-10-CM external caus applicable, of an addition third character. 297	nal external caus	se of injury. Decimal is implied following the
	ICD-10-CM external cause applicable, of an addition third character. 297 7 <b>E_CODE_7</b>	Data Source: Type:	se of injury. Decimal is implied following the  Claim Alphanumeric
Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external cause	Data Source: Type:  se of injury code	se of injury. Decimal is implied following the  Claim
Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external cause	Data Source: Type:  se of injury code	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Length: Field 65:  Beginning Position:	ICD-10-CM external cause applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external cause applicable, of an addition third character. 304	Data Source: Type: se of injury code al external caus	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Length: Field 65:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external cause applicable, of an addition third character. 304 7	Data Source: Type: se of injury code all external caus	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65:  Beginning Position:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8	Data Source: Type:  Se of injury code al external caus  Data Source: Type:	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
Length: Field 65:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable.	Data Source: Type:  Se of injury code al external caus  Data Source: Type:  Se of injury code	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition applicable.	Data Source: Type:  Se of injury code al external caus  Data Source: Type:  Se of injury code	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
Length: Field 65:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable.	Data Source: Type:  Se of injury code al external caus  Data Source: Type:  Se of injury code	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7	Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9	Data Source: Type:  Se of injury code al external caus  Data Source: Type:  Se of injury code al external caus  Data Source: Type:  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:  Se of injury code all external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Data Source:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition applicable	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Field 68:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition applicable	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:  See of injury code and external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Alphanumeric  Claim Alphanumeric

Beginning Position:	325	Data Source:	Claim
.ength: Field 69:	PROC_CODE_1	Туре:	Alphanumeric
ielu 69:	<u> </u>		with the highest shares newformed during
			with the highest charge performed during
aninnina Danitian.	the period covered by the		
Beginning Position:	332 5	Data Source:	Claim
ength: ield 70:		Туре:	Alphanumeric
ieiu 70.	PROC_CODE_2		the next bighest shound newformed division
			the next highest charge performed during
	the period covered by the		
Beginning Position:	337	Data Source:	Claim
ength: ield 71:	5	Туре:	Alphanumeric
iela /1:	PROC_CODE_3		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
ength: ield 72:	5 DD00 CODE 4	Туре:	Alphanumeric
ieia /2:	PROC_CODE_4		
			the next highest charge performed during
	the period covered by the		
eginning Position:	347	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 73:	PROC_CODE_5		. Also manut latah and also man mandaman di di di
			the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 74:	PROC_CODE_6		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	357	Data Source:	Claim
_ength:	5	Туре:	Alphanumeric
Field 75:	PROC_CODE_7		
	Code for curgical or other		
	the period covered by the	e bill. HCPCS or	CPT code.
_	the period covered by the 362	bill. HCPCS or <b>Data Source:</b>	CPT code. Claim
ength:	the period covered by the 362 5	e bill. HCPCS or	CPT code.
ength:	the period covered by the 362 5 PROC_CODE_8	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
ength:	the period covered by the 362 5 PROC_CODE_8 Code for surgical or other	e bill. HCPCS or  Data Source: Type:  r procedure with	CPT code. Claim Alphanumeric  the next highest charge performed during
ength: Field 76:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
ength: Field 76: Beginning Position:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim
Length: Field 76: Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
Length: Field 76: Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other	e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during during a control of the next highest charge performed during
Length: Field 76:  Beginning Position: Length: Field 77:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the the period covered by the seriod covered by the se	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
ength: Field 76:  Beginning Position: Ength: Field 77:  Beginning Position:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim CPT code. CIaim CPT code. Claim
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  CPT code. Claim Alphanumeric
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other other the period covered by the 372 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with c bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim CPT code. Claim Alphanumeric  the next highest charge performed during Alphanumeric  the next highest charge performed during
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 372 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code.
ength: Field 76:  Beginning Position: Ength: Field 77:  Beginning Position: Ength: Field 78:  Beginning Position:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim CPT code. Claim
ength: Field 76:  Beginning Position: Ength: Field 77:  Beginning Position: Ength: Field 78:  Beginning Position: Ength: Field 78:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code.
ength: Field 76:  Beginning Position: Ength: Field 77:  Beginning Position: Ength: Field 78:  Beginning Position: Ength: Ength: Ength: Ength:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  CPT code. Claim Alphanumeric
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 78:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code.
Reginning Position:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code.
Rength: Field 76:  Beginning Position: Rength: Field 77:  Beginning Position: Rength: Field 78:  Beginning Position: Rength: Field 79:  Beginning Position:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim CPT code. Claim CPT code. Claim
Rength: Field 76:  Beginning Position: Rength: Field 77:  Beginning Position: Rength: Field 78:  Beginning Position: Rength: Field 79:  Beginning Position: Rength: Field 79:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code.
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Field 79:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 387 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim CPT code. Claim Alphanumeric
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Field 79:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 387 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Field 79:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 387 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 76:  Beginning Position: Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Field 80:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 387 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 76: Beginning Position: Length:	the period covered by the 362 5  PROC_CODE_8 Code for surgical or other the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code. Claim Alphanumeric  In the next highest charge performed during CPT code.  In the next highest charge performed during CPT code.

Length:	5	Туре:	Alphanumeric	
Field 81:	PROC_CODE_13			
	Code for surgical or other	r procedure with	n the next highest	charge performed during
	the period covered by the			
Beginning Position:	392	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 82:	PROC_CODE_14			
	Code for surgical or other	r procedure with	n the next highest	charge performed during
	the period covered by the			and go positions.
Beginning Position:	397	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 83:	PROC_CODE_15	туре.	Alphanumenc	
i leiu 05.		المانيين مسموم طريسم بيرالم	a tha navt biabaat	abayaa nayfayaad duyin
	Code for surgical or other			charge periormed during
	the period covered by the			
Beginning Position:	402	Data Source:	Claim	
Length:	5	Туре:	Alphanumeric	
Field 84:	PROC_CODE_16			
	Code for surgical or other	r procedure with	n the next highest	charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.	
Beginning Position:	407	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 85:	PROC_CODE_17	· / P~'	. uprioriumene	
c.u 03.		اللائدة مستمامهم معرس	a tha navt blabe-t	charge performed division
	Code for surgical or other			charge performed during
	the period covered by the			
Beginning Position:	412	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 86:	PROC_CODE_18			
	Code for surgical or other	r procedure with	the next highest	charge performed during
	the period covered by the			
Beginning Position:	417	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
rield 87:		i ype.	Aiphanument	
rielu o/:	PROC_CODE_19		and a second second	ahanna a C
	Code for surgical or other			cnarge performed during
	the period covered by the			
Beginning Position:	422	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 88:	PROC_CODE_20			
ricia do.	Code for surgical or other	r procedure with	the next highest	charge performed during
				and a position admits
		a hill HCPCS or	( P I COUP	
Reginning Position:	the period covered by the			
	the period covered by the 427	Data Source:	Claim	
Length:	the period covered by the 427 5			
Length:	the period covered by the 427 5 PROC_CODE_21	Data Source: Type:	Claim Alphanumeric	
Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other	Data Source: Type:  r procedure with	Claim Alphanumeric  n the next highest	charge performed during
Length:	the period covered by the 427 5 PROC_CODE_21	Data Source: Type:  r procedure with	Claim Alphanumeric  n the next highest	charge performed during
Length: Field 89:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other	Data Source: Type:  r procedure with	Claim Alphanumeric  n the next highest	charge performed during
Length: Field 89: Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the	<b>Data Source: Type:</b> r procedure with e bill. HCPCS or	Claim Alphanumeric  The next highest CPT code.	charge performed during
Length: Field 89: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source:	Claim Alphanumeric  The next highest CPT code. Claim	charge performed during
Length: Field 89: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	
Length: Field 89: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest	
Length: Field 89: Beginning Position: Length: Field 90:	the period covered by the 427 5  PROC_CODE_21  Code for surgical or other the period covered by the 432 5  PROC_CODE_22  Code for surgical or other the period covered by the 432	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code.	
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position:	the period covered by the 427 5  PROC_CODE_21  Code for surgical or other the period covered by the 432 5  PROC_CODE_22  Code for surgical or other the period covered by the 437	pata Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Claim CPT code. Claim	
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code.	
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23	pata Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Claim Alphanumeric	charge performed during
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 437 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 437 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim CIaim CPT code. Claim	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or	Claim Alphanumeric  The next highest CPT code.	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Claim CPT code. Claim CIaim CPT code. Claim	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest CPT code. Claim Alphanumeric	charge performed during

Field 93:	DDOC CODE SE			
rielu 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		•	
	<del></del>	, Other Charge	Amount. Calculated using MEDPAR algorithm.	
	Sum of charges associated with revenue codes other than 0100-0219, revenue			
		(-024X, 052X-05	53X, 055X-060X, 064X-070X, 076X-078X,	
	090X-095X, 099X.			
Beginning Position:	457	Data Source:	Calculated	
Length: Field 95:	12 PHARM_AMOUNT	Туре:	Numeric	
ricia 55.	<del>_</del>	Pharmacy Cha	rge Amount Calculated using MEDPAR	
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using algorithm. Sum of charges associated with revenue codes other than 0			
	revenue center 026X, 06			
<b>Beginning Position:</b>	469	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 96:	MEDSURG_AMOUNT	M - 4: 1/6 :	al Comple Change A	
			al Supply Charge Amount. Calculated using	
	0219, revenue center 02		ociated with revenue codes other than 0100-	
Beginning Position:	481	Z/X, UbZX. Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 97:	DME_AMOUNT			
			al Equipment Charge Amount. Calculated	
			es associated with revenue codes other than	
	0100-0219, revenue cen			
Beginning Position:	493 12	Data Source:	Calculated	
Length: Field 98:	USED_DME_AMOUNT	Туре:	Numeric	
ricia 301		Used Durable I	Medical Equipment Charge Amount.	
			m of charges associated with revenue codes	
	other than 0100-0219, r			
<b>Beginning Position:</b>	505	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 99:	PT_AMOUNT	Dhysical Thora	ny Charge Amount Calculated using MEDDAD	
			py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
	revenue center 042X.	es associated w	itil revenue codes other than 0100-0219,	
Beginning Position:	517	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 100:	OT_AMOUNT			
	Ancillary Service Charge	, Occupational T	Therapy Charge Amount. Calculated using	
			ociated with revenue codes other than 0100-	
Reginning Desition:	0219, revenue center 04 529	13X. Data Source:	Calculated	
Beginning Position: Length:	12	Type:	Numeric	
Field 101:	SPEECH_AMOUNT	- / F		
		, Speech Pathol	ogy Charge Amount. Calculated using	
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-	
	0219, revenue center 04	•		
Beginning Position:	541	Data Source:	Calculated	
Length: Field 102:	12	Туре:	Numeric	
rieia 102:	IT_AMOUNT	Inhalation The	rany Chargo Amount Calculated using	
	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calcul MEDPAR algorithm. Sum of charges associated with revenue codes of			
	0219, revenue center 04		Sciated with revenue codes office filal 0100-	
Beginning Position:	553	Data Source:	Calculated	
Length:	12	Type:	Numeric	
		De	DOIG D 405 15010	
DSHS/THCIC	TUCIC	Page	DSHS Document #25-15013	
www.dshs.texas.gov	/ 111CIC	70	Last Updated: August, 2024	

