

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS OUTPATIENT DATA PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2021

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BACKGROUND

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

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

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

PUBLIC USE DATA FILE (PUDF)

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

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Texas Outpatient (Hospitals, Ambulatory Surgery Centers (ASC), and Freestanding Emergency Medical Care Facilities) Services Data database (TOSD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013 (c) also stipulates that DSHS may not release, and a person or entity may not gain access to, any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the TOSD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, service dates) that might lead to the identification of a specific patient from the PUDF.

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

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

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

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

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

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

RESTRICTIONS ON DATA USE

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

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

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

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

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

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

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

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

OUTPATIENT FACILITY COMMENTS

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

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

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

DATA FILES

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

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

First quarter, 1356 facilities:

Second quarter, 1354 facilities:

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

Third quarter, 13	372 facilities:
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Base Data	5,459,140 records	129 variables	Fixed field format	4,613 MB	Tab-delimited	2,104 MB
Classification Data	5,459,140 records	83 variables	Fixed field format	1,473 MB	Tab-delimited	709 MB

Charges	37,705,433 records	19 variables	Fixed field format	3,848 MB	Tab-delimited	2,991 MB
Facility Type Data	1,372 records	29 variables	Fixed field format	123 KB	Tab-delimited	106 KB

Fourth quarter, 1379 facilities:

Base Data	5,370,208 records	129 variables	Fixed field format	4,538 MB	Tab-delimited	2,074 MB
Classification Data	5,370,208 records	83 variables	Fixed field format	1,449 MB	Tab-delimited	699 MB
Charges	37,896,753 records	19 variables	Fixed field format	3,867 MB	Tab-delimited	3,003 MB
Facility Type Data	1,379 records	32 variables	Fixed field format	129 KB	Tab-delimited	110 KB

The data is provided in fixed length and tab-delimited text formats and is best view when imported into a software application. No software is included with the PUDF. The data file has been tested with several software applications, including Microsoft Access (some files may not fit due to record limitations in the application), Statistical Analysis Software (SAS), and Statistical Package for the Social Sciences (SPSS).

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

DATA DICTIONARY

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

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

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

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

CITATION

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

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

REVISION

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

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

DATA DICTIONARY

Field 1:	SERVICE_QUARTE	R		
Description:	Quarter during which se		and quarter of service.	yyyyQn.
-	1st Quarter (YYYYQ1			
	2nd Quarter (YYYYQ			
	3rd Quarter (YYYYQ			
	4th Quarter (YYYYQ4			
Beginning Position:	1	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 2:	RECORD ID	-71		
Description:	—	umber Unique numb	er assigned to identify	he record. First available
Description				earch Data Files (RDF's).
Beginning Position:	7	Data Source:	Assigned	earen Dua Fries (HDF 5).
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID	Type.	Tuphananene	
Description:	Provider ID. Unique ide	ntifier assigned to the	provider by DSHS	
Suppression:				he Provider ID '9999999'. I
Suppression.				ing 'unknown', Provider
	ID is '999998'.	a main 5 events for a p	uniounal genuer, metuu	
Beginning Position:	1D 18 999998. 19	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 4:	SPEC_UNIT_1	Type.	Alphanumene	
		h		when of down her Truck of
Description:				umber of days by Type of
	Bill or Revenue Code. I	n order by number of Coronary Care Unit	days in the unit.	Pediatric Unit
Coding Scheme:	C D	Detoxification Unit	P Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	Ν	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
D ! ! D!!!	0	Oncology Unit		
Beginning Position:	25	Data Source:	Calculated	
Length:		Туре:	Alphanumeric	
Field 5:	SPEC_UNIT_2	and 1 1		
Description:			stay occurred based on	number of days by Type
a 11 a 1	of Bill or Revenue Code			
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	26	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:		3 rd most days during	stay occurred based on	number of days by Type of
	Bill or Revenue Code.			
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_4			
Description:	Specialty Unit in which	4th most days during	stay occurred based on	number of days by Type of
-	Bill or Revenue Code.		-	
Coding Scheme:	Same as SPEC_UNIT_1	1.		
Beginning Position:	28	Data Source:	Calculated	
Deginning i Ushuun.				
Length:	1	Туре:	Alphanumeric	

BASE DATA FILE

Coding Scheme: Beginning Position: Length: Field 9: Description: Suppression: Coding Scheme:	29 1 SEX_ Gende Code ICD-1 §290d a facil	as SPEC_UNIT_ CODE er of the patient a is suppressed if a 0-CM indicates d-2 and 42 CFR ity reported fewo 9998' and Provid Male Female	Is record in ICD- alcohol Part 2 r er than f	10-CM code in or drug use or a rules), the Gend 5 patients of a p	art of care dicates dr an HIV di er of the j	umeric e. ug or alcohol us agnosis (patient patient is reporte	s covere ed as "U	d by 42 US " (Unknown
Field 9: Description: Suppression:	SEX_ Gende Code ICD-1 §290d a facil is '999 M F U	er of the patient a is suppressed if a 0-CM indicates d-2 and 42 CFR ity reported fewe 9998' and Provid Male Female	as record an ICD- alcohol Part 2 r er than 3	ded at date of st 10-CM code in or drug use or a ules), the Gend 5 patients of a p	art of care dicates dr an HIV di er of the j	e. ug or alcohol us agnosis (patient patient is reporte	s covere ed as "U	d by 42 US " (Unknown
Description: Suppression:	Gende Code ICD-1 §290d a facil is '999 M F U	er of the patient a is suppressed if a 0-CM indicates d-2 and 42 CFR ity reported fewe 9998' and Provid Male Female	an ICD- alcohol Part 2 r er than :	10-CM code in or drug use or a rules), the Gend 5 patients of a p	dicates dr an HIV di er of the J	ug or alcohol us agnosis (patient patient is reporte	s covere ed as "U	d by 42 US " (Unknown
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Suppression:	Code = ICD-1 §290d a facil is '999 M F U	is suppressed if a 0-CM indicates d-2 and 42 CFR ity reported fewe 9998' and Provid Male Female	an ICD- alcohol Part 2 r er than :	10-CM code in or drug use or a rules), the Gend 5 patients of a p	dicates dr an HIV di er of the J	ug or alcohol us agnosis (patient patient is reporte	s covere ed as "U	d by 42 US " (Unknown
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Coding Scheme:	M F U	Male Female	ion n (ann	\mathbf{r} and \mathbf{r} and \mathbf{r}				
	•	Unknown					Ī	
	-	Invalid						
Beginning Position: Length:	30 1			Data Source: Гуре:	Claim Alphar	umeric		
Field 10:		COUNTY						
Description:		code of patient's			-	** 0	-	. ·
Coding scheme:	001	Anderson	129	Donley Duvol	257	Kaufman	385	Real Red Divor
	003 005	Andrews Angelina	131 133	Duval Eastland	259 261	Kendall Kenedy	387 389	Red River Reeves
	005	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis El Dasa	267	Kimble	395	Robertson
	013 015	Atascosa Austin	141 143	El Paso Erath	269 271	King Kinney	397 399	Rockwall Runnels
	015	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustir
	023 025	Baylor Bee	151 153	Fisher Floyd	277 279	Lamar Lamb	407 409	San Jacinto San Patricio
	023	Bell	155	Foard	279	Lampasas	409	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035 037	Bosque Bowie	163 165	Frio Gaines	291 293	Liberty Limestone	419 421	Shelby Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045 047	Briscoe Brooks	173 175	Glasscock Goliad	301 303	Loving Lubbock	429 431	Stephens Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055 057	Caldwell Calhoun	183 185	Gregg Grimes	311 313	McMullen Madison	439 441	Tarrant Taylor
	059	Callahan	185	Guadalupe	315	Marion	441	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorto
	065 067	Carson Cass	193 195	Hamilton Hansford	321 323	Matagorda Maverick	449 451	Titus Tom Green
	067	Casso	193 197	Hardeman	323 325	Maverick	451	Tom Green Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075 077	Childress	203 205	Harrison	331 333	Milam Mills	459 461	Upshur Upton
	077 079	Clay Cochran	205 207	Hartley Haskell	333 335	Mills Mitchell	461 463	Upton Uvalde
	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin Collin	213	Henderson	341	Moore	469	Victoria
	087 089	Collingsworth Colorado	215 217	Hidalgo Hill	343 345	Morris Motley	471 473	Walker Waller
	089	Colorado Comal	217	Hill Hockley	345 347	Nacogdoches	473 475	Ward
	093	Comanche	21)	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
DSHS/THCIC	097	Cooke	225	Houston	353	Nolan	481	Wharton t # E25-14

