

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS OUTPATIENT PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2022

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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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 2022 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

First quarter, 1393* hospitals:

Classification Data	4,999,588 records	51 variables	Fixed field format	491 MB	Tab-delimited	492 MB
Charges Data	35,815,420 records	13 variables	Fixed field format	2,799 MB	Tab-delimited	1,831 MB
Facility Type Data	1,393 records	34 variables	Fixed field format	129 MB	Tab-delimited	110 KB
Base Data	4,999,588 records	129 variables	Fixed field format	4,217 KB	Tab-delimited	1,931 MB
Grouper Data	35,815,420 records	18 variables	Fixed field format	3,926 MB	Tab-delimited	3,795 MB

Second quarter, 1385* facilities:

Classification Data	5,215,940 records	51 variables	Fixed field format	1,184 MB	Tab-delimited	510 MB
Charges Data	37,919,421 records	13 variables	Fixed field format	2,929 MB	Tab-delimited	1,901 MB
Base Data	5,215,940 records	129 variables	Fixed field format	4,402 MB	Tab-delimited	2,021 MB
Grouper Data	37,919,421 records	18 variables	Fixed field format	4,402 MB	Tab-delimited	2,021 MB
Facility Type Data	1,385 records	32 variables	Fixed field format	129 KB	Tab-delimited	109 KB

Third quarter, 1392* facilities:

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	Classification Data	5,399,886 records	51 variables	Fixed field format	1,226 MB	Tab-delimited	527 MB
	Charges Data	39,078,155 records	13 variables	Fixed field format	3,019 MB	Tab-delimited	1,961 MB
	Grouper Data	39,078,155 records	18 variables	Fixed field format	4,249 MB	Tab-delimited	4,075 MB
	Facility Type Data	1,392 records	32 variables	Fixed field format	129 KB	Tab-delimited	110 KB
	Base Data	5,399,886 records	129 variables	Fixed field format	4,558 MB	Tab-delimited	2,091 MB

Fourth quarter, 1399* facilities:

Classification Data	5,655,841 records	51 variables	Fixed field format	1,289 MB	Tab-delimited	553 MB
Charges Data	40,051,731 records	13 variables	Fixed field format	3,132 MB	Tab-delimited	2,049 MB
Grouper Data	40,051,731 records	18 variables	Fixed field format	4,393 MB	Tab-delimited	4,217 MB
Facility Type Data	1,399 records	32 variables	Fixed field format	131 KB	Tab-delimited	111 KB
Base Data	5,655,841 records	129 variables	Fixed field format	4,779 MB	Tab-delimited	2,190 MB

^{*} Final number of reporting hospitals, calculated as the result of the original number of reporting hospitals minus the number of hospital(s) with ALL claims submitted wrong due to wrong type of bill.

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

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

DATA DICTIONARY

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

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

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

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

CITATION

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

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

REVISION

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

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

Last Updated: August, 2023

DATA DICTIONARY

DSHS/THCIC

www.dshs.texas.gov/THCIC

BASE DATA FILE

	GEDLIKGE OVI DEED							
Field 1:	SERVICE_QUARTER Overtor during which corride accurred. Veer and quarter of corride annuals.							
Description:		Quarter during which service occurred. Year and quarter of service. yyyyQn.						
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year							
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year							
		3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year						
			December of that corresp	onding year				
Beginning Position:	1	Data Source:	Assigned					
Length:	6	Type:	Alphanumeric					
Field 2:	RECORD_ID							
Description:			er assigned to identify the r					
	1		ORD_ID in THCIC Research	ch Data Files (RDF's).				
Beginning Position:	7	Data Source:	Assigned					
Length:	12	Type:	Alphanumeric					
Field 3:	THCIC_ID							
Description:	Provider ID. Unique ident							
Suppression:			been aggregated into the I					
		nan 5 events for a pa	articular gender, including	'unknown', Provider				
	ID is '999998'.							
Beginning Position:	19	Data Source:	Assigned					
Length:	6	Type:	Alphanumeric					
Field 4:	SPEC_UNIT_1							
Description:			y occurred based on numb	er of days by Type of				
	Bill or Revenue Code. In	order by number of	days in the unit.					
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit				
	D	Detoxification Unit	Y	Psychiatric Unit				
	I H	Intensive Care Unit Hospice Unit	R U	Rehabilitation Unit Sub-acute Care Unit				
	N	Nursery	S	Skilled Nursing Unit				
	В	Obstetric Unit	Blank	Acute Care				
	O	Oncology Unit						
Beginning Position:	25	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 5:	SPEC_UNIT_2							
Description:		nd most days during	stay occurred based on nur	nber of days by Type				
	of Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
Beginning Position:	26	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 6:	SPEC_UNIT_3							
Description:		d most days during	stay occurred based on nur	nber of days by Type of				
	Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
Beginning Position:	27	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 7:	SPEC_UNIT_4							
Description:	Specialty Unit in which 4 ^t	h most days during	stay occurred based on nun	nber of days by Type of				
	Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
Beginning Position:	28	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 8:	SPEC_UNIT_5							