Field 102:	BLOOD AMOUNT			
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 cer		es associated with revenue codes other than	
Beginning Position:	565	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 104:	BLOOD_ADMIN_AMOU	JNT		
	Ancillary Service Charge for blood storage and processing related to the patient's			
			n. Sum of charges associated with revenue	
	codes other than 0100-0	)219, revenue ce	enter 039X.	
<b>Beginning Position:</b>	577	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 105:	OR_AMOUNT	Out and Mark Date	Channel Caladahad us'un MEDDAD	
			m Charge Amount. Calculated using MEDPAR	
			ith revenue codes other than 0100-0219,	
Beginning Position:	revenue center 036X, 07	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 106:	LITH_AMOUNT	<b>,</b> , -		
	<del>-</del>	, Lithotripsy Cha	arge Amount. Calculated using MEDPAR	
			ith revenue codes other than 0100-0219,	
	revenue center 079X.			
<b>Beginning Position:</b>	601	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 107:	CARD_AMOUNT	Candialası. Cha	Annual Annual Calculated wains MEDDAD	
			arge Amount. Calculated using MEDPAR	
			ith revenue codes other than 0100-0219,	
Beginning Position:	revenue center 048X, 07	/ 3X. <b>Data Source:</b>	Calculated	
Length:	12	Type:	Numeric	
Field 108:	ANES_AMOUNT	- 7		
		, Anesthesia Cha	arge Amount. Calculated using MEDPAR	
			ith revenue codes other than 0100-0219,	
	revenue center 037X.			
Beginning Position:	625	Data Source:	Calculated	
Length:	625 12	Data Source: Type:	Calculated Numeric	
	625 12 <b>LAB_AMOUNT</b>	Туре:	Numeric	
Length:	625 12 <b>LAB_AMOUNT</b> Ancillary Service Charge	Type: , Laboratory Cha	Numeric arge Amount. Calculated using MEDPAR	
Length:	625 12  LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type: , Laboratory Chaes associated wi	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03	Type:  , Laboratory Chaes associated will 1X, 074X-075X.	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position:	625 12  LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type:  , Laboratory Chaes associated will 1X, 074X-075X.  Data Source:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated	
Length: Field 109:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637	Type:  , Laboratory Chaes associated will 1X, 074X-075X.	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position: Length:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12  RAD_AMOUNT  Ancillary Service Charge	, Laboratory Cha es associated wi 1X, 074X-075X. Data Source: Type:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR	
Length: Field 109:  Beginning Position: Length:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12  RAD_AMOUNT  Ancillary Service Charge algorithm. Sum of charge algorithm.	, Laboratory Cha es associated wi 1X, 074X-075X. Data Source: Type: , Radiology Cha es associated wi	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position: Length: Field 110:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 037	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated wind 2X-035X, 040X	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  . Calculated	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated wind 2X-035X, 040X	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ar	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  nount. Calculated using MEDPAR algorithm.	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charges Sum of charges associated	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ar	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges association center 061X.	, Laboratory Chaes associated with 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated with 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  mount. Calculated using MEDPAR algorithm. it codes other than 0100-0219, revenue	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges association center 061X. 661 12	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ar	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  nount. Calculated using MEDPAR algorithm.	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT	Type:  , Laboratory Chaes associated will associated will be associated will associated will associated will associated will associated will be as	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  mount. Calculated using MEDPAR algorithm. a codes other than 0100-0219, revenue  Calculated Numeric	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Ser	Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm.  Codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Numeric	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Seres of charges associated seres associated will revenue	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  mount. Calculated using MEDPAR algorithm. a codes other than 0100-0219, revenue  Calculated Numeric	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 044	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 22X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Seres of charges associated will seres associated will	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. a codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  vices Charge Amount. Calculated using ociated with revenue codes other than 0100-	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04673	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Serence of charges associated source: Type:	Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm.  Codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Anount. Calculated using ociated with revenue codes other than 0100-Calculated	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 044	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 22X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Seres of charges associated will seres associated will	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. a codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  vices Charge Amount. Calculated using ociated with revenue codes other than 0100-	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04673	, Laboratory Chaes associated with X, 074X-075X. Data Source: Type:  , Radiology Chaes associated with 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Serence of charges associated with revenue Type:  , Outpatient Serence of charges associated with revenue Type:	Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm.  Codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Anount. Calculated using ociated with revenue codes other than 0100-Calculated	
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X. 661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04673 12	Type:  , Laboratory Chaes associated will 1X, 074X-075X. Data Source: Type:  , Radiology Chaes associated will 2X-035X, 040X Data Source: Type:  , MRI Charge Ared with revenue Data Source: Type:  , Outpatient Serence of charges associated source: Type:	Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Mount. Calculated using MEDPAR algorithm.  Codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated 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: Field 114:	12 AMBULANCE_AMOUNT	Type: -	Numeric	
rieiu 114.	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	. , , ,	Hameric	
	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-09		in revenue codes other than 0100 02157	
<b>Beginning Position:</b>	709	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 116:	ORGAN_AMOUNT			
	Ancillary Service Charge	, Organ Acquisit	ion Charge Amount. Calculated using	
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-	
	0219, revenue center 08	1X, 089X.		
<b>Beginning Position:</b>	721	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 117:	ESRD_AMOUNT			
			al Dialysis Charge Amount. Calculated using	
			ociated with revenue codes other than 0100-	
	0219, revenue center 08	0X, 082X-085X		
Beginning Position:	733	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 118:	CLINIC_AMOUNT	GI: : \ <i>I</i> : :: GI	A CLUL MEDDAD	
			rge Amount. Calculated using MEDPAR	
	-	es associated wi	ith revenue codes other than 0100-0219,	
Posinning Position	revenue center 051X. 745	Data Saureau	Calculated	
Beginning Position: Length:	12	Data Source: Type:	Numeric	
Field 119:	TOTAL CHARGES	туре.	Numeric	
		charges non-co	vered accommodation charges, ancillary	
	charges, non-covered an		vered decommodation enarges, unemary	
Beginning Position:	757	Data Source:	Claim	
Length:	12	Type:	Numeric	
Field 120:	TOTAL_NON_COV_CH	ARGES		
	Sum of non-covered accommodation charges, non-covered ancillary charges.			
<b>Beginning Position:</b>	769	Data Source:	Claim	
Length:	12	Type:	Numeric	
Field 121:	TOTAL_CHARGES_ANG			
	Sum of covered and non	-covered ancilla	ry charges.	
<b>Beginning Position:</b>	781	Data Source:	Claim	
Length:	12	Type:	Numeric	
Field 122:	TOTAL_NON_COV_CH			
	Sum of non-covered and			
Beginning Position:	793	Data Source:	Claim	
Length: Field 123:	12 PHYSICIAN1_INDEX_	Type:	Numeric	

**Description:** 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:805Data Source:AssignedLength:10Type:Alphanumeric

Field 124: PHYSICIAN2\_INDEX\_NUMBER

**Description:** 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 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

represented for CCS PROC CODE 1 for a facility is less than five.

**Coding Scheme:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:815Data Source:AssignedLength:10Type: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:825Data Source:AssignedLength:1Type: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

Alphanumeric

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** 826 **Data Source:** Claim **Position:** 

Length: 1
Field 127: PAT STATUS

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

Type:

reported

**Coding Scheme:** 

01 Discharged to home or self-care (routine

discharge)

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

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 73 Last Updated: August, 2024

04	Discharged/transferred to a facility that provides custodial or supportive care		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1- 2007)	83	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care	84	Readmission (effective 10-1-2013)  Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned
07	Left against medical advice		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
80	Admitted as inpatient to this hospital	85	Discharged/Transferred to Home under Care of
09	Expired		Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient
20	Discharged/transferred to Court/Law Enforcement	86	Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law
21	Still patient	00	Enforcement with a Planned Acute Care Hospital
30	Expired at home	87	Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Federal Health Care
40	Expired in a medical facility	07	Facility with a Planned Acute Care Hospital
41	Expired, place unknown	0.0	Inpatient Readmission (effective 10-1-2013)
42	Discharged/transferred to federal government operated health facility	88	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
43	Hospice-home		(effective 10-1-2013)
50	Hospice–medical facility (Certified) providing hospice level of care	89	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital
51	Discharged/transferred within this institution to Medicare-approved swing bed		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
61	Discharged/transferred to inpatient rehabilitation facility	90	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned
62	Discharged/transferred to Medicare-certified long term care hospital		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
63	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare	91	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital
64	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital	92	Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Psychiatric Hospital
65	Discharged/transferred to Critical Access Hospital (CAH)	32	or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)	93	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list		Hospital Inpatient Readmission (effective 10-1-2013)
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)	94	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-
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective	95	2013) Discharged to home or self-care (routine discharge)
82	10-1-2013) Discharged/Transferred to a Skilled Nursing	`	Invalid
OΖ	Facility (SNF) with Medicare Certification with a		

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

#### **OUTPATIENT CHARGES DATA FILE**

Field 1: RECORD\_ID

**Description:** Record Identification Number. Unique number assigned to identify the record. The

Record\_ID in the ED Outpatient PUDF is not linkable to the Record\_ID in the ED

Inpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type: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	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification  Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms  – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
DSHS/	ГНСІС		Рабе		DSHS Document #25-15013

DSHS/THCIC Page DSHS Document #25-15013

0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
0208	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
	- heart transplant	0262	IV Therapy - pharmacy services		cytology
0214	Room charges for coronary care - intermediate coronary care	0263	IV Therapy - drug/supply	0312	Laboratory pathological - histology
0219	unit (CCU)	0264	delivery IV Therapy - supplies	0314	Laboratory pathological - biopsy
0219	Room charges for coronary care - other		ту тнегару заррнез	0319	Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general		
	charge	0271	Medical surgical supplies and	0321	Radiology - diagnostic - angiocardiography
0222	Special charges - technical support charge	0272	devices - nonsterile Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
0223	Special charges - UR service charge	0272	devices - sterile	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0273	Medical surgical supplies and devices - take-home	0324	Radiology - diagnostic - chest
0229	Special charges - other	0274	Medical surgical supplies and devices - prosthetic/orthotic	0329	x-ray Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	0331	chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral  Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy
	•				