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Suppression: Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "'' (back quote). If a facility has fewer than 5 patients reported of a particular gender, including 'unknown', the ZIP Code is blank. Beginning Position: 36 Data Source: Claim Length: 5 Type: Alphanumeric Field 13: PAT_COUNTRY Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the country is reported as "'' (back quote). Suppression: Suppressed if fewer than 5 patients from one country. Coding scheme: See www.ISO.org for complete list. Beginning Position: 11 Data Source: Claim Length: 2 Type: Alphanumeric Field 14: DELIC_HEALTH_REGION Public Health Region of patient's address. 1 Description: 1 Armstrong. Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith Dickens, Donley, Floyd, Gara, Gray, Hale, Hall, Hansf		ΡΔΙ							
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Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties 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 DSHS/THCIC	Field 12: Description: Suppression: Beginning Position: Length: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	Patien Last tv equals indica 42 CF fifty o than 5 36 5 PAT_ Count Standa (patien (back Suppr See w 41 2 PUBI Public 1	tt's five-digit ZI wo digits are bla s '88888'. If stat ttes alcohol or du ttes alcohol o	nk if a Z e equals rug use o rug use o che ZIP c es report ed of a pa I esidentia 0. If ICD- 12 USC § nan 5 pat complete I REGIC of patier , Briscoe, Q Floyd, Garz Lubbock, I Terry, Wh own, Calla	'FC' (foreign of or an HIV diagrown an Competence and the second a	country) 2 nosis the 2 nosis (pati as "`" (bi cer the ZII c, includir Claim <u>Alphan</u> maintaine ces alcoho 2 CFR Pa country. <u>Claim</u> <u>Alphan</u> ildress, Cocl I, Hansford, ey, Ochiltree n, Comanch ntague, Nola	ZIP code is bl ZIP code is bl ents covered ack quote). If P code is blan bg 'unknown' numeric d by the Inte d or drug use art 2 rules) the numeric hran, Collingswe Hartley, Hemple e, Oldham, Parn he, Cottle, Eastla un, Runnels, Scu	lank. If ICD lank. If ICD lank. If ICD by 42 USC f a facility h nk. If a facil ', the ZIP C ernational O e or an HIV e country is orth, Crosby, I hill, Hockley, J ner, Potter, Rar	D-10-CM D-10-CM S §290dd-2 and tas fewer than lity has fewer ode is blank. rganization for diagnosis reported as "" Dallam, Deaf Smith Hutchinson, King, ndall, Roberts, ard, Hardeman,
4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties DSHS/THCIC DSHS Document # E25, 14164	Field 12: Description: Suppression: Beginning Position: Length: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	Patien Last tv equals indica indica 42 CF fifty o than 5 36 5 PAT_ Count Standa (patien (back Suppro See w 41 2 PUBI Public 1	tt's five-digit ZI wo digits are bla s '88888'. If stat ttes alcohol or du ttes alcohol or du TR Part 2 rules) to outpatient service patients reported TOUNTRY ry of patient's re ardization (ISO) nts covered by 4 quote). essed if fewer th <i>ww.ISO.org</i> for LIC_HEALTH c Health Region Armstrong, Bailey Dickens, Donley, F Lamb, Lipscomb, I Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jone Stonewall, Taylor,	unk if a Z te equals rug use o rug use o the ZIP c es report ed of a pa I esidentia 0. If ICD 2 USC § nan 5 pat completo I _ REGIC of patier , Briscoe, O Floyd, Garz Lubbock, I Terry, Wh own, Calla es, Kent, K	'FC' (foreign of or an HIV diagrown and the quart articular gender Data Source: Type: Il address. List mathematical sector of the diagramma and the the diagramma	country) 2 nosis the 2 nosis (pati as "'" (br cer the ZII c, includir Claim Alphan maintaine 2 CFR Pa country. Claim Alphan didress, Cocl 1, Hansford, ey, Ochiltreu nnties n, Comanch tague, Nola	ZIP code is bl ZIP code is bl ents covered ack quote). If P code is blan ng 'unknown' numeric d by the Inte or drug use at 2 rules) the numeric hran, Collingswe Hartley, Hemple e, Oldham, Parn ae, Cottle, Eastla un, Runnels, Scu ng counties	lank. If ICD lank. If ICD lank. If ICD by 42 USC f a facility h nk. If a facil ', the ZIP C ernational O e or an HIV e country is orth, Crosby, I hill, Hockley, I her, Potter, Rar and, Fisher, Fo urry, Shacklefo	D-10-CM D-10-CM S \$290dd-2 and tas fewer than lity has fewer ode is blank. rganization for diagnosis reported as "'' Dallam, Deaf Smith Hutchinson, King, ndall, Roberts, ard, Hardeman, rd, Stephens,
Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties DSHS/THCIC DSHS/THCIC	Field 12: Description: Suppression: Beginning Position: Length: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	Patien Last tv equals indica indica 42 CF fifty o than 5 36 5 PAT_ Count Standa (patien (back Suppro See w 41 2 PUBI Public 1	tt's five-digit ZI wo digits are bla s '88888'. If stat ttes alcohol or du ttes alcohol or du TR Part 2 rules) to outpatient service patients reported COUNTRY rry of patient's re ardization (ISO) nts covered by 4 quote). essed if fewer th <i>ww.ISO.org</i> for LIC_HEALTH c Health Region Armstrong, Bailey Dickens, Donley, F Lamb, Lipscomb, I Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jone Stonewall, Taylor, Collin, Cooke, Dal	nk if a Z te equals rug use o rug use o the ZIP c es report ed of a pa I esidentia 0. If ICD 2 USC § nan 5 pat complete I _ REGIC of patier , Briscoe, C Floyd, Garz Lubbock, I Terry, Wh own, Calla es, Kent, K Throckmo las, Dentor	'FC' (foreign of or an HIV diagrown an HIV	country) 2 nosis the 2 nosis (pati as "'" (br cer the ZII c, includir Claim Alphan maintaine es alcoho 2 CFR Pa country. Claim Alphan ildress, Cocl 1, Hansford, ey, Ochiltreu nnties n, Comanch tague, Nola	ZIP code is bl ZIP code is bl ents covered ack quote). If P code is blan ng 'unknown' numeric d by the Inte or drug use at 2 rules) the numeric hran, Collingswe Hartley, Hemple e, Oldham, Parn ae, Cottle, Eastla un, Runnels, Scu ng counties	lank. If ICD lank. If ICD lank. If ICD by 42 USC f a facility h nk. If a facil ', the ZIP C ernational O e or an HIV e country is orth, Crosby, I hill, Hockley, I her, Potter, Rar and, Fisher, Fo urry, Shacklefo	D-10-CM D-10-CM S \$290dd-2 and tas fewer than lity has fewer ode is blank. rganization for diagnosis reported as "'' Dallam, Deaf Smith Hutchinson, King, ndall, Roberts, ard, Hardeman, rd, Stephens,
DSHS/THCIC DSHS Document # E25 14164	Field 12: Description: Suppression: Beginning Position: Length: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	Patien Last tv equals indica indica 42 CF fifty o than 5 36 5 PAT_ Count Standa (patien (back Suppro See w 41 2 PUBL Public 1 2 3	tt's five-digit ZI wo digits are bla s '88888'. If stat ttes alcohol or du ttes alcohol or du TR Part 2 rules) to outpatient service patients reported patients reported COUNTRY ry of patient's r ardization (ISO) nts covered by 4 quote). essed if fewer th <i>ww.ISO.org</i> for CIC_HEALTH e Health Region Armstrong, Bailey Dickens, Donley, F Lamb, Lipscomb, I Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jone Stonewall, Taylor, Collin, Cooke, Dal Pinto, Parker, Rocl	unk if a Z te equals rug use o trug use o the ZIP c es report ed of a pa I man 5 pat completa Carry, Wh own, Calla es, Kent, K Throckmo las, Dentor kwall, Som	'FC' (foreign of or an HIV diagn or an HIV di di diagn or an HIV diagn or an HIV diagn or a	country) 2 nosis the 2 nosis (pati as "`" (bi cer the ZII c, includir Claim Alphan maintaine ces alcoho 2 CFR Pa country. Claim Alphan didress, Cocl 1, Hansford, ey, Ochiltree n, Comanch tague, Nola barger, You nin, Grayson se counties	ZIP code is bl ZIP code is bl ents covered ack quote). If P code is blan og 'unknown' numeric d by the Inte or drug use int 2 rules) th numeric hran, Collingswe Hartley, Hemple, Oldham, Parm he, Cottle, Eastla in, Runnels, Scu ng counties n, Hood, Hunt, J	lank. If ICD lank. If ICD lank. If ICD by 42 USC f a facility h nk. If a facil ', the ZIP C ernational O e or an HIV e country is orth, Crosby, I hill, Hockley, 1 her, Potter, Ran and, Fisher, Fo fohnson, Kaufr	Dellam, Deaf Smitt Hutchinson, King, nan, Navarro, Palo
DSHS/THCIC DSHS Document # E25-14164	Field 12: Description: Suppression: Beginning Position: Length: Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	Patien Last tv equals indica indica 42 CF fifty o than 5 36 5 PAT_ Count Standa (patien (back Suppro See w 41 2 PUBL Public 1 2 3	tt's five-digit ZI wo digits are bla s '88888'. If stat ttes alcohol or du ttes alcohol or du TR Part 2 rules) to outpatient service patients reported patients reported COUNTRY ry of patient's r ardization (ISO) nts covered by 4 quote). essed if fewer th <i>ww.ISO.org</i> for CIC_HEALTH e Health Region Armstrong, Bailey Dickens, Donley, F Lamb, Lipscomb, I Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jone Stonewall, Taylor, Collin, Cooke, Dal Pinto, Parker, Rocl Anderson, Bowie,	ank if a Z te equals rug use o rug use o the ZIP c es report ed of a pa I esidentia b. If ICD- t2 USC § nan 5 pat complete I REGIC of patier , Briscoe, C Floyd, Garz Lubbock, I Throckmo las, Dentor kwall, Som Camp, Cas	'FC' (foreign of or an HIV diagn or an HIV di di diagn or an HIV diagn or an HIV diagn or a	country) 2 nosis the 2 nosis (pati as "`" (bi cer the ZII c, includir Claim Alphan maintaine ces alcoho 2 CFR Pa country. Claim Alphan didress, Coci 1, Hansford, ey, Ochiltred intague, Nola barger, You nin, Grayson se counties , Franklin, O	ZIP code is bl ZIP code is bl ents covered ack quote). If P code is blan og 'unknown' numeric d by the Inte or drug use art 2 rules) th numeric hran, Collingswe Hartley, Hemple, Oldham, Parn he, Cottle, Eastla un, Runnels, Scu ng counties h, Hood, Hunt, J Gregg, Harrison,	lank. If ICD lank. If ICD lank. If ICD by 42 USC f a facility h nk. If a facil ', the ZIP C ernational O e or an HIV e country is orth, Crosby, I hill, Hockley, I her, Potter, Rau und, Fisher, Fo urry, Shacklefo Johnson, Kaufr , Henderson, H	Dellam, Deaf Smith Hutchinson, King, ard, Hardeman, rd, Stephens, nan, Navarro, Palo lopkins, Lamar,
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	5	Angelina, Hardin, Houston San Jacinto, Shelby, Trini	-		acogdoches	Newton, Or	ange, P	olk, Sabine, San Augustine,
	6	Austin, Brazoria, Chambe	rs, Colorado, Fo		nd, Galvesto	n, Harris, Lit	erty, M	latagorda, Montgomery,
	7	Hamilton, Hays, Hill, Lan	sque, Brazos, Bu pasas, Lee, Leo	n, Lin	nestone, Lla			ls, Fayette, Freestone, Grimes, lison, Milam, Mills, Robertson
	8	-	Calhoun, Coma es, Kendall, Ker	ıl, De'	Witt, Dimm			llespie, Goliad, Gonzales, k, Medina, Real, Uvalde, Val
	9	Verde, Victoria, Wilson, 2 Andrews, Borden, Coke, 0		Crock	ett. Dawson	Ector. Gaine	es. Glas	scock, Howard, Irion, Kimble,
	,		in, Mason, Mena	urd, M	lidland, Peco			Schleicher, Sterling, Sutton,
	10	Brewster, Culberson, El P	aso, Hudspeth, J	eff Da	avis, Presidi		7 1	
	11	Aransas, Bee, Brooks, Car McMullen, Nueces, Refug Invalid	, , ,	0	,	· · · · ·	2	
Beginning Position:	43	in varia	Data Sour	ce:	Assigne	b		
Length:	2		Type:		Alphanu	meric		
Field 15:	LEN	GTH_OF_SERVICE						
Description:	Leng	th of service in days ed	quals Stateme			0	tateme	ent Thru Date. The
		mum length of service				•		
Beginning Position:	45		Data Sour	ce:	Calculat			
Length:	2		Туре:		Alphanu	meric		
Field 16:		_AGE						
Description:		e indicating age of patie	•	•	rs on date	of service.		
Coding Scheme:	00	1-28 days		5-39			20	85-89
	01 02	29-365 days 1-4 years		0-44 5-49			21 HIV	90+ and drug/alcohol use patients:
	02	5-9		i0-54			22	0-17
	03	10-14		5-59			23	18-44
	05	15-17		50-64			24	45-64
	06	18-19	16 6	5-69			25	65-74
	07	20-24	17 7	0-74			26	75+
	08	25-29		5-79			`	Invalid
	09	30-34		30-84				
	47	30-34	Data Sour		Assigne			
Length:	47 2				Assigne Alphanu			
Length: Field 17:	47 2 RAC	Œ	Data Sour Type:		-			
Length: Field 17: Description:	47 2 RAC Code	E indicating the patient	Data Sour Type: s race.	ce:	Alphanu	meric		
Length: Field 17: Description:	47 2 RAC Code	E indicating the patient	Data Sour Type: s race.	ce:	Alphanu	meric	anged	to 'Other' (code equals 5).
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Length: Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length:	47 2 RAC Code If a f 1 2 3 4 5 49 1	CE e indicating the patient' facility has fewer than t American Indian/Eskimo/ Asian or Pacific Islander Black White Other	Data Sour Type: s race. en patients of Aleut Data Sour	ce:	Alphanu race that Claim	meric race is cha	inged	to 'Other' (code equals 5).
Length: Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18:	47 2 RAC Code If a f 1 2 3 4 5 49 1 ETH	CE e indicating the patient ² acility has fewer than t American Indian/Eskimo/ Asian or Pacific Islander Black White Other Invalid	Data Sour Type: s race. en patients of Aleut Data Sour Type:	ce:	Alphanu race that Claim Alphanu	meric race is cha	anged	to 'Other' (code equals 5).
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Length: Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description:	47 2 RAC Code If a f 1 2 3 4 5 5 49 1 ETH Code If a f	CE e indicating the patient' facility has fewer than t American Indian/Eskimo/ Asian or Pacific Islander Black White Other Invalid INICITY e indicating the Hispani facility has fewer than t	Data Sour Type: s race. en patients of Aleut Data Sour Type: c origin of th	ce: f one ce:	Alphanu race that Claim Alphanu tient.	meric race is cha meric		
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Beginning Position: Length: Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description: Coding Scheme:	47 2 RAC Code If a f 1 2 3 4 5 5 49 1 ETH Code If a f supp: 1 2 50 1 FIRS Code	CE indicating the patient' facility has fewer than t American Indian/Eskimo/ Asian or Pacific Islander Black White Other Invalid INICITY indicating the Hispani facility has fewer than t ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC indicating the expecte Self Pay (Removed from 5 beginning 2Q2012 data)	Data Sour Type: s race. en patients of Aleut Data Sour Type: the origin of the en patients of Data Sour Type: d primary so	ce: f one ce: f one ce: ce:	Alphanu e race that Claim Alphanu tient. e race the o Claim Alphanu of payme	meric race is cha meric ethnicity o meric nt. Health Mai	f patie	
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Beginning Position:	 Other Non-federal Progr. Preferred Provider Orgar Point of Service (POS) Exclusive Provider Orgat Indemnity Insurance Health Maintenance Org Medicare Risk AM Automobile Medical BL Blue Cross/Blue Shield CH CHAMPUS CI Commercial Insurance DS Disability Insurance 51 	nization (PPO) nization (EPO)	LM MA MB MC TV OF VA WC ZZ	Workers Co	Part A Part B
Length:	2	Type:	Alphanu	imeric	
Field 20:	SECONDARY_PAYME		Tipilan		
Description:	Code indicating the expect		ce of pavi	nent.	
Coding Scheme:	Same as field FIRST_PAY		ee or pays		
Beginning Position:	53	Data Source:	Claim		
Length:	2	Туре:	Alphanu	imeric	
Field 21:	TYPE_OF_BILL				
Description:	Provides specific information	ion about the clair	n data sub	mitted. Firs	st digit = type of facility.
	Second digit = type of care				
Coding Scheme:	1 st digit–Type of Facility 1 Hospital	2 nd digit–Type 1 Inpatient Part A	<i>of Care</i> t, including N		3rd digit-Sequence of claim0Non-payment/Zero claim
	2 Skilled nursing		t, Medicare I	Part B only	1 Admit through discharge clair
	3 Home health	3 Outpatie		4	2 Interim—first claim
	4 Religious non-medical heal care–Hospital	th 4 Outpatie Part B or	nt Other, Me	dicare	3 Interim–continuing claim
	5 Religious non-medical heal care–Extended care		liate Care–L	evel I	4 Interim–last claim
	6 Intermediate care 7 Clinic		liate Care–L te inpatient –		5 Late charge(s) only claim6 Adjustment of prior claim (No used by Medicare)
	8 Special facility	8 Swing b	ed		7 Replacement of prior claim8 Void/cancel of prior claim
Beginning Position:	55	Data Source:	Claim		
Length:	3	Туре:	Alphanu	imeric	
Field 22:	CONDITION_CODE_1				
Coding Scheme:	Code describing a condition 01 Military service related 02 Condition is employment	C	laim. 83 84		nductions 39 weeks or greater r Acute Kidney Injury (AKI)
	03 Patient covered by insura	ance not reflected here	85	Delayed Re Illness	ecertification of Hospice Terminal
	04 Information only bill.		86	Additional l Medical Jus	Hemodialysis Treatment with stification
	05 Lien has been filed	a c	A0	TRICARE of	external partnership program
	06 ESRD patient in first 18 covered by EGHP		A1	EPSDT/CH	IAP
	07 Treatment of non-termin patient		A2	Physically h	handicapped children's program
	08 Beneficiary would not pr concerning other insuran		A3	Special Fed	leral Funding
	09 Neither patient or spouse	is employed	A4	Family plan	nning
	10 Patient and/or spouse is e exists	employed but no EGH	P A5	Disability	
	11 Disabled beneficiary but exists	no LGHP coverage	A6	Vaccines/M	Iedicare 100% payment
	17 Patient is homeless		A9	Second opir	nion surgery
	18 Maiden name retained		AA	-	erformed due to rape
	19 Child retains mother's na	ime	AB	-	erformed due to incest
	20 Beneficiary requested bil	lling	AC		erformed due to serious fatal genetic ormity, or abnormality

21	Billing for denial notice	AD
22	Patient on multiple drug regimen	AE
23	Home care giver available	AF
24	Home IV patient also receiving HHA services	AG
25	Patient is non-US resident	AH
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ
28	Patient and/or spouse's EGHP is secondary to Medicare	AK
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM
31	Patient is student (full time - day)	AN
32	Patient is student (cooperative/work study program)	B0
33	Patient is student (full time - night)	B1
34	Patient is student (part-time)	B4
36	General care patient in a special unit	BP
37	Ward accommodation at patient request	C1
38	Semi-private room not available	C2
39	Private room medically necessary	C3
40	Same day transfer	C4
41	Partial hospitalization	C5
42	Continuing care not related to inpatient	C6
43	admission Continuing care not provided within prescribed postdischarge window	C7
44	Inpatient admission changed to outpatient	D0
45	Ambiguous Gender Category	D1
46	Non-availability statement on file	D3
47	Transfer from another Home Health Agency	D4
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5
49	Product replacement within product lifecycle	D6
50	Product Replacement for Known Recall of a Product	D7
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8
52	Out of Hospice Service Area	D9
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0
55	SNF bed not available	G0
56	Medical appropriateness	H0
57	SNF readmission	H2
58	Terminated Medicare+Choice organization enrollee	H3
59	Non-primary ESRD facility	H4
60	Day outlier	H5
61	Cost outlier	P1
66	Provider does not wish cost outlier payment	P7

AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI	Sterilization
AJ	Payer responsible for co-payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
22	Automatic approval as billed based on focused review
23	Partial approval
C4	Admission/services denied
25	Post payment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
00	
D9	Any Other Change
D9 DR	Any Other Change Disaster related
DR	Disaster related
DR E0	Disaster related Changes in Patient Status
DR E0 G0	Disaster related Changes in Patient Status Distinct Medical Visit
DR E0 G0 H0	Disaster related Changes in Patient Status Distinct Medical Visit Delayed Filing, Statement of Intent Submitted
DR E0 G0 H0 H2 H3 H4	Disaster related Changes in Patient Status Distinct Medical Visit Delayed Filing, Statement of Intent Submitted Discharge by a Hospice Provider for Cause Reoccurrence of GI Bleed Comorbid Category Reoccurrence of Pneumonia Comorbid Category
DR E0 G0 H0 H2 H3 H4 H5	Disaster related Changes in Patient Status Distinct Medical Visit Delayed Filing, Statement of Intent Submitted Discharge by a Hospice Provider for Cause Reoccurrence of GI Bleed Comorbid Category Reoccurrence of Pneumonia Comorbid Category Reoccurrence of Pericarditis Comorbid Category
DR E0 G0 H0 H2 H3 H4	Disaster related Changes in Patient Status Distinct Medical Visit Delayed Filing, Statement of Intent Submitted Discharge by a Hospice Provider for Cause Reoccurrence of GI Bleed Comorbid Category Reoccurrence of Pneumonia Comorbid Category

Room

	67	Beneficiary elects not to use life time reserve	R1	Request for reopening Reason Code -
	60	(LTR) days Beneficiary elects to use life time reserve (LTR)	Mathematical or Computational Mistake Request for reopening Reason Code -Inaccurate
	68	days	, R2	Data Entry
	69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
	71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
	72	Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
	73	Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
	74	Home	R8	Request for reopening Reason Code - New and Material Evidence
	75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
	76	Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator
	77	Provider accepts or is obligated/required due to contractual arrangement or law to accept payment by a primary payer as payment	a W2	Duplicate of Original Bill
	78	New coverage not implemented by HMO	W3	Level I Appeal
	79	CORF services provided offsite	W4	Level II Appeal
	80	Home dialysis - nursing facility	W5	Level III Appeal
	81	C-section/Inductions <39 Weeks-Medical Necessity		
Designing Desitions	82 58	C-section/Inductions <39 Weeks-Elective	Claim	
Beginning Position: Length:	38 2	Data Source:	Alphanu	Imoria
Field 23:		Type: DITION_CODE_2	Alphant	
riela 25:		describing a condition relating to the cl	aim	
Coding Scheme:		e as Field CONDITION_CODE_1.	ann.	
Beginning Position:	60	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 24:		DITION_CODE_3	7 tipituite	
		e describing a condition relating to the cl	aim.	
Coding Scheme:		e as Field CONDITION_CODE_1.		
Beginning Position:	62	Data Source:	Claim	
Length:	2	Туре:	Alphanu	umeric
Field 25:	CON	DITION_CODE_4	•	
	Code	e describing a condition relating to the cl	aim.	
Coding Scheme:	Same	e as Field CONDITION_CODE_1.		
Beginning Position:	64	Data Source:	Claim	
Length:	2	Туре:	Alphanu	ımeric
Field 26:		DITION_CODE_5		
		e describing a condition relating to the cl	aim.	
Coding Scheme:		e as Field CONDITION_CODE_1.	~ ·	
Beginning Position:	66	Data Source:	Claim	
Length:	2	Туре:	Alphanu	imeric
Field 27:		DITION_CODE_6		
Cadina Calerra		e describing a condition relating to the cl	aım.	
Coding Scheme:		e as Field CONDITION_CODE_1.	Claim	
Beginning Position: Length:	68 2	Data Source: Type:	Claim	imeric
Field 28:		Type: IDITION_CODE_7	Alphanu	
r iciu 20.		describing a condition relating to the cl	aim	
Coding Scheme:		e as Field CONDITION_CODE_1.	u1111.	
Beginning Position:	70	Data Source:	Claim	
DSHS/THCIC	70	Data Source.	Cialili	DSUS Document # E25 14164
	THAT	Page 15		DSHS Document # E25-14164
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Length:	2	Туре:	Alphanumeric	
Field 29:	CONDITION_CODE_8			
	Code describing a condition		laim.	
Coding Scheme:	Same as Field CONDITION	N_CODE_1.		
Beginning Position:	72	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 30:	PAT_REASON_FOR_VIS		1	
			h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third		in, our and , in algues in appreasies Decimar is	
			longer collecting PAT_REASON_FOR_VISIT in	
	Outpatient Professional clai		longer concerning I AT_KLASON_I OK_VISIT in	
Beginning Position:	74	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 31:	PRINC_DIAG_CODE			
			diagnosis, including the 4th, 5th, 6th and 7th digits	
	if applicable. Decimal is imp		he third character.	
Beginning Position:	81	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 32:	OTH_DIAG_CODE_1			
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third			
Beginning Position:	88	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 33:	OTH_DIAG_CODE_2	Type.	Alphanumeric	
rielu 55:		including the At	h 5th 6th and 7th digits if applicable Desired is	
			h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third		~ .	
Beginning Position:	95	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 34:	OTH_DIAG_CODE_3			
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third	character.		
Beginning Position:	102	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 35:	OTH_DIAG_CODE_4	U L	*	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is			
	implied following the third		in, our and , in algres in appreadie. Deennar is	
Beginning Position:	109	Data Source:	Claim	
Length:	7			
•		Туре:	Alphanumeric	
Field 36:	OTH_DIAG_CODE_5			
			h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third			
Beginning Position:	116	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 37:	OTH_DIAG_CODE_6			
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is	
	implied following the third	character.		
Beginning Position:	123	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 38:	OTH_DIAG_CODE_7	-J F		
1100000		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is	
			in, Jui, our and 7 ur orgits it applicable. Declinal is	
D	implied following the third			
Beginning Position:	130	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 39:	OTH_DIAG_CODE_8	V 1		