DSHS/THCIC www.dshs.texas.gov/THCIC

Page 76

DSHS Document #25-15013 Last Updated: August, 2024

DSHS/	THCIC		Page		DSHS Document #25-15013
<b>-</b> 0110 -	THOIC		D.		by Member to RHC/FQHC
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general  Freestanding Clinic - Clinic Visit
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381 0382	Blood - packed red cells  Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510 0511	Clinic - general  Clinic - chronic pain
)374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care - general
369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
362	Operating room services - organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
361	Operating room services - minor surgery	0412	inhalation  Respiratory services -	0480 0481	Cardiology - general  Cardiology - cardiac cath lab
360	Operating room services - general	0410 0412	Respiratory services - general  Respiratory services -	0479	Audiology - other
)359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
344	Nuclear medicine - therapeutic radiopharmaceuticals	0.454	general	0459	Emergency room - other
343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services -	0456	EMTALA screening Emergency room - urgent can
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	other Emergency room - general
339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation  Speech-language pathology -
	chemotherapy administration - chemotherapy - IV	0204	administration, storage and processing - general	0444	group rate Speech-language pathology -
0335	Radiology - therapeutic and/or	0390	Blood and blood component	0443	Speech-language pathology -

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family	0569	Medical social services - other		services
0524	practice Freestanding Clinic - Visit by	0570	Home health aide - general	0623	Medical/surgical supplies - surgical dressings
0324	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered	0579	charge Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Part A Stay) or NF or ICF MR or Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0320	care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0528	Member's Home when in a Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0326	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding  Drugs requiring specific
0529	of Accident)  Freestanding Clinic - other	0600	Oxygen (home health) - general	0037	identification - self- administrable
0323	Treestanding Chine Strick	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance	0645	Home IV therapy services - training patient/caregiver,
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general	0646	central line Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	(including brain stem)  Magnetic Resonance	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	peripheral Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA -	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	inpatient care (non-respite) Hospice services - physician
0561	Medical social services - visit charge				services
D GIIG			_		

board - nursing facility   bother   home - gen	is - outpatient or
0660   Respite care - general   0731   EKG/ECG services - Holter monitor   0822   Hemodiallys home - hom   home - com   home - hom   home - home	
Monitor   Moni	is - outpatient or posite or other rate
Respite care - hourly charge/skilled nursing   0732    EKG/ECG services - telemetry charge/skilled nursing   0739    EKG/ECG services - other   0824    Hemodiallys home - home - home - home - home - supplied nursing   0740    EEG services - general   0825    Hemodiallys home - main   0740    EEG services - general   0826    Hemodiallys home - supplied nursing   0750    Gastrointestinal services - general   0826    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0826    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0826    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0826    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0826    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0827    Hemodiallys home - supplied nursing   0760    Gastrointestinal services - general   0830    Peritoneal doring - services - general   0830    Peritoneal doring - services - general   0831    Peritoneal doring - or home - general   0832    Peritoneal doring - or home - general   0832    Peritoneal doring - general   0833    Peritoneal doring - general   0834    Peritoneal doring - general   0834    Peritoneal doring - general   0835    Peritoneal doring - general   0836    Peritoneal doring - general   0839    Peritoneal doring - general   0839    Peritoneal doring - general   0830    Peritoneal doring - general   0840    Per-hospice/Palliative Care   0800    Inpatient renal dialysis services   0840    CAPD - outgoine   0840    CAPD - outgoine   0840    CAPD - outgoine   0840	is - outpatient or ne supplies
Carpe de la reside care - hourly charge de la residence piene de la residence - contracted de la reside	is - outpatient or
Composition	is - outpatient or
Occupation   Occ	ntenance 100%
Nespite care - other   O760	is - outpatient or port services
Outpatient special residence - general Offel Observation Room - Treatment/ Observation Room - Treatment Room Observation Room - Treatment Room Observation Room - Treatment Room Observation Room - Observation Room - Observation Room Observation	is - outpatient or rter duration /1/17)
Outpatient special residence hospital based O672 Outpatient special residence contracted O679 Outpatient special residence other O679 Outpatient special residence other O680 Trauma response - level II O681 Trauma response - level II O682 Trauma response - level III O770 Preventive care services - general O683 Trauma response - level IV O780 Telemedicine services - general O689 Trauma response - level IV O780 Telemedicine services - general O680 Pre-hospice/Palliative Care Services - volury charge O690 Pre-hospice/Palliative Care Services - consultation and education O691 Pre-hospice/Palliative Care Services - consultation and education O692 Pre-hospice/Palliative Care Services - peritoneal dialysis (CAPD) O693 Pre-hospice/Palliative Care Services - peritoneal dialysis services - continuous ambulatory peritoneal dialysis services - continuous cycling peritoneal dialysis cycles - continuous cycling peritoneal dialysis cycles - continu	is - outpatient or
Observation Room - Observation Post of Post part of Dose Preventive Care Services - Observation Room - Observation Room - Observation Post of Post part of Dose Preventive Room - Of Post peritoneal In Post part of Post peritoneal In Post p	er lialysis - outpatient
Octation room or home - conther other of the conther of the conthe	eneral lialysis - outpatient
O681 Trauma response - level I	omposite or other
Offset	ialysis - outpatient
Trauma response - level III   O771   Preventive care services - vaccine administration   O834   Peritoneal d or home - r vaccine administration   O835   Peritoneal d or home - r vaccine administration   O835   Peritoneal d or home - r vaccine administration   O835   Peritoneal d or home - r vaccine administration   O836   Peritoneal d or home - s vaccine administration   O837   Peritoneal d or home - s vaccine administration   O838   Peritoneal d or home - s vaccine administration   O839   Peritoneal d or home - s vaccine administration   O839   Peritoneal d or home - s vaccine administration   O830   Peritoneal dialysis services   O840   CAPD - outry vaccine administration   O841   CAPD - outry vaccine administration   O841   CAPD - outry vaccine administration   O842   CAPD - outry vaccine administration   O844   CAPD - outry vaccine administration   O845   CAPD - outry vaccine administration   O846   CAPD - outry vaccine   O847   CAPD - outry vaccine   O848   CAPD - outry vaccine   O849   O849   CAPD - outry vaccine   O849   O849   O849   O849   O849	lialysis - outpatient nome equipment
0684Trauma response - level IV0780Telemedicine services - general0835Peritoneal dor home - s0689Trauma response - other0790Extra-corporeal shockwave therapy - general0839Peritoneal dor home - s0690Pre-hospice/Palliative Care Services - general0800Inpatient renal dialysis services - general0840CAPD - outr general0691Pre-hospice/Palliative Care Services - hourly charge0801Inpatient renal dialysis services - hemodialysis0841CAPD - outr composite	ialysis - outpatient
Descriptions of the large   Descriptions of large	lialysis - outpatient
Occupant	upport services lialysis - outpatient
Offsize   Pre-hospice   Palliative Care   Services - visit charge   Offsize   Pre-hospice   Pre-hospice   Pre-hospice   Pre-hospice   Palliative Care   Services - hourly charge   Offsize   Pre-hospice   Palliative Care   Services - evaluation   Offsize   Pre-hospice   Palliative Care   Services - consultation and education   Offsize   Pre-hospice   Pre-hospice   Palliative Care   Services - consultation and education   Offsize   Pre-hospice   Pre-hospice   Palliative Care   Services - inpatient care   Offsize   Pre-hospice   Palliative Care   Services - inpatient care   Offsize   Pre-hospice   Palliative Care   Offsize   Pre-hospice   Palliative Care   Offsize   Pre-hospice   Palliative Care   Offsize   Pre-hospice   Palliative Care   Offsize	ther
Offsize   Pre-hospice   Palliative Care   Services - hourly charge   Offsize   Services - hourly charge   Offsize   Services - hourly charge   Offsize   O	
Pre-hospice/Palliative Care Services - consultation   Services - continuous ambulatory peritoneal dialysis services   Services - consultation and education   Services - consultation and education   Services - inpatient care   Services - inpatient care   Services - inpatient care   Services - physician services   Services - other   S	patient or home - or other rate
O694 Pre-hospice/Palliative Care Services - consultation  O695 Pre-hospice/Palliative Care Services - inpatient care  O696 Pre-hospice/Palliative Care Services - inpatient care  O697 Pre-hospice/Palliative Care Services - other  O698 Pre-hospice/Palliative Care Services - other  O699 Pre-hospice/Palliative Care Services - other  O699 Pre-hospice/Palliative Care Services - other  O690 Pre-hospice/Palliative Care Services - other  O690 Pre-hospice/Palliative Care Services - other  O700 Cast Room services - general  O710 Recovery Room services - other  O710 Recovery Room services - other  O720 Labor/Palicary Room services - continuous ambulatory peritoneal dialysis (CAPD)  O720 Labor/Palicary Room services - continuous ambulatory peritoneal dialysis (CAPD)  O720 Labor/Palicary Room services - continuous ambulatory peritoneal dialysis (CAPD)  O780 Acquisition of services - continuous ambulatory peritoneal dialysis (CAPD)  O780 Acquisition of body components composite of the control of the control of body components composite of cadaver donor  O780 Acquisition of body components composite of cadaver donor  O780 Acquisition of body components composite of cadaver donor	oatient or home – ies
education  0695 Pre-hospice/Palliative Care Services - inpatient care  0696 Pre-hospice/Palliative Care Services - physician services  0697 Pre-hospice/Palliative Care Services - physician services  0698 Pre-hospice/Palliative Care Services - other  0810 Acquisition of body components- general  0700 Cast Room services - general  0710 Recovery Room services - general  0720 Labor/Palliative Page acquisition of body components general  0720 Labor/Palliative Page acquisition of body components general  0730 Labor/Palliative Page acquisition of body components - cadaver donor  0845 CAPD - outronination of surplemental dialysis services adialysis (CAPD)  0845 CAPD - outronination of surplemental dialysis services support services - other  0849 CAPD - outronination of body components - outronination of body components - living donor  0851 CCPD - outronination of body components - cadaver donor  0852 CCPD - outronination of body - cadaver donor - cadaver donor	patient or home – ment
Services – inpatient care  0696 Pre-hospice/Palliative Care Services – physician services  0699 Pre-hospice/Palliative Care Services - other  0810 Acquisition of body components- general  0700 Cast Room services - general  0710 Recovery Room services - general  0720 Labor/Palliant renal dialysis services - other  0849 CAPD - outpother support sen 0849 CAPD - outpother 084	oatient or home – e 100%
0696       Pre-hospice/Palliative Care Services – physician services       - other       0849       CAPD - outpother other         0699       Pre-hospice/Palliative Care Services - other       0810       Acquisition of body components - general       0850       CCPD - outpother other         0700       Cast Room services - general       0811       Acquisition of body components - living donor       0851       CCPD - outpother composite of com	oatient or home - vices
0699     Pre-hospice/Palliative Care Services - other     0810     Acquisition of body components general     0850     CCPD - outper general       0700     Cast Room services - general     0811     Acquisition of body components living donor     0851     CCPD - outper composite of composite	patient or home -
0700 Cast Room services - general  0811 Acquisition of body components 0851 CCPD - outposite of composite of	patient or home -
0710 Recovery Room services - 0812 Acquisition of body components 0852 CCPD - outrous general - cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components 0852 CCPD - outrous personal cadaver donor home supplements of the composition of body components of the composition of body components of the composition of body components of the composition of body compositio	patient or home -
0720 Labor/Delivery Boom comises	patient or home -
general Acquisition of Body Components 0835 CCPD - Out	patient or home -
0721 Labor/Delivery Room services - 0814 Acquisition of body components 0854 CCPD - outp	patient or home -
0722 Labor/Delivery Room services - donor bank charges 0855 CCPD - outr	e 100% patient or home -
0815 Acquisition of body components support sen  0723 Labor/Delivery Room services - stem cells- allogeneic	
other  O724 Labor/Delivery Room services - 0819 Acquisition of body components	auent of nome -
birthing center - other donor - other donor (MEG) - Ger	cephalography neral
DSHS/THCIC Page DSHS Doc	eument #25-15013
	ited: August, 2024