	ICD-10-CM diagnosis code, i implied following the third ch		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9	rype.	7 Aphanamerie
		ncluding the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		ii, sui, sui uid / ii digits ii uppilousie. Deeniui is
Beginning Position:		Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 41:	OTH_DIAG_CODE_10		L to the second s
		ncluding the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		
Beginning Position:	151	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 42:	OTH_DIAG_CODE_11		
	ICD-10-CM diagnosis code, i	ncluding the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch	aracter.	
Beginning Position:		Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		
Beginning Position:		Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		
Beginning Position:		Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14	1 1 .1 .1 .1	
			h, 5th, 6th and 7th digits if applicable. Decimal is
Desimulus Desitions	implied following the third ch		
Beginning Position: Length:		Data Source:	Claim
Field 46:	OTH_DIAG_CODE_15	Туре:	Alphanumeric
riela 40:		naluding the At	h 5th 6th and 7th digits if applicable Desimal is
	implied following the third ch		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	1 0	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 47:	OTH DIAG CODE 16	Type.	Alphandmene
riciu 7/.		ncluding the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch	U	in, sui, oui and r in digits it applicable. Decilial is
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17	-, P**	
- iviu 700		ncluding the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		a, e a, e a and , a argae n'approacte. Doennar is
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18	J F	r
		ncluding the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third ch		,,
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 50:	OTH_DIAG_CODE_19	× *	•
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			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position: Length:	214 7	Data Source: Type:	Claim Alphanumeric
Field 51:	OTH_DIAG_CODE_20	Type.	Alphanumene
		e, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	221	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 52:	OTH_DIAG_CODE_21		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	228	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_22		
			h, 5th, 6th and 7th digits if applicable. Decimal is
D	implied following the third		
Beginning Position:	235	Data Source:	Claim
Length: Field 54:	7 OTH DIAC CODE 22	Туре:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23	including the At	h 5th 6th and 7th digits if applicable Desiral is
	implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	242	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24	Type:	7 Aphanumente
liciu 55.		e including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, sui, sui uid / ii digits ii appiedole. Deellidi is
Beginning Position:	249	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	RELATED_CAUSE_CO		•
			an illness, injury or an accident.
Coding Scheme:	AA Auto accident		
	AB Abuse		
	AP Another party responsible		
	EM Employment		
	OA Other accident		
Beginning Position:	256	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 57:	RELATED_CAUSE_CO	_	
~			an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_		
Beginning Position:	258	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 58:	RELATED_CAUSE_CO		
			an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_		
Beginning Position:	260	Data Source:	Claim
0 0	2	Туре:	Alphanumeric
Length:	E CODE 1		
Length:	E_CODE_1		
Length:	ICD-10-CM diagnosis code		h, 5th, 6th and 7th digits if applicable, of the
Length: Field 59:	ICD-10-CM diagnosis code primary external cause of n	norbidity. A decir	nal is implied following the third character.
Length: Field 59: Beginning Position:	ICD-10-CM diagnosis code primary external cause of n 262	norbidity. A decir Data Source:	nal is implied following the third character. Claim
Length: Field 59: Beginning Position: Length: Field 60:	ICD-10-CM diagnosis code primary external cause of n	norbidity. A decir	nal is implied following the third character.

	covered by the bill. HC		the next ingliest charge performed during the period
Field 70:	PROC_CODE_2	her procedure with	the next highest charge performed during the period
Length:		Туре:	Alphanumeric
Beginning Position:	332	Data Source	
	covered by the bill. HC	CPCS or CPT code.	ith the highest charge performed during the period
Field 69:	PROC_CODE_1	r other procedure	ith the highest shores performed during the marined
Length:	7 PROC CODE 1	Туре:	Alphanumeric
Beginning Position:	325	Data Source	
			cimal is implied following the third character.
			4th, 5th, 6th and 7th digits if applicable, of an
Field 68:	E_CODE_10		
Length:	7	Type:	Alphanumeric
Beginning Position:	318	Data Source	
			cimal is implied following the third character.
			4th, 5th, 6th and 7th digits if applicable, of an
Field 67:	E_CODE_9	-	
Length:	7	Туре:	Alphanumeric
Beginning Position:	311	Data Source	· · ·
			cimal is implied following the third character.
		code, including the	4th, 5th, 6th and 7th digits if applicable, of an
Field 66:	E_CODE_8	¥ *	•
Length:	7	Type:	Alphanumeric
Beginning Position:	304	Data Source	
			cimal is implied following the third character.
		code, including the	4th, 5th, 6th and 7th digits if applicable, of an
Field 65:	E_CODE_7	¥ *	•
Length:	7	Туре:	Alphanumeric
Beginning Position:	297	Data Source	
			cimal is implied following the third character.
		code, including the	4th, 5th, 6th and 7th digits if applicable, of an
Field 64:	E_CODE_6		
Length:	7	Туре:	Alphanumeric
Beginning Position:	290	Data Source	: Claim
			cimal is implied following the third character.
			4th, 5th, 6th and 7th digits if applicable, of an
Field 63:	E_CODE_5		
Length:	7	Type:	Alphanumeric
Beginning Position:	283	Data Source	
	additional external cau	se of morbidity. De	cimal is implied following the third character.
			4th, 5th, 6th and 7th digits if applicable, of an
Field 62:	E_CODE_4		
Length:	7	Type:	Alphanumeric
Beginning Position:	276	Data Source	: Claim
			cimal is implied following the third character.
	ICD-10-CM diagnosis	code, including the	4th, 5th, 6th and 7th digits if applicable, of an
Field 61:	E_CODE_3		
Length:	7	Type:	Alphanumeric
Beginning Position:			

	covered by the bill. HCPCS		e next highest charge performed during the period
Beginning Position:	342	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 72:	PROC_CODE_4		
			e next highest charge performed during the period
	covered by the bill. HCPCS	or CPT code.	
Beginning Position:	347	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 73:	PROC_CODE_5		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	352	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 74:	PROC_CODE_6		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	357	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 75:	PROC_CODE_7		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	362	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 76:	PROC_CODE_8		
			e next highest charge performed during the period
	covered by the bill. HCPCS		~ .
Beginning Position:	367	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 77:	PROC_CODE_9		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	372	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 78:	PROC_CODE_10		
			e next highest charge performed during the period
	covered by the bill. HCPCS		~ .
Beginning Position:	377	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 79:	PROC_CODE_11	1	
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	382	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 80:	PROC_CODE_12		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	387	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13		
			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	392	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 82:	PROC_CODE_14		
Delle/Thoto			DOLLO D
DSHS/THCIC		– Page 20 —	DSHS Document # E25-14164
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Code for surgical or other procedure with the next highest charge performed during the period

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Beginning Position: Length: Field 93: DSHS/THCIC	covered by the bill. HCPC 447 5 PROC_CODE_25	Data Source: <u>Type:</u> — Page 21 —	Claim Alphanumeric DSHS Document # E25-14164
Length:	447 5	Data Source:	
	447	Data Source:	
Reginning Position.			Claim
	COVERED BY THE BILL HE DE		
			e next highest charge performed during the period
Field 92:	PROC_CODE_24	procedure with the	a next highest charge performed during the period
Length:	5 BBOC CODE 24	Туре:	Alphanumeric
Beginning Position:	442 5	Data Source:	Claim
D	covered by the bill. HCPC		
			e next highest charge performed during the period
Field 91:	PROC_CODE_23		
Length:	5	Туре:	Alphanumeric
Beginning Position:	437	Data Source:	Claim
	covered by the bill. HCPC		
			e next highest charge performed during the period
Field 90:	PROC_CODE_22		
Length:	5	Туре:	Alphanumeric
Beginning Position:	432	Data Source:	Claim
	covered by the bill. HCPC	S or CPT code.	e next highest charge performed during the period
Field 89:	PROC_CODE_21		
Length:	5 BROG CODE 21	Туре:	Alphanumeric
Beginning Position:	427	Data Source:	Claim
	covered by the bill. HCPC		
			e next highest charge performed during the period
Field 88:	PROC_CODE_20		
Length:	5	Туре:	Alphanumeric
Beginning Position:	422	Data Source:	Claim
	covered by the bill. HCPC		
		procedure with the	e next highest charge performed during the period
Field 87:	PROC_CODE_19	v 1	*
Length:	5	Туре:	Alphanumeric
Beginning Position:	417	Data Source:	Claim
	covered by the bill. HCPC		i new ingrest enange performed during the period
- 1010 UV		procedure with the	e next highest charge performed during the period
Field 86:	PROC_CODE_18	-76.	
Length:	5	Type:	Alphanumeric
Beginning Position:	412	Data Source:	Claim
	covered by the bill. HCPC		next ingliest enarge performed during the period
гии дэ:	PROC_CODE_17	procedure with the	e next highest charge performed during the period
Length: Field 85:	5 BBOC CODE 17	Туре:	Alphanumeric
Beginning Position:	407	Data Source:	Claim
	covered by the bill. HCPC		
	Code for surgical or other	procedure with the	e next highest charge performed during the period
Field 84:	PROC_CODE_16		
Length:	5	Туре:	Alphanumeric
Beginning Position:	402	Data Source:	Claim
	covered by the bill. HCPC		
		procedure with the	e next highest charge performed during the period
Field 83:	PROC_CODE_15	Type:	- Inplandmente
Length:	5	Type:	Alphanumeric
	397	Data Source:	Claim
Beginning Position:	covered by the bill. HCPC	3010110000	

Code for surgical or other procedure with the next highest charge performed during the period

www.dshs.texas.gov/THCIC

	Code for surgical or other procedure					
	covered by the bill. HCPCS or CPT c					
Beginning Position:	452 Data So					
Length:	5 Type:	Alphanumeric				
Field 94:	OTHER_AMOUNT					
		rge Amount. Calculated using MEDPAR algorithm. Sum				
	of charges associated with revenue co	odes other than 0100-0219, revenue center 0002-0099,				
	022X-024X, 052X-053X, 055X-060X	X, 064X-070X, 076X-078X, 090X-095X, 099X.				
Beginning Position:	457 Data So	ource: Calculated				
Length:	12 Type:	Numeric				
Field 95:	PHARM_AMOUNT					
		Charge Amount. Calculated using MEDPAR algorithm.				
		nue codes other than 0100-0219, revenue center 026X,				
	063X.	······································				
Beginning Position:	469 Data So	ource: Calculated				
Length:	12 Type:	Numeric				
Field 96:	MEDSURG AMOUNT	1 (unifolite				
l leiu 90.	—	urgical Supply Charge Amount. Calculated using				
		s associated with revenue codes other than 0100-0219,				
	revenue center 027X, 062X.	s associated with revenue codes other than 0100-0219,				
Beginning Position:	481 Data So	ource: Calculated				
0 0		Numeric				
Length:	21	Numeric				
Field 97:	DME_AMOUNT					
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using					
		s associated with revenue codes other than 0100-0219,				
	revenue centers 0290-0292, 0294-029					
Beginning Position:	493Data So					
Length:	12 Type:	Numeric				
Field 98:	USED_DME_AMOUNT					
		Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using				
	MEDPAR algorithm. Sum of charges	s associated with revenue codes other than 0100-0219,				
	MEDPAR algorithm. Sum of charges revenue center 0293.	s associated with revenue codes other than 0100-0219,				
Beginning Position:	MEDPAR algorithm. Sum of charges	s associated with revenue codes other than 0100-0219,				
-	MEDPAR algorithm. Sum of charges revenue center 0293.	s associated with revenue codes other than 0100-0219,				
Length:	MEDPAR algorithm. Sum of charges revenue center 0293. 505 Data So	s associated with revenue codes other than 0100-0219, ource: Calculated				
Length:	MEDPAR algorithm. Sum of charges revenue center 0293. 505 Data So 12 Type: PT_AMOUNT	s associated with revenue codes other than 0100-0219, ource: Calculated				
Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So Type:12Type:PT_AMOUNT Ancillary Service Charge, Physical T	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR				
Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So Type:12Type:PT_AMOUNT Ancillary Service Charge, Physical T	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR				
Length: Field 99:	MEDPAR algorithm. Sum of charges revenue center 0293. 505 Data So 12 Type: PT_AMOUNT Ancillary Service Charge, Physical T algorithm. Sum of charges associated	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center				
Length: Field 99: Beginning Position:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So 12PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So Data So	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated				
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Length: Field 99: Beginning Position: Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So (12)72Type:PT_AMOUNT Ancillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So (12)12Type:OT_AMOUNT Ancillary Service Charge, Occupation	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR				
Length: Field 99: Beginning Position: Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR				
Length: Field 99: Beginning Position: Length: Field 100:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center				
Length: Field 99: Beginning Position: Length: Field 100: Beginning Position:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated I with revenue codes other than 0100-0219, revenue center				
Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center				
Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNT	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric				
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Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Par algorithm. Sum of charges associated	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric thology Charge Amount. Calculated using MEDPAR				
Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length: Field 101:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Par algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Par algorithm. Sum of charges associated 044X, 047X.	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric ource: Calculated Numeric thology Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center				
Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length: Field 101: Beginning Position:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Pat algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Pat algorithm. Sum of charges associated 044X, 047X.541Data So	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric thology Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric				
Beginning Position: Length: Field 99: Beginning Position: Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	MEDPAR algorithm. Sum of charges revenue center 0293.505Data So12Type:PT_AMOUNTAncillary Service Charge, Physical T algorithm. Sum of charges associated 042X.517Data So12Type:OT_AMOUNTAncillary Service Charge, Occupation algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Par algorithm. Sum of charges associated 043X.529Data So12Type:SPEECH_AMOUNTAncillary Service Charge, Speech Par algorithm. Sum of charges associated 044X, 047X.	s associated with revenue codes other than 0100-0219, ource: Calculated Numeric Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric nal Therapy Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric thology Charge Amount. Calculated using MEDPAR I with revenue codes other than 0100-0219, revenue center ource: Calculated Numeric				

		ges associated with re	evenue codes other than 0100-0219, revenue center		
D	041X, 046X.	Dete German			
Beginning Position: Length:	553 12	Data Source: Type:	Calculated Numeric		
Field 103:	BLOOD AMOUNT	Турс.	Numerie		
		ge for blood provided	during the patient's stay. Calculated using		
			ated with revenue codes other than 0100-0219,		
	revenue center 038X.	8			
Beginning Position:	565	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 104:	BLOOD_ADMIN_AN				
			nd processing related to the patient's stay.		
	-	-	of charges associated with revenue codes other		
Paginning Desitions	than 0100-0219, revent 577	Data Source:	Calculated		
Beginning Position: Length:	12	Type:	Numeric		
Field 105:	OR_AMOUNT	Type.	Numeric		
		ge. Operating Room (Charge amount. Calculated using MEDPAR		
			evenue codes other than 0100-0219, revenue center		
	036X, 071X-072X.	C .			
Beginning Position:	589	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 106:	LITH_AMOUNT				
			e Amount. Calculated using MEDPAR algorithm.		
D			es other than 0100-0219, revenue center 079X.		
Beginning Position: Length:	601 12	Data Source:	Calculated Numeric		
Field 107:	CARD AMOUNT	Туре:	Numeric		
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm.				
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X,				
	073X.				
Beginning Position:	613	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 108:	ANES_AMOUNT				
	-		e Amount. Calculated using MEDPAR algorithm.		
Designing Desitions	-		es other than 0100-0219, revenue center 037X.		
Beginning Position: Length:	625 12	Data Source: Type:	Numeric		
Field 109:	LAB_AMOUNT	Type.	Numeric		
		ge. Laboratory Charg	e Amount. Calculated using MEDPAR algorithm.		
	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-				
	031X, 074X-075X.		,		
Beginning Position:	637	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 110:	RAD_AMOUNT				
	Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm.				
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X,				
D	032X-035X, 040X.	Dete Commen			
Beginning Position:	649 12	Data Source:	Calculated		
Length: Field 111:	MRI_AMOUNT	Туре:	Numeric		
		oe MRI Charge Amo	unt. Calculated using MEDPAR algorithm. Sum o		
			than 0100-0219, revenue center 061X.		
Beginning Position:	661	Data Source:	Calculated		
DSHS/THCIC			DSHS Document # E25-14164		

Length:	12 OB AMOUNT	Туре:	Numeric
Field 112:	OP_AMOUNT	raa Autnotiant Carrie	a Charge Amount Calculated using MEDDAD
			es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	673	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 113:	ER_AMOUNT	1 ypc.	Tumene
rea 115.	Ancillary Service Cha		Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	685	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 114:	AMBULANCE AM		Numerie
Beginning Position:	Ancillary Service Cha	rge, Ambulance Charg	e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. Calculated
Length:	12	Type:	Numeric
Field 115:	PRO_FEE_AMOUN		
Field 115.	Ancillary Service Cha	rge, Professional Fee C	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	709	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 116:	ORGAN AMOUNT		
Beginning Position:	algorithm. Sum of cha 081X, 089X. 721	rges associated with re Data Source:	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated
Length:	12	Туре:	Numeric
Field 117:	MEDPAR algorithm. revenue center 080X,	Sum of charges associa	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
Beginning Position:			
0 0	733	Data Source:	Calculated
Length:	12	Data Source: Type:	Calculated Numeric
	12 CLINIC_AMOUNT	Туре:	
	12 CLINIC_AMOUNT Ancillary Service Cha	Type: rge, Clinic Visit Charg	Numeric
Field 118:	12 CLINIC_AMOUNT Ancillary Service Cha	Type: rge, Clinic Visit Charg	Numeric e Amount. Calculated using MEDPAR algorithm.
Field 118: Beginning Position:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745	Type: rge, Clinic Visit Charg ated with revenue code Data Source:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated
Field 118: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X.
Field 118: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type:	Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric
Field 118: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non-
Field 118: Beginning Position: Length: Field 119:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary charges	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL	Numeric Numeric MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23.
Field 118: Beginning Position: Length: Field 119: Beginning Position:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary charges 757	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source:	Numeric Numeric Me Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23. Claim
Field 118: Beginning Position: <u>Length:</u> Field 119: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodatio covered ancillary char 757 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type:	Numeric Numeric MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23.
Field 118: Beginning Position: <u>Length:</u> Field 119: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary chargon 757 12 TOTAL_NON_COV	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: CHARGES	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23. Claim Numeric
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodatio covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered a	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23. Claim Numeric s, non-covered ancillary charges.
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodatio covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered ac 769	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: 	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. So other than 0100-0219, revenue center 051X. Calculated Numeric A accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric So non-covered ancillary charges. Claim
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodatio covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered ac 769 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type:	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- _CHARGES_23. Claim Numeric s, non-covered ancillary charges.
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered an 769 12 TOTAL_CHARGES	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL	Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric s, non-covered ancillary charges. Claim Numeric
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered ar 769 12 TOTAL_CHARGES Sum of covered and no	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL on-covered ancillary ch	Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric s, non-covered ancillary charges. Claim Numeric harges.
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered ar 769 12 TOTAL_CHARGES Sum of covered and no 781	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL on-covered ancillary ch Data Source:	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric s, non-covered ancillary charges. Claim Numeric harges. Claim
Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered au 769 12 TOTAL_CHARGES Sum of covered and no 781 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL on-covered ancillary ch Data Source: Type:	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric Numeric Numeric harges. Claim Numeric
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered au 769 12 TOTAL_CHARGES Sum of covered and no 781 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL on-covered ancillary ch Data Source:	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric Numeric Numeric harges. Claim Numeric
Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position:	12 CLINIC_AMOUNT Ancillary Service Cha Sum of charges associ 745 12 TOTAL_CHARGES Sum of accommodation covered ancillary char 757 12 TOTAL_NON_COV Sum of non-covered au 769 12 TOTAL_CHARGES Sum of covered and no 781 12	Type: rge, Clinic Visit Charg ated with revenue code Data Source: Type: on charges, non-covered ges. Replaces TOTAL Data Source: Type: _CHARGES ccommodation charges Data Source: Type: _ANCIL on-covered ancillary ch Data Source: Type:	Numeric Numeric Numeric Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non- CHARGES_23. Claim Numeric Numeric Numeric harges. Claim Numeric