0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health	03.0	complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	treatments/services - community behavioral health	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0011	program		other	0994	Patient convenience items -
0911	Behavior health treatment/services - rehabilitation	0951	Other therapeutic services – athletic training	0995	TV/radio  Patient convenience items -
0912	Behavior health	0952	Other therapeutic services - kinesiotherapy	0993	nonpatient room rentals
0012	treatment/services - partial hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0996	Patient convenience items - late discharge charge
0913	treatment/services - partial hospitalization - intensive	0960	alcohol)  Professional fees - general	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0961		0998	Patient convenience items - beauty shop/barber
0915	therapy Behavior health		Professional fees - psychiatric	0999	Patient convenience items - other
0313	treatment/services - group	0962	Professional fees - ophthalmology	1000	Behavior health
0916	therapy Behavior health	0963	Professional fees -	1001	accommodations - general
0910	treatment/services - family	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential
0047	therapy		(CRNA)		treatment - psychiatric
0917	Behavior health treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1002	dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home
	Cicca only ograni				

Page 80 DSHS Document #25-15013 Last Updated: August, 2024

DSHS/THCIC www.dshs.texas.gov/THCIC

2100	Alternative therapy services - 2 general		2105	Alternative therapy service biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy service hypnosis	es -	3104	Adult day care, social - daily
2102	Alternative therapy services - 2109 Alternative therapy services - 3105 acupressure other		3105	Adult foster care - daily			
2103	Alternative thera massage	py services -	3101	Adult day care, medical a social - hourly	nd	3109	Adult foster care - other
2104	Alternative thera reflexology	py services -	3102	Adult day care, social - ho	ourly		
Roginn	ing Position:	13		Data Source:	Claim		
Length		4		Type:	Alphanu	meric	
Field 3:		HCPCS_QUA	ITETE		rupnana	mene	
Descrip				type/source of the de	escrintive	numl	ner used in
-		HCPCS_PROC		_CODE.	-	, mum	oci uscu iii
_	ing Position:	17		Data Source:	Claim		
Length Field 4	•	2	CEDIII	Type:	Alphanu	meric	
	tion	HCPCS_PRO			(LICDCC)	المحما	applicable to a sill-
Descrip	ouon:				(HCPCS)	code	applicable to ancillary
C al!	Cab am	services or ac			- d-C-+-/^	NUICOC	Collect non-few consents that and
Coding	Scheme:			hs.gov/HCPCSReleaseCo	odeSets/A	NHCPC	S/list.asp for complete list of
Regina	ing Position:	Level II HCPCS 19	coues.	Data Source:	Claim		
Length	_	5		Type:	Alphanu	meric	
Field 5:		MODIFIER_1	1	. , , ,	7 lipriaria	mene	
Descrip				cumstances related to	the nerf	ormai	nce of the service
	Scheme:	ruentines spec	ciai cii c	Lumstances related to	the pen	Ullilai	ice of the service
			F0	C:			B 6 1 1 B 1 11
22 23	Increased proced Unusual Anesthe		58	Staged or Related Proced Service by the Same Phys	sician		Professional During the Postoperative Period
				or Other Qualified Health Professional During the	Care	80	Assistant Surgeon
24	Unrelated Evalua Management Ser	vice by the		Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician of Qualified Health		59	Distinct Procedural Service	e	82	Repeat procedure by same
	Professional duri	ng a	62	Two Surgeons		90	physician Reference (Outside) Laboratory
	Postoperative Pe		63	Procedure Performed on I	infants		, , ,
25	Significant, Sepa Identifiable Evalu		66	less than 4kg Surgical Team		91	Repeat Clinical Diagnostic Laboratory Test
		ent Service by the sician or Other 73		Discontinued Outpatient		92	Alternative Laboratory Platform
	Qualified Health			Hospital/Ambulatory Surg	iery		Testing
	Professional on the Same Day			Center (ASC) Procedure prior to		95	Synchronous Telemedicine Service Rendered Via a Real-
	of the Procedure or Oth	or Other		the Administration of			Time Interactive Audio and
26	Service		74	Anesthesia			Video Telecommunications
26	Professional Com		74	Discontinued Outpatient Hospital/Ambulatory Surg	ierv		System
27	Multiple Outpatie			Center (ASC) Procedure a	ifter	99	Multiple Modifiers
	E/M Encounters of Date	uie Sallie		Administration of Anesthe		1P	Performance Measure Exclusion
32	Mandated Service	es	76	Repeat Procedure by Sam Physician or Other Qualifi		2P	Modifier due to Medical Reasons Performance Measure Exclusion
33	Preventive Service	ce		Health Care Professional			Modifier due to Patient Reasons
47	Anesthesia by Su	ırgeon	77	Repeat Procedure by And Physician or Other Qualifi		3P	Performance Measure Exclusion Modifier due to System Reasons
50	50 Blace at 110ccaare		Health Care Professional		8P	Performance Measure Reporting	
51	Multiple Procedu		78	Unplanned Return to the Operating/Procedure Room			Modifier- Action not performed, reason not otherwise specified
52	Reduced Service	S		the Same Physician or Ot Oualified Health Care	her	P1	A normal healthy patient
53	Discontinued Pro			Professional Following Initial Procedure for a Related	tial	P2	A patient with mild systemic
54	Surgical Care On	ly		Procedure for a Related Procedure During the			disease
55	Postoperative Ma Only	nagement	70	Postoperative Period	onvico	Р3	A patient with severe systemic disease
56	Preoperative Mar	nagement Only	79	Unrelated Procedure or So by the Same Physician or		P4	A patient with severe systemic
57	Decision for Surg	_		Qualified Health Care	5		disease that is a constant threat to life
3,	2 22.3.3.1 101 3419	, <del></del> ,					uneat to me