Beginning Position:	Sum of non-covered ancill 793	ary charges. Data Source:	Claim
Length:	12	Type:	Numeric
Field 123:	PHYSICIAN1_INDEX_N	~ _	
			ysician reported as the Operating Physician, if
			it, or Rendering Physician 1, if reported in the 837
			idividual licensed to practice medicine under the
			ractitioner other than a physician who provides a
			the outpatient's surgical or radiological
			ist, chiropractor, dentist, nurse practitioner, nurse
G	midwife or podiatrist, auth	•	v 1
Suppression:			eported for a facility or the number of physicians
a 11 a 1	reported for CCS_PROC_		acility is less than five.
Coding Scheme:	9999999998 Cell size less 99999999999 Temporary lice		r could not be matched
Doginaria Dogition	1 2	cense or license number	
Beginning Position:	805	Data Source:	Assigned
Length:	10	Туре:	Alphanumeric
Field 124:	PHYSICIAN2_INDEX_N		
			ysician reported as the other provider, if reported
			ndering Physician 2, if reported in the 837
			ndividual licensed to practice medicine under the
			ractitioner other than a physician who provides a
	diagnostic or therapeutic p	rocedure related to	o the outpatient's surgical or radiological
	procedure, including a tech	nnician, psycholog	ist, chiropractor, dentist, nurse practitioner, nurse
	midwives or podiatrist, aut	thorized by the fac	ility to treat patients.
Suppression:	Suppressed when the num	ber of physicians r	eported for a facility or the number of physicians
••	represented for CCS_PRO		
Coding Scheme:	9999999998 Cell size less		5
	99999999999999999999999999999999999999	cense or license number	r could not be matched
Beginning Position:	815	Data Source:	Assigned
Length:	10	Туре:	Alphanumeric
Field 125:	INPUT_FORMAT		
	Format in which the outpat	tient data file was	submitted by the facility
Coding Scheme:	0 837 Professional		
	1 837 Institutional		
Beginning Position:	825	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 126:	SOURCE_OF_ADMISSI		
Description:	Code indicating source of t		
Coding Scheme:	1 Non-Healthcare Facilit		inning July 1, 2010)
	2 Clinic or Physician's C		
	4 Transfer from a hospit		nadiate apre facility or excisted living for 1944
	5 Transfer from a skilled 6 Transfer from another	0	mediate care facility or assisted living facility
	8 Court/Law Enforceme	•	
	9 Information not availal		
			tal to another Distinct Unit of the Same Hospital Resulting in
	Separate Claim to the	Payer	
	E Transfer from Ambula		
	F Transfer from a Hospie	ce Facility	
	Invalid	`	
	If Type of Admission=4 (Newbor		
	5 Born inside this hospit 6 Born outside this hosp		
Beginning Position:	826	Data Source:	Claim
Length:	820 1	Type:	Alphanumeric
Field 127:		rype.	Aphanumene
	PAT_STATUS	free op of (1 1'	
Decemination			g date of service for the period of care reported
Description:	01 Discharger 1 to 1		
Description:	01 Discharged to home or se	en-care (routine dischar	50)
Description: DSHS/THCIC	01 Discharged to home or se	— Page 25 —	DSHS Document # E25-14164

Coding Scheme:

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

	in vand		
Beginning Position:	827	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 128:	PROVIDER_NAME		
Description:	Name provided by the	facility.	
Suppression:	Facilities reporting few	ver than 50 events (Pro	vider ID equals '999999') are assigned the name
	'Low Volume Facility'	. If a facility reported	fewer than 5 events for a particular gender,
	including 'unknown', l	Provider Name is blan	κ.
Beginning Position:	829	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 129:	EMERGENCY_DEP	Γ_FLAG	
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Description:	Indic	ator of emergency department visit.	
Coding Scheme:	Y	visit was emergency related	
8	Ν	Visit was not emergency related	
Beginning Position:	802	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric

CLASSIFICATION DATA FILE

Field 1:	RECORD_ID		
Description:			per assigned to identify the record. First available 1
_	quarter 2002. Does NOT m	atch the RECOR	D_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	CCS PRIN DIAG COD		
			sification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis catego		
Beginning Position:	13	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 3:	CCS_OTH_DIAG_CODE		Aphanumerie
rielu J.			sification of OTH_DIAG_CODE_1 into clinically
		· · · · ·	sincation of OTH_DIAG_CODE_1 into chinicany
р · · р · /·	meaningful diagnosis catego		
Beginning Position:	17	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 4:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_2 into clinically
	meaningful diagnosis catego	•	
Beginning Position:	21	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 5:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_3 into clinically
	meaningful diagnosis catego		
Beginning Position:	25	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 6:	CCS_OTH_DIAG_CODE		
I Iciu 0.			sification of OTH_DIAG_CODE_4 into clinically
	meaningful diagnosis catego		sinearion of OTIT_DIAG_CODL_4 into eninearly
Paginning Desition.	29	Data Source:	Assigned
Beginning Position:			Assigned
Length:		Туре:	Alphanumeric
Field 7:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_5 into clinically
	meaningful diagnosis catego		
Beginning Position:	33	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 8:	CCS_OTH_DIAG_CODE		
	Clinical Classifications Soft	tware (CCS) class	sification of OTH_DIAG_CODE_6 into clinically
	meaningful diagnosis catego		
Beginning Position:	37	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 9:	CCS_OTH_DIAG_CODE		1 ···· · ·
			sification of OTH_DIAG_CODE_7 into clinically
	meaningful diagnosis catego		sineation of OTT_DING_CODE_7 into elinically
Roginning Desitions	• • •	Data Source:	Assigned
Beginning Position:	41		6
Length:		Type:	Alphanumeric
Field 10:	CCS_OTH_DIAG_CODE		
		· · ·	sification of OTH_DIAG_CODE_8 into clinically
	meaningful diagnosis catego		
Beginning Position:	45	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 11:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_9 into clinically
	meaningful diagnosis catego		/
		5	
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Beginning Position: Length:	49 4	Data Source: Type:	Assigned Alphanumeric
Field 12:	CCS_OTH_DIAG_CODE		Alphanumene
			sification of OTH_DIAG_CODE_10 into clinically
	meaningful diagnosis catego		sineation of OTH_DING_CODE_To into eninearly
Beginning Position:	53	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 13:	CCS_OTH_DIAG_CODE		Tuphanamerie
riciu 15.			sification of OTH_DIAG_CODE_11 into clinically
	meaningful diagnosis catego		sineation of OTT_DIAO_CODE_11 into eninearly
Beginning Position:	57	Data Source:	Assigned
	4		
Length:		<u>Type:</u>	Alphanumeric
Field 14:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_12 into clinically
	meaningful diagnosis catego		
Beginning Position:	61	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 15:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_13 into clinically
	meaningful diagnosis catego	ory.	
Beginning Position:	65	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 16:	CCS_OTH_DIAG_CODE		*
			sification of OTH_DIAG_CODE_14 into clinically
	meaningful diagnosis catego		
Beginning Position:	69	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 17:	CCS_OTH_DIAG_CODE		Alphanumenc
rieiu 17:			ification of OTH DIAC CODE 15 into aligibally
			sification of OTH_DIAG_CODE_15 into clinically
	meaningful diagnosis catego		
Beginning Position:	73	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 18:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_16 into clinically
	meaningful diagnosis catego	ory.	
Beginning Position:	77	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 19:	CCS OTH DIAG CODE	17	•
	Clinical Classifications Soft	ware (CCS) class	sification of OTH_DIAG_CODE_17 into clinically
	meaningful diagnosis catego	· · · ·	
Beginning Position:	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCS_OTH_DIAG_CODE		/ uphanumene
r ielu 20.			sification of OTH DIAC CODE 19 into aligibul
			sification of OTH_DIAG_CODE_18 into clinically
D	meaningful diagnosis catego		A
Beginning Position:	85	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 21:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_19 into clinically
	meaningful diagnosis catego		
Beginning Position:	89	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 22:	CCS OTH DIAG CODE		•
			sification of OTH_DIAG_CODE_20 into clinically
	meaningful diagnosis catego	· · · ·	
		·- · ·	
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www.dshs.texas.gov		— Page 29 —	

Length: Field 33:	CCS_PROC_CODE_7		Services and Procedures classification of procedure category.
	CCS_PROC_CODE_7	oftware (CCS) for S	Services and Procedures classification of
Length:	-	-,	·
	3	Type:	Alphanumeric
Beginning Position:	128	Data Source:	Assigned
	PROC_CODE_6 into clini		
1 IVIU <i>74</i> .		oftware (CCS) for S	Services and Procedures classification of
Field 32:	CCS_PROC_CODE_6	rype.	/ upnanument
Length:	3	Type:	Alphanumeric
Beginning Position:	125	Data Source:	Assigned
	PROC_CODE_5 into clin		
		oftware (CCS) for S	Services and Procedures classification of
Field 31:	CCS_PROC_CODE_5		
Length:	3	Туре:	Alphanumeric
Beginning Position:	122	Data Source:	Assigned
	PROC_CODE_4 into clin	ically meaningful p	procedure category.
			Services and Procedures classification of
Field 30:	CCS_PROC_CODE_4		
Length:	3	Туре:	Alphanumeric
Beginning Position:	119	Data Source:	Assigned
	PROC_CODE_3 into clina		
		oftware (CCS) for S	Services and Procedures classification of
Field 29:	CCS_PROC_CODE_3	• •	•
Length:	3	Туре:	Alphanumeric
Beginning Position:	116	Data Source:	Assigned
	PROC_CODE_2 into clin	ically meaningful p	procedure category.
			Services and Procedures classification of
Field 28:	CCS_PROC_CODE_2		
Length:	3	Туре:	Alphanumeric
Beginning Position:	113	Data Source:	Assigned
	PROC_CODE_1 into clin		
			Services and Procedures classification of
r ielu 21:		ftwara (CCC) for	Sorvices and Proceedures classification of
Field 27:	CCS_PROC_CODE_1	rype.	Aiphanument
Length:	4	Type:	Alphanumeric
Beginning Position:	109	Data Source:	Assigned
	meaningful diagnosis cate		
			sification of OTH_DIAG_CODE_24 into clinically
Field 26:	CCS OTH DIAG COD		
Length:	4	Туре:	Alphanumeric
Beginning Position:	105	Data Source:	Assigned
	meaningful diagnosis cate	gory.	•
	Clinical Classifications Sc	oftware (CCS) class	sification of OTH_DIAG_CODE_23 into clinically
Field 25:	CCS_OTH_DIAG_COD		
Length:	4	Туре:	Alphanumeric
Beginning Position:	101	Data Source:	Assigned
	meaningful diagnosis cate	gory.	
	Clinical Classifications Sc	oftware (CCS) class	sification of OTH_DIAG_CODE_22 into clinically
Field 24:	CCS_OTH_DIAG_COD		
Length:	4	Type:	Alphanumeric
Beginning Position:	97	Data Source:	Assigned
	meaningful diagnosis cate	gory.	
			sification of OTH_DIAG_CODE_21 into clinically
Field 23:	CCS_OTH_DIAG_COD		
Length:	4	Type:	Alphanumeric
Beginning Position:	93	Data Source:	Assigned

	PROC_CODE_8 into clinic		
Beginning Position: Length:	134 3	Data Source:	Assigned Alphanumeric
Field 35:	CCS_PROC_CODE_9	Туре:	Alphanumenc
r iciu 35.		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_9 into clinic	· · ·	
Beginning Position:	137	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 36:	CCS_PROC_CODE_10		
			Services and Procedures classification of
Desimulus Desitions	PROC_CODE_10 into clin		
Beginning Position: Length:	140 3	Data Source: Type:	Assigned Alphanumeric
Field 37:	CCS_PROC_CODE_11	Type.	Alphanumenc
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_11 into clin		
Beginning Position:	143	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		
			Services and Procedures classification of
	PROC_CODE_12 into clin		
Beginning Position:	146	Data Source:	Assigned
Length: Field 39:	3 CCS_PROC_CODE_13	Туре:	Alphanumeric
rielu 39:		tware (CCS) for 9	Services and Procedures classification of
	PROC_CODE_13 into clini		
Beginning Position:	149	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 40:	CCS_PROC_CODE_14		
			Services and Procedures classification of
	PROC_CODE_14 into clin		
Beginning Position:	152	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 41:	CCS_PROC_CODE_15	turiana (CCC) fan (Services and Dreasedures classification of
	PROC_CODE_15 into clin	· · ·	Services and Procedures classification of
Beginning Position:	155	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 42:	CCS_PROC_CODE_16	<i>v</i> .	
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_16 into clin		
Beginning Position:	158	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 43:	CCS_PROC_CODE_17		
			Services and Procedures classification of
Doginning Desident	PROC_CODE_17 into clin		
Beginning Position: Length:	161 3	Data Source: Type:	Assigned Alphanumeric
Field 44:	CCS_PROC_CODE_18	Type.	лірнаниністіс
F 1010 77,		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_18 into clini		
		,	
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Beginning Position:	164	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 45:	CCS_PROC_CODE_19				
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC_CODE_19 into clini				
Beginning Position:	167	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 46:	CCS_PROC_CODE_20				
			Services and Procedures classification of		
	PROC_CODE_20 into clini	cally meaningful	procedure category.		
Beginning Position:	170	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 47:	CCS_PROC_CODE_21				
	Clinical Classifications Soft	tware (CCS) for S	Services and Procedures classification of		
	PROC_CODE_21 into clini	cally meaningful	procedure category.		
Beginning Position:	173	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 48:	CCS_PROC_CODE_22	*	·		
	Clinical Classifications Soft	tware (CCS) for S	Services and Procedures classification of		
	PROC_CODE_22 into clini				
Beginning Position:	176	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 49:	CCS_PROC_CODE_23	••			
		Clinical Classifications Software (CCS) for Services and Procedures classification of			
	PROC_CODE_23 into clini				
Beginning Position:	179	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 50:	CCS_PROC_CODE_24				
	Clinical Classifications Soft	tware (CCS) for S	Services and Procedures classification of		
	PROC_CODE_24 into clini	cally meaningful	procedure category.		
Beginning Position:	182	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 51:	CCS_PROC_CODE_25				
	Clinical Classifications Soft	tware (CCS) for S	Services and Procedures classification of		
	PROC_CODE_25 into clini				
Beginning Position:	185	Data Source:	Assigned		
Length:	3	Туре:	Alphanumeric		
Field 52:	EAPG_GRP_VER		•		
		ent Group Version	n Number, as assigned by 3M EAPG Grouper		
Beginning Position:	188	1			
Length:	12	Туре:	Alphanumeric		
Field 53:	APC GRP VER		•		
		ification (APC) V	/ersion Number as assigned by 3M APC Grouper.		
	Not available 4Q09.	(
Beginning Position:	200	Data Source:	Assigned		
Length:	12	Туре:	Alphanumeric		
		-76.			

Field 1:	REC	ORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First avai					
1	1 st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF)					
Beginning Position:	-					
Length:	12	Type:	0	umeric		
Field 2:		ENUE CODE	Aipitan	lumene		
		—	1			
Description:		corresponding to each specific accommo	dation, a	ncillary service or billing calculation		
		d to the services being billed.				
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(to a Member's Home when in a Home Health Shortage Area		
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g Scene of Accident)		
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other		
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general		
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy		
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other		
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general		
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies		
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport		
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile		
	0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen		
	0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance		
	0120 0121	Room charges for semi-private rooms - general Room charges for semi-private rooms - medical/surgical/GYN	0546 0547	Ambulance service - neonatal Ambulance service - pharmacy		
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG		
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other		
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general		
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge		
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge		
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other		
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general		
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge		
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge		
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other		
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general		
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge		
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge		

CHARGES DATA FILE

0135	Room charges for semi-private - 3/4 beds -	0579	Home health aide - other
0136	rooms - hospice Room charges for semi-private - 3/4 beds -	0580	Other visits (home health) - general
0127	rooms - detoxification	0591	
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms -	0600	Oxygen (home health) - general
0143	obstetrics Room charges for private (deluxe) rooms -	0601	Oxygen (home health) - stat/equip/supply or
0144	pediatric Room charges for private (deluxe) rooms -	0602	contents Oxygen (home health) - stat/equip/supply under
0145	psychiatric Room charges for private (deluxe) rooms -	0603	1 liter per minute Oxygen (home health) - stat/equip/supply over 4
0146	hospice Room charges for private (deluxe) rooms -	0604	liters per minute Oxygen (home health) - portable add-in
	detoxification		
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self- administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine
0174	Room charges for nursery - newborn level IV	0642	nursing, central line Home IV therapy services - IV site care, central
0179	Room charges for nursery - other	0643	line Home IV therapy services - IV start/change, peripheral line
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0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-	0645	Home IV therapy services - training
0183	charges billable Room charges for LOA - therapeutic leave	0646	patient/caregiver, central line Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I	0650	Hospice services - general
0192	(skilled care) Room charges for subacute care - Level II	0651	Hospice services - routine home care
0193	(comprehensive care) Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non- respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate	0662	Respite care - hourly
	intensive care unit (ICU)	0.000	charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223 0224	Special charges - UR service charge Special charges - late discharge, medically	0691 0692	Pre-hospice/Palliative Care Services – visit charge Pre-hospice/Palliative Care Services – hourly
0224	necessary	0072	charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery

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

0	0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home - home
0)305	Laboratory - hematology	0834	equipment Peritoneal dialysis - outpatient or home – maintenance 100%
0)306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0	0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0)309	Laboratory - other	0840	CAPD - outpatient or home - general
0	0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0	0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0	0312	Laboratory pathological - histology	0843	CAPD - outpatient or home - home equipment
0	0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0)319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0	0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0	0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0	0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0	0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0	0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0)329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0	0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0	0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0	0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0)333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0)335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
)339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
)340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
	0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0)342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
)343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
)344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
)349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
)350	CT scan - general	0904	Behavior health treatments/services - activity therapy
)351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
)352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0)359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0	0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0)361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0)362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0)367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0)369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0	0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0	0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

DSHS/THCIC		——————————————————————————————————————		DSHS Document # E25-14164
	0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
		medical screening services		-
	0451	Emergency room - EMTALA emergency	0987	Professional fees - hospital visit
	0450	Emergency room - general	0986	Professional fees - EEG
	0449	Speech-language pathology - other	0985	Professional fees - EKG
	0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
	0443	Speech-language pathology - group rate	0983	Professional fees - clinic
	0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
	0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
	0440	Speech-language pathology - general	0979	Professional fees - speech therapy
	0439	Occupational therapy - other	0978	Professional fees - occupational therapy
	0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
	0433	Occupational therapy - group rate	0976 0077	Professional fees - respiratory therapy
	0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
	0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
	0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
	0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
	0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
	0423	Physical therapy - group rate	0969	Professional fees - other
	0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
	0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
	0420	Physical therapy - general	0962	Professional fees - ophthalmology
	0419	Respiratory services - other	0961	Professional fees - psychiatric
	0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
	0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
	0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
	0409	Other imaging services - other	0951	Other therapeutic services – athletic training
	0404	Other imaging services - PET	0949	Other therapeutic services - other
	0403	Other imaging services - screening mammography Other imaging services	0948	Other therapeutic services – pulmonary rehabilitation
	0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
	0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
	0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
	0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
	0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
	0391	storage and processing - general Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
	0390	Blood and blood component administration,	0941	Other therapeutic services - recreational therapy
	0389	Blood - other	0940	Other therapeutic services - general
	0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
	0386	Blood - other components	0931	Medical rehabilitation day program - half day
	0385	Blood - leukocytes	0929	Other diagnostic services - other
	0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
	0383	Blood - plasma	0924	Other diagnostic services - allergy test
	0382	Blood - whole blood	0923	Other diagnostic services - pap smear
	0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
	0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
				6
	0374 0379	Anesthesia - acupuncture Anesthesia - other	0919 0920	Behavior health treatment/services - other Other diagnostic services - general
	0274	services	0010	

DSHS/THCIC www.dshs.texas.gov/	THCIC	——————————————————————————————————————		DSHS Document # E25-14164 Last Updated: August, 2022
Length:	5	Туре:	Alphan	umeric
Beginning Position:	HCPC 19	S codes. Data Source:	Claim	
Coding Scheme:	See ht	modations. tps://www.cms.gov/medicare/coding/h	cpcsreleas	ecodesets for complete list of Level II
Description:		Common Procedure Coding System (HCPCS) c	ode applicable to ancillary services or
Field 4		CS_PROCEDURE_CODE		
Length:	2	Туре:	Alphan	umeric
Beginning Position:	HCPC 17	S_PROCEDURE_CODE. Data Source:	Claim	
Description:		identifying the type/source of the descr	intive num	ber used in
Field 3:		CS_QUALIFIER	ipitui	
ength:	4	Type:	Alphan	umeric
Beginning Position:	13	Data Source:	Claim	
	0526	Residential Facility Freestanding Clinic - urgent care		
	0525	Stay at SNF Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covera Part A Stay) or NF or ICF MR or Other	ed	
	0523	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
	0523	RHC/FQHC Practitioner Freestanding Clinic - family practice	3105	Adult foster care - daily
	0522	RHC/FQHC Freestanding Clinic - Home Visit by	3104	Adult day care, social - daily
	0520	Freestanding Clinic - Clinic Visit by Member		Adult day care, medical and social - daily
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0510	Clinic - family practice	2100	Alternative therapy services - other
	0515	Clinic - urgent care	2105	Alternative therapy services - biolecuback
	0514	Clinic - pediatric	2104	Alternative therapy services - biofeedback
	0513	Clinic - OB/GYN	2103	Alternative therapy services - reflexology
	0512	Clinic - psychiatric	2102	Alternative therapy services - acupressure
	0511	Clinic - dental	2101 2102	Alternative therapy services - acupuncture Alternative therapy services - acupressure
	0510	Clinic - chronic pain	2100	1. 0
	0509	Clinic - general	2100	Alternative therapy services - general
	0509	Outpatient services - other	1005	house Behavior health accommodations - group home
	0500	Outpatient services - general	1004	living Behavior health accommodations - halfway
	0490	Ambulatory surgical care - other	1002	treatment - chemical dependency Behavior health accommodations - supervised
	0489	Ambulatory surgical care - general	1001	treatment - psychiatric Behavior health accommodations - residential
	0483 0489	Cardiology - echocardiology Cardiology - other	1000 1001	Behavior health accommodations - general Behavior health accommodations - residential
	0482	Cardiology - stress test	0999	Patient convenience items - other
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
	0480	Cardiology - general	0997	Patient convenience items - admission kits
	0479	Audiology - other	0996	rentals Patient convenience items - late discharge charge
	0472	Audiology - treatment	0995	Patient convenience items - nonpatient room
	0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
	0470	Audiology - general	0993	Patient convenience items - telephone/telegrap
	0469	Pulmonary function - other	0992	Patient convenience items - private linen service
	0460	Pulmonary function - general	0991	Patient convenience items - general Patient convenience items - cafeteria/guest tray
	0459	Emergency room - other	0990	