Page 81 DSHS Document #25-15013 Last Updated: August, 2024

DSHS/THCIC www.dshs.texas.gov/THCIC

P5	expected to surv		FA	Lert	nand, thumb		ΚI	procedure
	operation	ive without the	GG		ormance and payment of a ening mammography and nostic mammography on e patient, same day.		T1	Left foot, second digit
Р6	A declared brain						T2	Left foot, third digit
	whose organs are removed for don	•					Т3	Left foot, fourth digit
E1	GH Diagn		gnostic mammogram			,		
E2	Lower left eyelid				erted from screening imogram on same da	у	T4	Left foot, fifth digit
E3	Upper right eyeli		LC	Left	circumflex coronary a	rtery	T5	Right foot, great toe
			LD	Left	anterior descending		T6	Right foot, second digit
E4	Lower right eyeli				nary artery		T7	Right foot, third digit
F1	Left hand, secon	_	LM		main coronary artery		T8	Right foot, fourth digit
F2	Left hand, third	3	LT		side of the body proc		Т9	Right foot, fifth digit
F3	Left hand, fourth	_	Q M		ulance service provider arrangement by a	ed	TA	Left foot, great toe
F4	Left hand, fifth d				ider of services		XE	Separate Encounter
F5	Right hand, thun		QN		ulance service furnish	ned	XS	Separate Structure
F6	Right hand, seco	nd digit		servi	tly by a provider of ces		XP	Separate Practitioner
F7	Right hand, third	=	RC	Right	t coronary artery		XU	Unusual Non-Overlapping
F8	Right hand, four	th digit	RI		us intermedius coron	ary		Service
F9	Right hand, fifth	digit		arter	У			
Beginni	ng Position:	24			Data Source:	Claim		
Length:		2			Туре:	Alphanur	neric	
Field 6:		MODIFIER_2						
Descrip					tances related to	the perfo	orma	nce of the service.
	Scheme: ng Position:	Same as Field MC 26	DILIE	K_I	Data Source:	Claim		
Length:	-	2			Type:	Alphanur	neric	
Field 7:		MODIFIER_3			<b>/</b> 1			
	*! ·	_						
Descrip	tion:	Identifies specia	al circ	cums	tances related to	the perfo	orma	nce of the service.
Coding	Scheme:	Same as Field MC				-	orma	nce of the service.
Coding : Beginni	Scheme: ng Position:	Same as Field MC 28			Data Source:	Claim		nce of the service.
Coding : Beginni Length:	Scheme: ng Position:	Same as Field MC 28 2				-		nce of the service.
Coding : Beginni Length: Field 8:	Scheme: ng Position:	Same as Field MC 28 2 <b>MODIFIER_4</b>	DDIFIE	R_1	Data Source: Type:	Claim Alphanur	meric	
Coding 8 Beginni Length: Field 8: Descrip	Scheme: ng Position:	Same as Field MC 28 2 <b>MODIFIER_4</b>	DDIFIE	ER_1	Data Source: Type:	Claim Alphanur	meric	nce of the service.  nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni	Scheme: ng Position: tion: Scheme: ng Position:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30	DDIFIE	ER_1	Data Source: Type: tances related to Data Source:	Claim Alphanur the perfo	meric orma	
Coding Beginni Length: Field 8: Descrip Coding Beginni Length:	Scheme: ng Position: tion: Scheme: ng Position:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2	al circ	cums	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo	meric orma	
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9:	Scheme: ng Position: tion: Scheme: ng Position:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2 UNIT_MEASURE	al circ	cums ER_1	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip	Scheme: ng Position: tion: Scheme: ng Position: tion:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2 UNIT_MEASUR Code specifying	al circ	cums ER_1	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip	Scheme: ng Position: tion: Scheme: ng Position:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2 UNIT_MEASURE	al circodifie	cums ER_1 ENT_ units	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding	Scheme: ng Position: tion: Scheme: ng Position: tion: Scheme:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UNIT_UNIT_UNIT	al circodifie	cums ER_1 ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value	Claim Alphanur the perfo Claim Alphanur is being	meric orma meric	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding Beginni Beginni	Scheme: ng Position: scheme: ng Position: scheme: scheme:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32	al circodifie	cums ER_1 ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value Data Source:	Claim Alphanur  the performal Claim Alphanur  is being  Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding	Scheme: ng Position: tion: Scheme: ng Position: scheme: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2	al circondifference of the cir	cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value	Claim Alphanur the perfo Claim Alphanur is being	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding	Scheme: ng Position: scheme: ng Position: scheme: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value Data Source: Type:	Claim Alphanur  the performal Claim Alphanur  is being  Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding Beginni Length: Field 10 Descrip Beginni	Scheme: ng Position: scheme: ng Position: scheme: ng Position: ction: ng Position: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding Beginni Length: Field 10 Descrip Beginni Length:	Scheme: ng Position: scheme: ng Position: scheme: ng Position: cion: ng Position: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11	Scheme: ng Position: scheme: ng Position: scheme: ng Position: ing Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim Numeric	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE	al circondifference of the cir	ER_1  cums ER_1  ENT_ units  unit	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 11 Descrip	Scheme: ng Position: scheme: ng Position: scheme: ng Position: ing Position: ition: ng Position: ition: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_	al circondifference of quantities.	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  Claim Alphanur  is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim	meric orma meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of	al circondifference of quantities.	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim Numeric Claim Numeric	meric meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip Beginni Length: Field 12 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53	al circondifference of quantities.	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  Claim Alphanur  is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip Beginni Length: Field 12 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: cition: ng Position: cition: ng Position: cition: ng Position: cition: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14	al circondifference of quantities of quantities of the control of quantities of the control of t	ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur Claim Alphanur is being Claim Alphanur Claim Alphanur Claim Numeric Claim Numeric	meric meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding  Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip Beginni Length: Field 13	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position: tion: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_	REME g the control  ional control	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  Claim Alphanur  is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expre	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip Beginni Length: Field 13 Descrip	Scheme: ng Position: scheme: ng Position: tion: Scheme: ng Position: tion: ng Position: tion: ng Position: tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14	REME g the control  ional control	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  Claim Alphanur  is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expro	nce of the service.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding: Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 13 Descrip Beginni Length: Field 13 Descrip	Scheme: ng Position:  tion: Scheme: ng Position:  tion: Scheme: ing Position:  tion: ng Position:  tion: ng Position:  tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_ Total non-cover	REME g the control  ional control	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type: Data Source: Type:  Data Source: Type: de Data Source: Type: de Data Source: Type: de Data Source: Data Source: Type:	Claim Alphanur  Claim Alphanur  Is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned Numeric	meric meric expro	essed.
Coding Beginni Length: Field 8: Descrip Coding Beginni Length: Field 9: Descrip Coding: Beginni Length: Field 10 Descrip Beginni Length: Field 11 Descrip Beginni Length: Field 12 Descrip Beginni Length: Field 13 Descrip Beginni Length: Field 13 Descrip Beginni Length: Field 13 Descrip	Scheme: ng Position:  tion: Scheme: ng Position:  tion: Scheme: ing Position:  tion: ng Position:  tion: ng Position:  tion: ng Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_ Total non-cover 67	REME g the control  ional control	ER_1  CUMS ER_1  ENT_ units  unit  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:  de Data Source: Type:	Claim Alphanur  Claim Alphanur  Is being  Claim Alphanur  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned Numeric	meric meric expro	nce of the service.

FA Left hand, thumb

RT Right side of the body

P5 A moribund patient who is not

Lenath:	14	Type:	Numeric	

#### **OUTPATIENT CLASSIFICATION DATA FILE**

Field 1:	RECORD_ID	
Description:		umber assigned to identify the record. The
	Record_ID in the ED Outpatient PUDF is	
	Inpatient PUDF or ED Research Data File	es (RDFs).
<b>Beginning Position:</b>	1 Data Source:	Assigned
Length:	12 <b>Type:</b>	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CODE	
		assification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	_ ==== ,
<b>Beginning Position:</b>	13 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_CODE_1	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_1 into
	clinically meaningful diagnosis category.	
Beginning Position:	17 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	, aprilanding
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 2 into
	clinically meaningful diagnosis category.	
Beginning Position:	21 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	Alphanumenc
riela 5.	Clinical Classifications Software (CCS) cl	assification of OTH DIAC CODE 2 into
	` ,	
Bardania - Bardia	clinically meaningful diagnosis category.	
Beginning Position:	25 Data Source:	Assigned
Length: Field 6:	4 Type:	Alphanumeric
riela o.	CCSR_OTH_DIAG_CODE_4	and Granting of OTH DIAC CODE 4 into
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	29 Data Source: Type:	Assigned
Length: Field 7:	71	Alphanumeric
riela 7:	CCSR_OTH_DIAG_CODE_5	and Granting of OTH DIAC CODE Fints
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	33 Data Source:	Assigned
Length: Field 8:	4 Type:	Alphanumeric
rieid 8:	CCSR_OTH_DIAG_CODE_6	'C '
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	37 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	15 6 0711 0710 0005 7
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	41 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	45 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	49 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
DSHS/THCIC	Page	DSHS Document #25-15013

84

Last Updated: August, 2024

www.dshs.texas.gov/THCIC

Field 12:	CCSR_OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_10 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	53 <b>Data Source:</b>	Assigned
Length:		Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	
	Clinical Classifications Software (CCS) classifications	assification of OTH DIAG CODE 11 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	57 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 14:	71	Alphanumenc
rieia 14:	CCSR_OTH_DIAG_CODE_12	
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_12 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	Data Source:	Assigned
Length:	4 <b>Type</b> :	Alphanumeric
Field 15:	CCSR_OTH_DIAG_CODE_13	- III
ricia 15.		'Castian of OTH DIAC CODE 12 into
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_13 Into
	clinically meaningful diagnosis category.	
Beginning Position:	65 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_CODE_14	
	Clinical Classifications Software (CCS) cla	accification of OTH DIAC CODE 14 into
		assincation of OTT_DIAG_CODE_14 IIIto
	clinically meaningful diagnosis category.	
Beginning Position:	69 <b>Data Source:</b>	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 17:	CCSR_OTH_DIAG_CODE_15	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 15 into
		assincation of OTI_DIAG_CODE_15 into
	clinically meaningful diagnosis category.	
Beginning Position:	73 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_16 into
	clinically meaningful diagnosis category.	
Beginning Position:	77 <b>Data Source:</b>	Assigned
Length:		Alphanumeric
	, r -	Alphanumenc
Field 19:	CCSR_OTH_DIAG_CODE_17	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_17 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	81 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 20:	CCSR_OTH_DIAG_CODE_18	- III
11010 201		: Good of OTH DIAC CODE 10 into
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_18 Into
	clinically meaningful diagnosis category.	
Beginning Position:	85 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_CODE_19	
	Clinical Classifications Software (CCS) cla	assification of OTH DIAG CODE 19 into
		assincation of OTI_DIAO_CODE_15 into
	clinically meaningful diagnosis category.	
Beginning Position:	89 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 22:	CCSR_OTH_DIAG_CODE_20	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_20 into
	clinically meaningful diagnosis category.	
Beginning Position:	93 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_CODE_21	
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_21 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	97 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 24:		лірпининенс
	CCSR_OTH_DIAG_CODE_22	
DSHS/THCIC	Page	DSHS Document #25-15013
		Y Y 1 . 1
www.dshs.texas.gov	THCIC 85	Last Updated: August, 2024

clinically meaningful diagnosis category.  Data Source: Assigned Yppe: Alphanumeric  CCSR_OTH_DTAG_CODE_23  Clinical Classifications Software (CCS) classification of OTH_DTAG_CODE_23 into clinically meaningful diagnosis category.  Beginning Position: 105  CCSR_OTH_DTAG_CODE_24  CInical Classifications Software (CCS) classification of OTH_DTAG_CODE_24 into clinically meaningful diagnosis category.  Beginning Position: 4  CCSR_OTH_DTAG_CODE_24  CInical Classifications Software (CCS) classification of OTH_DTAG_CODE_24 into clinically meaningful diagnosis category.  Beginning Position: 1  Seginning Position: 1  Length: 7  CCS_PROC_CODE_1  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.  Beginning Position: 1  Length: 3  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  Type: Alphanumeric  PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 116  Data Source: Assigned  Type: Alphanumeric  CCS_PROC_CODE_3  CCS_PROC_CODE_3  CInical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 116  Data Source: Assigned  Type: Alphanumeric  PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 120  Data Source: Assigned  Type: Alphanumeric  CCS_PROC_CODE_4  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: 120  Data Source: Assigned  Type: Alphanumeric  CCS_PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 120  Data Source: Assigned  CCS_PROC_CODE_6 into clinically meaningful procedure category.  Data Source: Assigned  Data Source: Assigned  Data Source: Assigned  Data Source:				assification of OTH_DIAG_CODE_22 into
Field 25: Field 25: Field 26: Field 26: Field 26: Field 27: Field 27: Field 27: Field 28: Field 28: Field 28: Field 29: Field	Danimulus Danitiaus			
Field 25: CCSR_OTH_DIAG_CODE_23 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.  Beginning Position: 105				
Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.  Beginning Position:  4				Auphanamene
clinically meaningful diagnosis category. Length: Type: Assigned Type: Assigned Alphanumeric Field 26: CCSR_OTH_DIAG_CODE_24 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category. Beginning Position: 19 Data Source: Assigned Length: Time CCS_PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.  Beginning Position: 13 Data Source: Assigned Length: 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: Time Company into the C				assification of OTH DIAG CODE 23 into
Length:   4   Type: Alphanumeric				
Field 26: CCSR_OTH_DIAG_CODE_24 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.  Beginning Position: 1 Ength: Type: Alphanumeric Ength: CCS_PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.  Beginning Position: 13 Data Source: Assigned 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 CCS_PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 116 CCS_PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 119 Data Source: Assigned CCS_PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 119 Data Source: Assigned 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: 120 Data Source: Assigned Type: Alphanumeric  CCS_PROC_CODE_4 into clinically meaningful procedure category.  122 Data Source: Assigned CCS_PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 125 Data Source: Assigned CCS_PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 126 Beginning Position: 127 Data Source: Assigned CCS_PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned CCS_PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned CCS_PROC_CODE_7 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned CCS_PROC_CODE_7 into clinically meaningful procedure category.  Beginning Position: 137 Data Source: Assigned CCS_PROC_CODE_8 into clinically meaningful procedure category.  Beginning				
Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.   Assigned   Type: Alphanumeric				Alphanumeric
Clinically meaningful diagnosis category.   Assigned Alphanumeric	Field 26:			'C' '' COTH DIAG CODE 24' '
Beginning Position: 109				
Length:   4   Type:   Alphanumeric	Reginning Desitions			
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:  13  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 Alphanumeric  CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128  Data Source: Assigned Alphanumeric  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Assigned Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Assigned Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 i				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.   Assigned Alphanumeric   Alphanumeric   Assigned Alphanumeric   Alphanumeric   Alphanumeric   Alphanumeric   Alphanumeric   Assigned Alphanumeric			.,,,,,	- Tapmamamoria
PROC_CODE_1 into clinically meaningful procedure category.   PROC_CODE_2 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.			ftware (CCS) fo	r Services and Procedures classification of
Field 28:   CCS_PROC_CODE_2   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.				
CCS_PROC_CODE_2   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.   Assigned Aphanumeric   Aph			Data Source:	
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 clinical Classification Software (CCS) for Services and Procedures classification of PROC_CODE_7 clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically mea			Туре:	Alphanumeric
PROC_CODE_2 into clinically meaningful procedure category.  Beginning Position: Length: 3 Type: Alphanumeric  CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: Length: 3 Type: Alphanumeric  CCS_PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: 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: Length: 3 Type: Alphanumeric  Field 32: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 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: 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 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 Alphanumeric  Field 35: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: 134 Data Source: Assigned Alphanumeric  Field 35: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful	Field 28:		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Beginning Position: 116				
Field 29:   CCS_PROC_CODE_3   CIlinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.	Paginning Desitions			
CCS_PROC_CODE_3   Into clinically meaningful procedure category.				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.    Procedure			.,,,	Auphanamene
PROC_CODE_3 into clinically meaningful procedure category.			ftware (CCS) fo	r Services and Procedures classification of
Beginning Position:   119		PROC_CODE_3 into clinic	ally meaningful	procedure category.
CCS_PROC_CODE_4   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.    Beginning Position: Length: 3		119		Assigned
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.   Procedure category			Туре:	Alphanumeric
PROC_CODE_4 into clinically meaningful procedure category.	Field 30:		(CCC) (-	o Complete and Durandous advantage of
Beginning Position: Length: 3 Type: Assigned Alphanumeric   CCS_PROC_CODE_5				
Field 31:   CCS_PROC_CODE_5	Reginning Position			
CCS_PROC_CODE_5   Clinical Classifications Software (CCS)   For Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.    Pedia 32:				
PROC_CODE_5 into clinically meaningful procedure category.   125		CCS_PROC_CODE_5		
Beginning Position: Length: 3 Type: Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Type: Assigned Alphanumeric   Type: Assigned Alphanumeric   Assigned Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   Assigned   Alphanumeric   As				
CCS_PROC_CODE_6				
Field 32:  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  128				<b>5</b>
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  128			туре:	Alphanumeric
Beginning Position: Length: 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: Length: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of Assigned 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: Length: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Assigned Alphanumeric Assigned Alphanumeric  CCS_PROC_CODE_10  CCS_PROC_CODE_10	rielu 32.		ftware (CCS) fo	r Services and Procedures classification of
Beginning Position: Length:  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: Length:  Field 34:  CCS_PROC_CODE_8  Clinical Classifications Software (CCS) for Services and Procedures classification of Type:  Assigned Assigned Alphanumeric  CCS_PROC_CODE_8  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  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: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric				
CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of 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: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_10	Beginning Position:		_ ,	• • • • • • • • • • • • • • • • • • • •
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  131			Туре:	Alphanumeric
Beginning Position: Length:  Type:  CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_10	Field 33:			
Beginning Position: Length:  Type:  CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned PROC_CODE_8 into clinically meaningful procedure category.  Assigned Alphanumeric  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Assigned Alphanumeric  CCS_PROC_CODE_10  CCS_PROC_CODE_10				
CCS_PROC_CODE_8   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.    Beginning Position: Length: 3   Data Source: Assigned Alphanumeric	Danimala a Danihiana			
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: Length:  Type:  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  Assigned Assigned Assigned Alphanumeric  CCS_PROC_CODE_10  CCS_PROC_CODE_10	5 5			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.  134			Турсі	Auphanamene
Beginning Position: Length:  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Assigned Assigned Assigned Alphanumeric  CCS_PROC_CODE_10  CCS_PROC_CODE_10			ftware (CCS) fo	r Services and Procedures classification of
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 Alphanumeric         Length:       3       Type:       Alphanumeric         Field 36:       CCS_PROC_CODE_10				
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: Length:  Type: Assigned Alphanumeric  CCS_PROC_CODE_10	<b>Beginning Position:</b>	134	Data Source:	
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.  Beginning Position: Length:  Type:  Assigned Alphanumeric  CCS_PROC_CODE_10			Туре:	Alphanumeric
PROC_CODE_9 into clinically meaningful procedure category.  137 Data Source: Assigned Length: Type: Alphanumeric  CCS_PROC_CODE_10	Field 35:		c (000) c	
Beginning Position: 137 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 36: CCS_PROC_CODE_10				
Length:     3     Type:     Alphanumeric       Field 36:     CCS_PROC_CODE_10	Reginning Docitions			
Field 36: CCS_PROC_CODE_10				
				· ·
DCHC/THCHC		- <b>-</b> -		
DSHS/THCIC Page DSHS Document #25-15015	DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC <b>86</b> Last Updated: August, 2024	www.dshs.texas.gov	THE TOTAL		

			r Services and Procedures classification of
Paginning Pagition	PROC_CODE_10 into clin		
Beginning Position: Length:	140 3	Data Source: Type:	Assigned Alphanumeric
Field 37:	CCS_PROC_CODE_11	.,,,.	Alphanameric
		oftware (CCS) for	r Services and Procedures classification of
	PROC CODE 11 into clin		
<b>Beginning Position:</b>	143	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 38:	CCS_PROC_CODE_12	6 (000) 6	
			r Services and Procedures classification of
Pasinning Pasitions	PROC_CODE_12 into clin 146	Data Source:	II procedure category. Assigned
Beginning Position: Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13	.,,,.	Alphanameric
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_13 into clin		
<b>Beginning Position:</b>	149	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 40:	CCS_PROC_CODE_14	. ()	
			r Services and Procedures classification of
Danimala a Danikiaa	PROC_CODE_14 into clin		
Beginning Position: Length:	152 3	Data Source: Type:	Assigned Alphanumeric
Field 41:	CCS_PROC_CODE_15	турс.	Alphanamenc
		oftware (CCS) for	r Services and Procedures classification of
	PROC CODE 15 into clin		
<b>Beginning Position:</b>	155	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 42:	CCS_PROC_CODE_16		
			r Services and Procedures classification of
	PROC_CODE_16 into clin		
Beginning Position:	158 3	Data Source:	Assigned Alphanumeric
Length: Field 43:	CCS_PROC_CODE_17	Туре:	Alphanumenc
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_17 into clin		
<b>Beginning Position:</b>	161	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 44:	CCS_PROC_CODE_18		
			r Services and Procedures classification of
	PROC_CODE_18 into clin	,	
Beginning Position:	164	Data Source:	Assigned
Length: Field 45:	3 CCS_PROC_CODE_19	Туре:	Alphanumeric
ricia 45.		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_19 into clin		
Beginning Position:	167	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 46:	CCS_PROC_CODE_20		
			r Services and Procedures classification of
	PROC_CODE_20 into clin	,	
Beginning Position: Length:	170 3	Data Source: Type:	Assigned Alphanumeric
Field 47:	CCS_PROC_CODE_21	туре.	Alphanumenc
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_21 into clin		
<b>Beginning Position:</b>	173	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 48:	CCS_PROC_CODE_22		
		D-	DOITO D
DSHS/THCIC	/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov	IIICIC	87	Last Updated: August, 2024

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_22 into clinically meaningful procedure category.

Beginning Position:176Data Source:AssignedLength:3Type: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:185Data Source:AssignedLength:3Type:Alphanumeric

#### **OUTPATIENT GROUPER DATA FILE**

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First				
			match the RECORD_ID in THCIC Research		
B	Data Files (RD	•	Anathural		
Beginning	1	Data	Assigned		
Position:	10	Source:	A la la a a como a vi a		
Length:	12	Type:	Alphanumeric		
Field 2:		DE_SEQUENCE_NUMB			
Decimalna	_		order of submission of the revenue codes.		
Beginning Position:	13	Data	Source: Assigned		
	3	Tymor	Alphanumaria		
Length: Field 3:	FROZEN_EAPG	Type:	Alphanumeric		
rieia 3:			project Number as assigned by 2M EADC		
		natory Patient Group ve	ersion Number, as assigned by 3M EAPG		
Beginning	Grouper. 16	Data 6	Source: Assigned		
Position:	10	Datas	Source: Assigned		
Length:	12	Type:	Alphanumeric		
Field 4:		AL_EAPG_CAT_CODE			
ricia 4.			EAPG) category code, as assigned by 3M™		
		. Not available 4Q09.	EAT Of category code, as assigned by SIT		
Beginning	28	Data	Assigned		
Position:		Source:	<b>3</b>		
Length:	2	Type:	Alphanumeric		
Field 5:		AL_EAPG_TYPE_COD			
	Enhanced Amb	oulatory Patient Group (	EAPG) type code, as assigned by 3M <sup>™</sup> EAPG		
	Grouper. Not a	ivailable 4Q09.	,		
Beginning	30	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 6:	FROZEN_FIN				
			oup (EAPG), as assigned by 3M™ EAPG		
		ivailable 4Q09.			
Beginning	32	Data	Assigned		
Position:		Source:			
DSHS/THCIC		Page	DSHS Document #25-15013		
www.dshs.texas.go	ov/THCIC	88	Last Updated: August, 2024		