Field 5:	MODIFIER_1							
Description:	Iden	tifies special circumstances related to the po	erform	ance of the service				
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life				
	23	Unusual Anesthesia	Р5	A moribund patient who is not expected to survive without the operation				
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health	P6	A declared brain-dead patient whose organs are being removed for donor purposes				
	25	Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician	E1	Upper left eyelid				
	26	or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component	E2	Lower left eyelid				
	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid				
	32	Mandated Services	E4	Lower right eyelid				
	33	Preventive Service	F1	Left hand, second digit				
	47	Anesthesia by Surgeon	F2	Left hand, third digit				
	50	Bilateral Procedure	F3	Left hand, fourth digit				
	51	Multiple Procedures	F4	Left hand, fifth digit				
	52	Reduced Services	F5	Right hand, thumb				
	53	Discontinued Procedure	F6	Right hand, second digit				
	54	Surgical Care Only	F7	Right hand, third digit				
	55	Postoperative Management Only	F8	Right hand, fourth digit				
	56	Preoperative Management Only	F9	Right hand, fifth digit				
	57	Decision for Surgery	FA	Left hand, thumb				
	58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care	GG	Performance and payment of a screening mammography and diagnostic mammography or				
	59	Professional During the Postoperative Period Distinct Procedural Service	GH	same patient, same day. Diagnostic mammogram converted from				
	62	Two Surgeons	LC	screening mammogram on same day Left circumflex coronary artery				
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery				
	66	Surgical Team	LM	Left main coronary artery				
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure				
	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM	Ambulance service provided under arrangement by a provider of services				
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services				
	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery				
	78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	RI	Ramus intermedius coronary artery				
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure				
	80	Assistant Surgeon	T1	Left foot, second digit				
	81	Minimum Assistant Surgeon	T2	Left foot, third digit				
	82	Repeat procedure by same physician	T3	Left foot, fourth digit				
				-				
	90 01	Reference (Outside) Laboratory	T4	Left foot, fifth digit				
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe				
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit				
	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit				
	99	Multiple Modifiers	Т8	Right foot, fourth digit				
	1P	Performance Measure Exclusion Modifier due to	T9	Right foot, fifth digit				
		Medical Reasons		e				

	2P Performance Measure Exclusion Mo Patient Reasons	difier due to TA Left foot, great toe
	3P Performance Measure Exclusion Mc	difier due to XE Separate Encounter
	System Reasons 8P Performance Measure Reporting Monoperformed, reason not other than the performed, reason not other than the performed, reason not other than the performance of the pe	
	specified P1 A normal healthy patient	XP Separate Practitioner
	P2 A patient with mild systemic disease	*
	P3 A patient with severe systemic disea	se
Beginning Position:	24 Data S	Source: Claim
Length:	2 Type:	Alphanumeric
Field 6:	MODIFIER_2	
Description:		ted to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1	
Beginning Position:		Source: Claim
Length:	2 Type:	Alphanumeric
Field 7:	MODIFIER_3	
Description:		ted to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1	
Beginning Position:		Source: Claim
Length:	2 Type:	Alphanumeric
Field 8:	MODIFIER_4	
Description:		ted to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1	
Beginning Position:		Source: Claim
Length:	2 Type:	Alphanumeric
Field 9: Description:	UNIT_MEASUREMENT_CODE Code specifying the units in which a	
Coding Scheme:	DA Days	a value is being expressed.
Coung Scheme.	F2 International unit UN Unit	
Beginning Position:		Source: Claim
Length:	2 Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE	• • • • • • • • • • • • • • • • • • •
Description:	Numeric value of quantity	
Beginning Position:	34 Data S	Source: Claim
Length:	7 Type:	Numeric
Field 11:	UNIT_RATE	
Description:	Rate per unit	
Beginning Position:		Source: Claim
Length:	12 Type:	Numeric
Field 12:	CHRGS_LINE_ITEM	
Description:	Total amount of the charge	
Beginning Position:		Source: Assigned
Length:	14 Type:	Numeric
Field 13:	CHRGS_NON_COV	
Description:	Total non-covered amount of the ch	•
Beginning Position:		Source: Assigned
Length:	14 Type:	Numeric
Field 14:	FINAL_EAPG_CATEGORY_CO	
	Enhanced Ambulatory Patient Group Grouper. Not available 4Q09.	p (EAPG) category code, as assigned by 3M [™] EAPG
Beginning Position:	81 Data Se	ource: Assigned
Length:	2 Type:	Alphanumeric
Field 15:	FINAL_EAPG_TYPE_CODE	· · ·

	Not available 4Q09.		
Beginning Position:	83	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 16:	FINAL_EAPG		
	Final Enhanced Ambulator	y Patient Group	(EAPG), as assigned by 3M [™] EAPG Grouper. Not
	available 4Q09.		
Beginning Position:	85	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 17:	APC_PROCEDURE_CO	DE	
	Ambulatory Payment Class	sification (APC)	procedure code as assigned by 3M [™] APC
	Grouper. Not available 4Q0	09.	
Beginning Position:	90	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 18:	APC_PX_STATUS_IND_	CODE	
	Ambulatory Payment Class	sification (APC)	procedure status indicator as assigned by 3M [™]
	APC Grouper. Not availabl	e 4Q09.	
Beginning Position:	95	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 19:	APC_WEIGHT		
	Ambulatory Payment Class	sification (APC)	weighting as assigned by 3M [™] APC Grouper. Not
	available 4Q09.		
Beginning Position:	97	Data Source:	Assigned
Length:	9	Туре:	Alphanumeric

Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M[™] EAPG Grouper. Not available 4Q09.

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID		
Description:	Provider ID. Unique identi	fier assigned to the	provider by DSHS
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	FAC_TYPE	rype.	7 liphandherie
Description:	Types of healthcare facilitie	ec	
Beginning Position:	7	Data Source:	Provider
Length:	4	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IND	Type.	7 Aphanamerie
Description:	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching I X Other teaching facility		
Beginning Position:	11	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 4:	FAC_PSYCH_IND		•
Description:	Psychiatric facility indicate	or.	
Beginning Position:	12	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC REHAB IND	* *	· ·
Description:	Rehabilitation facility indic	cator.	
Beginning Position:	13	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_IN	~ 1	
Description:	Acute care facility indicato		
Beginning Position:	14	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 7:	FAC_SNF_IND	-)por	
Description:	Skilled nursing facility indi	icator	
Beginning Position:	15	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_AC		
Description:	Long term acute care facili		
Beginning Position:	16	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 9:	FAC_OTHER_LTC_IND		F
Description:	Other long term care facilit		
Beginning Position:	17	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND	- J P ***	
Description:	Pediatric facility Indicator.		
Coding Scheme:			and Related Institutions (NACHRI)
Beginning Position:	18	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 11:	FAC_CARDIOVASCUL		
Description:	Cardiovascular facility indi	icator.	
Beginning Position:	19	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC_	IND	
Description:	Chiropractic care facility ir	ndicator.	
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Beginning Position:	20	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 13:	FAC_ENDOSCOPY_INE)	
Description:	Endoscopy facility indicato		
Beginning Position:	21	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 14:	FAC_FOOT_IND		
Description:	Foot care facility indicator.		
Beginning Position:	22	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 15:	FAC_GASTROENTERO	LOGY_IND	
Description:	Gastroenterology facility in	ndicator.	
Beginning Position:	23	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 16:	FAC_GENERAL_IND		
Description:	General care facility indicate	tor.	
Beginning Position:	24	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 17:	FAC_NEUROLOGICAL		
Description:	Neurological care facility in		
Beginning Position:	25	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetrics and gynecology	facility indicator.	
Beginning Position:	26	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY_	IND	
Description:	Opthamology facility indicate	ator.	
Beginning Position:	27	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility ind	licator.	
Beginning Position:	28	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_IN		
Description:	Orthopedic care facility ind	licator.	
Beginning Position:	29	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 22:	FAC_OTOLARYNGOLO		
Description:	Otolaryngology facility ind		
Beginning Position:	30	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 23:	FAC_PAIN_MNGMT_I		
Description:	Pain management facility in		
Beginning Position:	31	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 24:	FAC_PLASTIC_IND		
Description:	Plastic surgery facility indi		
Beginning Position:	32	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 25:	FAC_THORACIC_IND		
Description:	Thoracic care facility Indic		
Beginning Position:	33	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 26:	FAC_UROLOGY_IND		
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••••••••••••••••••••••••••••••••••••••			Lasi Opuateu. August, 2022

Description:	Urology care facility	indicator.	
Beginning Position:	34	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 27:	FAC_OTHER_IND		*
Description:	Other facility indicat		
Beginning Position:	35	Data Source:	Provider
8 8	1		Alphanumeric
Length:		Type:	*
Field 28:		Y_DEPARTMENT_IN	
Description:		Hospitals and FEMCFs, Facility Type Data File.	including Hospital-owned FEMCFs, starting with
	Note:		
	The FEMCFs names	are available at https://d	shs.texas.gov/thcic/ (downloadable Excel sheet
			lity Reporting Requirement". The provider names
			current than the ones in the provider file dataset.
			arter 2020, the facility indicator has incomplete
	data due to implement		arter 2020, the facility indicator has incomplete
Beginning Position:	36	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 29:	FAC_ONCOLOGY		
Description:	Oncology facility in		
Beginning Position:	37	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 30:	PROVIDER_NAM	E	
Description:	Hospital name provid	ded by the hospital.	
Beginning Position:	38	Data Source:	Provider
Length:	55	Type: Alphanu	meric
Field 31:	POA_PROVIDER_		
			red to submit Diagnosis Present on Admission
			e following facility types as exempt from
			cess Hospitals, Inpatient Rehabilitation Hospitals,
			tals, Children's or Pediatric Hospitals and Long
			tais, Children's of Fediatric Hospitals and Long
C. P. G.L.	Term Care Hospitals M Mixed (Facility h		pted from reporting POA for those patients)
Coding Scheme:	R Required	as sections that would be exen	ipied from reporting FOA for those patients)
	X Exempt		
	` Invalid		
Beginning Position:	93	Data Source:	Assigned
Length:	95		
	1	Type:	Alphanumeric
	1	Туре:	Alphanumeric
Field 31:	1 CERT_STATUS		•
	1 CERT_STATUS Assignment of a code	e to indicate the certifica	Alphanumeric tion of data and submission of comments by the
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab	e to indicate the certifica le 3 rd quarter 1999.	•
	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with	e to indicate the certifica le 3 rd quarter 1999. out comment	•
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with	e to indicate the certifica le 3 rd quarter 1999. out comment	tion of data and submission of comments by the
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with	e to indicate the certifica le 3 rd quarter 1999. out comment comment comment, comment not receiv	tion of data and submission of comments by the
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with 3 Certified, with 4 Facility elected	e to indicate the certifica le 3 rd quarter 1999. out comment comment comment, comment not receiv	tion of data and submission of comments by the
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with 3 Certified, with 4 Facility elected 5 Facility closed 6 Facility out of	e to indicate the certifica le 3 rd quarter 1999. out comment comment comment, comment not receiv l not to certify ; data not certified compliance, did not certify dat	tion of data and submission of comments by the red by deadline
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with 3 Certified, with 4 Facility elected 5 Facility closed 6 Facility out of	e to indicate the certifica le 3 rd quarter 1999. out comment comment, comment not receiv 1 not to certify ; data not certified compliance, did not certify dat ied. Facility affected by natura	tion of data and submission of comments by the
Field 31:	1 CERT_STATUS Assignment of a code facility. First availab 1 Certified, with 2 Certified, with 3 Certified, with 4 Facility elected 5 Facility closed 6 Facility out of	e to indicate the certifica le 3 rd quarter 1999. out comment comment comment, comment not receiv l not to certify ; data not certified compliance, did not certify dat	tion of data and submission of comments by the red by deadline



Texas Department of State Health Services

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

Public Use Data File

DATA FIELDS

BASE DATA FILE

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

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

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

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

CLASSIFICATION DATA FILE

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

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

CHARGES DATA FILE

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

FACILITY TYPE DATA FILE

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB_GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND ¹	87	1	Alphanumeric
29	FAC_ONCOLOGY_IND ¹	88	1	Alphanumeric
30	POA_PROVIDER_INDICATOR	89	1	Alphanumeric
31	CERT_STATUS	90	1	Alphanumeric
	Record_Length		90	

¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File **DSHS/THCIC Page 52**