Field 7:	Length:	5	Type:	Alphanumeric		
Position:	Field 7:	FROZEN_APC_GRP_	_VER			
Beginning Position:   12		Ambulatory Payment	Classification (A	PC) Version Number as assigned by 3M APC		
Position:    Position:   12   Type:   Alphanumeric		Grouper. Not availabl	e 4Q09.	,		
Length: 12	Beginning	47	Data	Assigned		
Field 8: FROZEN APC_PROCEDURE_CODE  Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning			Source:	, and the second		
Field 8: FROZEN_APC_PROCEDURE_CODE		12	Type:	Alphanumeric		
Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 9: FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  64 Data Assigned Position: Length: PROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  66 Data Assigned Position: Length: Prield 10: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  8eginning Position: Length: Prield 11: EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper  80 Data Source: Assigned Position: Length: Prield 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prield 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  8eginning Position: Length: Prinal_EAPG Final_EAPG		FROZEN APC PRO				
Grouper. Not available QOP.						
Beginning   59   Data   Assigned   Source:   Length:   5   Type:   Alphanumeric   Ambulatory Payment Classification (APC)   procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.   Beginning   64   Data   Assigned   Source:   Length:   2   Type:   Alphanumeric   Type:   Alphanumeric   Source:   Length:   2   Type:   Alphanumeric   Source:   Length:   5   Type:   Alphanumeric   Length:   5   Type:   Alphanumeric   Length:   5   Type:   Alphanumeric   Length:   5   Length:				., ,		
Position:   Source:   Alphanumeric	Beginning	•	•	Assigned		
Field 9: FROZEN_APC_PX_STATUS_IND_CODE			Source:	7.00.9.100		
FROZEN_APC_PX_STATÚS_IND_CODE  Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 10: FROZEN_APC_WEIGHT  Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: 9 Type: Alphanumeric  Field 11: EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper  Beginning Position: Length: 12 Type: Alphanumeric  Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 14: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 15 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 15 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Data Assigned  Data Assigned  Assigned  Data Assigned		5		Alphanumeric		
Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 10: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: 9 Type: Alphanumeric  Field 11: EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper  Beginning Position: Length: 12 Type: Alphanumeric  Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 96 Data Assigned  Source: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC						
Beginning Position: Length: Frield 10: Beginning Position: Length: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: Field 11: BAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper Beginning Position: Length: Pield 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Pield 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Pield 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Pield 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: Page DSHS/THCIC Page DSHS/Document #25-15013	i icia 5.					
Beginning Position:						
Position:   2   Type:   Alphanumeric	Reginning	•	-			
Field 10: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Source: Alphanumeric Field 11: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 12 Type: Alphanumeric Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 2 Type: Alphanumeric Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Source: Source: Length: 2 Type: Alphanumeric Field 14: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Pata Assigned Position: Source: Length: 2 Type: Alphanumeric Field 14: FINAL_EAPG Type: Alphanumeric Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Source: Length: 5 Type: Alphanumeric Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09. Beginning Position: Length: 12 Type: Alphanumeric Field 16: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09. Pata Assigned Assigned Source: Length: 12 Type: Alphanumeric Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) version Number as assigned by 3M™ APC Grouper. Not available 4Q09. Pata Assigned Assigned Source: Length: 12 Type: Alphanumeric Application (APC) version Number as assigned by 3M™ APC Grouper. Not available 4Q09. Pata Assigned Application (APC) version Number as assigned by 3M™ APC Grouper. Not available 4Q09. Pata Assigned Application (APC) version Number as assigned by 3M™ APC Grouper. Not available 4Q09. Pata Assigned Application (APC)		04		Assigned		
Field 10:  FROZEN_APC_WEIGHT  Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  66		2		Alphanumeric		
Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: 9				Alphanumenc		
Beginning Position: Length: 9 Type: Alphanumeric  Field 11: EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper  Beginning Position: Length: 12 Type: Alphanumeric  Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Data Assigned  Position: 2 Source: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG_TYPE_CODE Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 1 Data Assigned  Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position:  Source: Length: 1 Data Assigned  Position:  Source: Length: 1 Data Assigned  Position:  Source:  Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position:  Source:  Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Postion:  Source:  Apper.  App	riela 10:			ADC) weighting as assigned by 2MTM ADC		
Position: Length: Position: Length: Position: EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper Beginning Position: Length: PiNAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Position:				Arc) weighting as assigned by 3Min APC		
Position: Length: 9 Type: Alphanumeric	Doginalas		-	Assigned		
Length:       9       Type:       Alphanumeric         Field 11:       EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper       Enhanced Ambulatory Patient Group (EAPG)         Beginning Position:       12       Type:       Alphanumeric         Length:       12       Type:       Alphanumeric         Field 12:       FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       2       Data Assigned         Field 13:       FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       94       Data Assigned         Position:       2       Type: Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data Assigned         Length:       5       Type: Alphanumeric         Field 15:       APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       Data Assigned Assigned Assigned Assigned Ambulatory Payment Classification (APC) Procedure code as assigned by 3M APC Grouper. Not available 4Q09.         Field 16:       APC_PROCEDURE_C		66		Assigned		
Field 11:   EAPG_GRP_VER   Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper   80		•				
Beginning Position: Length: 12 Type: Alphanumeric Field 12: Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Data Source: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 11 Data Assigned Assigned Assigned Footered APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric			Type:	Alphanumeric		
Beginning Position: Length: 12   Type: Alphanumeric	Field 11:					
Beginning Position: Length: 12 Type: Alphanumeric			Patient Group \	Version Number, as assigned by 3M EAPG		
Position: Length: 12 Type: Alphanumeric  Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 92 Data Assigned Position: Source: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 94 Data Assigned Position: Source: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 96 Data Assigned  Position: Source: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning 111 Data Assigned  Position: Source: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC Page DSHS Document #25-15013			_			
Length:       12       Type: Alphanumeric         Field 12:       FINAL_EAPG_CAT_CODE       Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       92       Data Assigned         Length:       2       Type: Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       94       Data Assigned         Length:       2       Type: Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data Assigned         Length:       5       Type: Alphanumeric         Field 15:       APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       5       Type: Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013		80	Data	Source: Assigned		
Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Source: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Source: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Source: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Source: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page DSHS Document #25-15013						
Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  92				Alphanumeric		
Beginning 92 Data Assigned Position: Length: 2 Type: Alphanumeric  Field 13: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 94 Data Assigned Position: Source: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning 96 Data Assigned Position: Source: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Source: Length: 10 Data Assigned  Position: Source: Length: 10 Data Assigned  Position: Source: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Source: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page DSHS Document #25-15013	Field 12:					
Beginning Position:       92       Data Source:       Assigned         Length:       2       Type:       Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       94       Data Assigned         Length:       2       Type:       Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data Assigned         Length:       5       Type:       Alphanumeric         Field 15:       APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       111       Data Assigned         Length:       12       Type:       Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013				(EAPG) category code, as assigned by 3M™		
Position: Length: 2 Type: Alphanumeric		•	_			
Length:       2       Type:       Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       94       Data       Assigned         Length:       2       Type:       Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data       Assigned         Length:       5       Type:       Alphanumeric         Field 15:       APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       11       Data       Assigned         Length:       12       Type:       Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013		92		Assigned		
Field 13:  FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  94  Data Assigned  Position: Length: 2  Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5  Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12  Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013						
Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M <sup>™</sup> EAPG Grouper. Not available 4Q09.  Position: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M <sup>™</sup> EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 10 Data Assigned  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page DSHS Document #25-15013				Alphanumeric		
Grouper. Not available 4Q09.  Beginning Position: Length: 2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 11 Data Assigned Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper. Not available 4Q09.  DSHS/THCIC Page DSHS Document #25-15013	Field 13:					
Beginning Position: Length:94Data Source: Type:AlphanumericField 14:FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.Beginning Position: Length:96Data Source: AlphanumericLength:5Type:AlphanumericField 15:APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.Beginning Position: Length:111Data Source: Apc_source: Length:Apc_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013				(EAPG) type code, as assigned by $3M^{TM}$ EAPG		
Position: Length:  2 Type: Alphanumeric  Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 11 Data Assigned Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC Page DSHS Document #25-15013		Grouper. Not availat	ole 4Q09.			
Length:2Type:AlphanumericField 14:FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.Beginning Position: Length:96Data Source: AlphanumericLength:5Type:AlphanumericField 15:APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.Beginning Position: Length:111Data Source: Type:AlphanumericLength:12Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013	Beginning	94	Data	Assigned		
Field 14: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16: APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC Page DSHS Document #25-15013	Position:		Source:			
Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M <sup>TM</sup> EAPG Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15:  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>TM</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013	Length:	2	Type:	Alphanumeric		
Grouper. Not available 4Q09.  Beginning Position: Length: 5 Type: Alphanumeric  Field 15:  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: 12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013	Field 14:	FINAL_EAPG				
Beginning Position: Length:96Data Source: Type:AssignedField 15:APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.Beginning Position: Length:111Data Source: Type:AlphanumericLength:12Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013		Final Enhanced Amb	ulatory Patient (	Group (EAPG), as assigned by 3M™ EAPG		
Position: Length:  5 Type: Alphanumeric  Field 15:  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length:  12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013		Grouper. Not availab	ole 4Q09.			
Position: Length:  5 Type: Alphanumeric  Field 15:  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length:  12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013	Beginning	•		Assigned		
Length:5Type:AlphanumericField 15:APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.Beginning Position: Length:111Data Source: Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013			Source:	-		
Field 15:  APC_GRP_VER  Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC  Grouper. Not available 4Q09.  Beginning Position: Length:  12  Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE  Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC  Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013		5		Alphanumeric		
Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length:  12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013						
Grouper. Not available 4Q09.  Beginning Position: Length:  12  Type: Alphanumeric  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013	<del>-</del> -		Classification (A	PC) Version Number as assigned by 3M APC		
Beginning Position: Length:111Data Source: Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013				, 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Position:Length:12Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013	Beginning	•	•	Assigned		
Length:12Type:AlphanumericField 16:APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.DSHS/THCICPageDSHS Document #25-15013						
Field 16:  APC_PROCEDURE_CODE  Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>TM</sup> APC  Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013		12		Alphanumeric		
Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013				, aparament		
Grouper. Not available 4Q09.  DSHS/THCIC Page DSHS Document #25-15013	i iciu 10.			(ADC) procedure code as assigned by 2MTM ADC		
DSHS/THCIC Page DSHS Document #25-15013				Ar C) procedure code as assigned by Sim APC		
		Grouper. Not availat	ne tyuzi			
	DSHS/THCIC		Page	DSHS Document #25-15013		
	www.dshs.texas.g	ov/THCIC		Last Updated: August, 2024		

Beginning	123	Data	Assigned			
Position:		Source:	Source:			
Length:	5	Type:	Alphanumeric			
Field 17:	APC_PX_STA	ATUS_IND_CODE				
	Ambulatory Pa	ayment Classification (A	APC) procedure status indicator as assigned by			
	3M <sup>™</sup> APC Gro	uper. Not available 4Q0	9.			
Beginning	128	Data	Assigned			
Position:		Source:	_			
Length:	2	Type:	Alphanumeric			
Field 18:	APC_WEIGH	Т				
	Ambulatory Pa	ayment Classification (A	APC) weighting as assigned by 3M <sup>™</sup> APC			
	Grouper. Not	available 4Q09.				
Beginning	130	Data	Assigned			
Position:		Source:	-			
Length:	9	Type:	Alphanumeric			
-			·			

#### **FACILITY TYPE DATA FILE**

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

Field 1:	THCIC_ID				
Description:	Provider ID. Unique ide	entifier assigned	to the provider by DSHS. The THCIC_ID is		
	consistent throughout each quarter of data and generally throughout a full year. A				
			during the middle of a year. This will be		
			are of those mid-year name changes.		
Beginning Position:	1	Data Source:	Assigned		
Length:	6	Type:	Alphanumeric		
Field 2:	FACILITY_TYPE	. , , ,	, up name no		
Description:	Types of healthcare fac	rilities			
Beginning Position:	7	Data Source:	Provider		
Length:	4	Type:	Alphanumeric		
Field 3:			Alphanumenc		
	FAC_TEACHING_IND				
Description:	Teaching Facility Indica		II		
Suppression:			discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Tea	icning Hospitals			
Posinning Position:	X Other teaching facility	Data Saurasi	Dravidor		
Beginning Position:	11 1	Data Source:	Provider Alphanumoric		
Length: Field 4:	FAC_PSYCH_IND	Туре:	Alphanumeric		
Description:		icator			
-	Psychiatric Facility Indi		dischanges (Dusyiden ID		
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position: Length:	12 1	Data Source: Type:	Provider Alphanumeric		
Field 5:	FAC_REHAB_IND	i ype:	Aiphanumenc		
		'd'			
Description:	Rehabilitation Facility I		dischauses (Provider ID assuals 10000001)		
Suppression:	Suppressed for nospitals 13	With fewer than 50  Data Source:	discharges (Provider ID equals '999999').		
Beginning Position: Length:	13	Type:	Provider Alphanumeric		
Field 6:	FAC_ACUTE_CARE_I		Alphanumenc		
Description:	Acute Care Facility Ind				
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	14	Data Source:	Provider		
Length:	1	Type:	Alphanumeric		
Field 7:	FAC_SNF_IND	. , pc.	, uprianamente		
Description:	Skilled Nursing Facility	Indicator			
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	15	Data Source:	Provider		
Length:	1	Type:	Alphanumeric		
Field 8:	FAC_LONG_TERM_A				
Description:	Long Term Acute Care		-		
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	16	Data Source:	Provider		
Length:	1	Type:	Alphanumeric		
Field 9:	FAC_OTHER_LTC_IN	ID	r		
Description:	Other Long Term Care				
Suppression:		•	discharges (Provider ID equals '999999').		
Beginning Position:	17	Data Source:	Provider		
Length:	1	Type:	Alphanumeric		
Field 10:	FAC_PEDS_IND		•		
Description:	Pediatric Facility Indica	itor.			
Suppression:			discharges (Provider ID equals '999999').		
Coding Scheme:			s Hospitals and Related Institutions (NACHRI)		
<b>-</b>	,		,		
DSHS/THCIC		Page	DSHS Document #25-15013		
www.dshs.texas.gov/TH	CIC	91	Last Updated: August, 2024		
6.77		~ =	r		

X Facilities that also treat children

**Beginning Position:** 18 **Data Source:** Provider Length: Type: Alphanumeric Field 11: FAC CARDIOVASCULAR IND **Description:** Cardiovascular facility indicator. **Beginning Position:** 19 **Data Source:** Provider Length: Alphanumeric Type: Field 12: FAC\_CHIROPRACTIC\_IND **Description:** Chiropractic care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric Field 13: FAC\_ENDOSCOPY\_IND **Description:** Endoscopy facility indicator. **Beginning Position: Data Source:** 21 Provider Lenath: Type: Alphanumeric Field 14: **FAC FOOT IND Description:** Foot care facility indicator. **Beginning Position:** 22 **Data Source:** Provider Length: Alphanumeric Type: FAC GASTROENTEROLOGY IND Field 15: **Description:** Gastroenterology facility indicator. **Beginning Position:** 23 **Data Source:** Provider Length: Type: Alphanumeric **FAC GENERAL IND** Field 16: **Description:** General care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric FAC\_NEUROLOGICAL\_IND Field 17: **Description:** Neurological care facility indicator. **Beginning Position:** 25 Data Source: Provider Length: Type: Alphanumeric Field 18: FAC\_OB\_GYN\_IND **Description:** Obstetric and gynecology facility indicator. **Beginning Position:** 26 Data Source: Provider Lenath: Alphanumeric Type: Field 19: **FAC OPTHAMOLOGY IND** Description: Ophthalmology facility indicator. **Beginning Position:** 27 **Data Source:** Provider Type: Length: Alphanumeric Field 20: **FAC ORAL IND** Description: Oral health care facility indicator. **Beginning Position:** 28 **Data Source:** Provider Alphanumeric Length: Type: FAC ORTHOPEDIC IND Field 21: **Description:** Orthopedic care facility indicator. **Beginning Position:** 29 **Data Source:** Provider Length: Type: Alphanumeric FAC\_OTOLARYNGOLOGY\_IND Field 22: **Description:** Otolaryngology facility indicator. **Beginning Position:** 30 **Data Source:** Provider Alphanumeric Length: Type: Field 23: FAC\_ PAIN\_MNGMT \_IND **Description:** Pain management facility indicator. **Beginning Position:** 31 **Data Source:** Provider Length: Type: Alphanumeric Field 24: **FAC PLASTIC IND** Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** 32 Provider Length: Alphanumeric Type: Field 25: FAC\_THORACIC\_IND **Description:** Thoracic care facility indicator. DSHS/THCIC DSHS Document #25-15013 Page

92

Last Updated: August, 2024

www.dshs.texas.gov/THCIC

**Beginning Position:** 33 **Data Source:** Provider Length: Alphanumeric Type: Field 26: **FAC UROLOGY IND Description:** Urology care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric Field 27: **FAC OTHER IND Description:** Other facility indicator. **Beginning Position: Data Source:** Provider Length: Alphanumeric Type: Field 28: FAC\_EMERGENCY\_DEPARTMENT\_IND **Description:** Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4<sup>th</sup> 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:** Data Source: 36 Provider Length: Alphanumeric Type: Field 29: **FAC ONCOLOGY IND Description:** Oncology facility indicator. **Beginning Position: Data Source:** Provider 37 Length: Alphanumeric Type: Field 30: PROVIDER\_NAME **Description:** Hospital name provided by the hospital. **Beginning Position: Data Source:** Provider 38 Length: 55 Type: Alphanumeric Field 31: POA PROVIDER INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission **Description:** (POA) codes. 25 TAC, Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long-Term Care Hospitals. **Coding Scheme:** Μ Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required Χ Exempt Invalid 93 **Beginning Position: Data Source:** Assigned Length: Type: Alphanumeric Field 32: CERT\_STATUS\_IP **Description:** Assignment of a code to indicate the certification of data (inpatient) and submission of comments by the hospital. Certified, without comment **Coding Scheme:** 1 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data 7 Data not certified. Facility affected by natural or man-made disaster (402016) 8 No Emergency Department data submitted **Beginning Position:** 94 **Data Source: Assigned** Length: Alphanumeric Type: Field 33: **CERT STATUS OP Description:** Assignment of a code to indicate the certification of data (outpatient) and submission of comments by the hospital. DSHS/THCIC DSHS Document #25-15013 Page

93

Last Updated: August, 2024

www.dshs.texas.gov/THCIC

Coding Scheme:	1	Certified, without comment				
	2	Certified, with comment				
	3	Certified, with comment, comment not r	eceived by deadline			
	4	Hospital elected not to certify				
	5	Hospital closed, data not certified				
	6	Hospital out of compliance, did not certif	Hospital out of compliance, did not certify data			
	7	Data not certified. Facility affected by na	itural or man-made disaster (4Q2016)			
	8	No Emergency Department data submitt	ed			
<b>Beginning Position:</b>	95	Data Source: As	signed			
Length:	1	Type: Alp	phanumeric			

## Texas Department of State Health Services

# Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

#### **Inpatient Base Data #1 File**

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

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 95 Last Updated: August, 2024

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
	Record_Length		775	

## **Inpatient Base Data #2 File**

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the			
1	Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric

DSHS/THCIC Page 99

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

## **Inpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

## **Inpatient Grouper Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	FROZEN_MS_DRG	13	3	Alphanumeric
3	FROZEN_MS_MDC	16	2	Alphanumeric
4	FROZEN_MS_GRP_VER	18	5	Alphanumeric
5	FROZEN_MS_GRP_ERROR_CODE	23	2	Alphanumeric
6	FROZEN_APR_DRG	25	3	Alphanumeric
7	FROZEN_RISK_MORTALITY	28	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	29	1	Alphanumeric
9	FROZEN_APR_MDC	30	2	Alphanumeric
10	FROZEN_APR_GRP_VER	32	5	Alphanumeric
11	FROZEN_APR_GRP_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GRP_VER	44	5	Alphanumeric
15	MS_GRP_ERROR_CODE	49	2	Alphanumeric
16	APR_DRG	51	3	Alphanumeric
17	RISK_MORTALITY	54	1	Alphanumeric
18	ILLNESS_SEVERITY	55	1	Alphanumeric
19	APR_MDC	56	2	Alphanumeric
20	APR_GRP_VER	58	5	Alphanumeric
21	APR_GRP_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	

#### **Outpatient Base Data File**

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	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

DSHS/THCIC www.dshs.texas.gov/THCIC

Page 103 DSHS Document #25-15013

Last Updated: August, 2024

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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
	Record_Length		883	

## **Outpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

## **Outpatient Classification Data File**

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCSR_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCSR_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

DSHS/THCIC Page www.dshs.texas.gov/THCIC

Number	Field Name (OP Classification File)	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
	Record_Length		237	

## **Outpatient Grouper 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_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	

Last Updated: August, 2024

## **Facility Type Data File**

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	19	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	20	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	21	1	Alphanumeric
14	FAC_FOOT_IND	22	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	23	1	Alphanumeric
16	FAC_GENERAL_IND	24	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	25	1	Alphanumeric
18	FAC_OB_GYN_IND	26	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	27	1	Alphanumeric
20	FAC_ORAL_IND	28	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	29	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	30	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	31	1	Alphanumeric
24	FAC_PLASTIC_IND	32	1	Alphanumeric
25	FAC_THORACIC_IND	33	1	Alphanumeric
26	FAC_UROLOGY_IND	34	1	Alphanumeric
27	FAC_OTHER_IND	35	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS_IP	94	1	Alphanumeric
33	CERT_STATUS_OP	95	1	Alphanumeric
	Record_Length		95	