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Specialty Unit in which 5th most days during stay occurred based on number of days by Type of **Description:** Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. **Beginning Position:** 29 **Data Source:** Calculated Length: Alphanumeric Type: SEX CODE Field 9: **Description:** Gender of the patient as recorded at date of start of care. Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If **Suppression:** ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients. Male M **Coding Scheme:** F Female U Unknown Invalid **Beginning Position:** 30 **Data Source:** Claim Length: Type: Alphanumeric Field 10: PAT_COUNTY **Description:** FIPS code of patient's county. 001 Donley 257 385 Anderson 129 Kaufman Real **Coding scheme:** 003 Andrews 131 Duval 259 Kendall 387 Red River Eastland 261 005 Angelina 133 Kenedy 389 Reeves 007 135 Ector 263 391 Refugio Aransas Kent 009 Edwards 393 Archer 137 265 Kerr Roberts 011 139 Ellis 267 Kimble 395 Robertson Armstrong 013 Atascosa 141 El Paso 269 King Rockwall 271 399 015 Austin 143 Erath Kinney Runnels 273 401 017 Bailey 145 Falls Kleberg Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine 021 149 Fayette 283 La Salle 405 San Augustine Bastrop 023 277 407 San Jacinto Baylor 151 Fisher Lamar 025 Bee 153 Floyd 279 Lamb 409 San Patricio 027 Bell 155 Foard 281 Lampasas 411 San Saba 029 157 Fort Bend 285 413 Schleicher Bexar Lavaca 031 287 Blanco 159 Franklin Lee 415 Scurry 033 Borden 161 Freestone 2.89 Leon 417 Shackelford Frio 035 Bosque 163 291 Liberty 419 Shelby 037 165 Gaines 293 Limestone 421 **Bowie** Sherman 039 Brazoria 167 Galveston 295 Lipscomb 423 Smith 041 169 297 Live Oak 425 Somervell Brazos Garza 043 Brewster 171 Gillespie 299 Llano 427 Starr 045 301 Stephens Briscoe 173 Glasscock Loving 429 047 **Brooks** 175 Goliad 303 Lubbock 431 Sterling 049 177 305 Lynn 433 Stonewall Brown Gonzales 051 Burleson 179 Grav 307 McCulloch 435 Sutton 053 181 Grayson 309 McLennan 437 Swisher Burnet 055 Caldwell 183 Gregg 311 McMullen 439 Tarrant 057 185 Calhoun Grimes 313 Madison 441 Taylor 059 Callahan 187 Guadalupe 315 Marion 443 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 063 191 Hall 319 Mason 447 Throckmorton Camp 065 Carson 193 Hamilton 321 Matagorda 449 Titus Tom Green 067 195 Hansford 323 Maverick 451 Cass 325 069 Castro 197 Hardeman Medina 453 Travis 071 Chambers 199 327 Menard 455 Hardin Trinity 073 Cherokee 201 Harris 329 Midland 457 Tyler Upshur 075 Childress 203 Harrison 331 Milam 459 077 Clay 205 Hartley 333 Mills 461 Upton Haskell Mitchell 079 Cochran 207 335 463 Uvalde 081 Coke 209 337 Montague 465 Val Verde Havs Hemphill Van Zandt 083 Coleman 211 339 Montgomery 467 085 Collin 213 Henderson 341 Moore 469 Victoria 087 Collingsworth 215 Hidalgo 343 Morris 471 Walker 089 Waller Colorado 345 Motley 473 217 Hill 091 Comal 219 Hockley 347 Nacogdoches 475 Ward 093 Comanche 221 Hood 349 Navarro 477 Washington 095 Concho 223 Hopkins 351 Newton 479 Webb 353 Nolan 481 Wharton Cooke Houston DSHS/THCIC **DSHS Document** # E25-14164 Page 10

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		Coryell	227	Howard	355	Nueces	483	Wheeler
		Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
		Crane Crookett	231 233	Hunt Hutchinson	359 361	Oldham	487 489	William
		Crockett Crosby	235	Irion	361 363	Orange Palo Pinto	491	Willacy Williamson
		Culberson	237	Jack	365	Panola	493	Wilson
		Dallam	239	Jackson	367	Parker	495	Winkler
	113 E	Dallas	241	Jasper	369	Parmer	497	Wise
		Dawson	243	Jeff Davis	371	Pecos	499	Wood
		Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
		Delta Denton	247 249	Jim Hogg Jim Wells	375 377	Potter Presidio	503 505	Young Zapata
		Dewitt	251	Johnson	379	Rains	507	Zavala
		Dickens	253	Jones	381	Randall		
	127 E	Dimmit	255	Karnes	383	Reagan	`	Invalid
Beginning Position:	31			Data Source:	Assign	ed; based on pa	tient ZIP	code
Length:	3			Type:		umeric		
Field 11:	PAT_ST	ATE		- J pot	11191141			
			م جانت	ddmagg in Towas		tianana atataa (Ston dond	2 ahamaatan
Description:		-	_	ddress in Texas	and con	liguous states.	Standard	2-character
		ervice abbrevia	ition.					
Coding Scheme:		Arkansas						
		Louisiana						
		New Mexico						
		Oklahoma Texas						
		All other states ar	nd Americ	ean Territories				
		Foreign country	ia i imeri	our remience				
		Foreign country						
Beginning Position:	34	,	Τ	Data Source:	Claim			
Length:	2			Гуре:		numeric		
Field 12:	PAT_ZI	D		урс.	Aipiiai	iumene		
Description:		five-digit ZIP						
Suppression:								ls 'ZZ', ZIP code
	equals '8	8888'. If state	equals	'FC' (foreign c	ountry) Z	IP code is blan	k. If ICD	0-10-CM
				r an HIV diagn				
				r an HIV diagn				
				ode is reported				
				ed for the quarte				
	-	itients reported	-	articular gender		g 'unknown', t	he ZIP C	ode is blank.
Beginning Position:	36		I	Oata Source:				
			_		Claim			
Length:	5			Type:		numeric		
Length: Field 13:	5	OUNTRY		Type:		numeric		
Field 13:	5 PAT_CO		7		Alphai		ational O	rganization for
	5 PAT_CC Country	of patient's res	T sidentia	l address. List r	Alphar maintaine	d by the Interna		
Field 13:	5 PAT_CC Country Standard	of patient's reslization (ISO).	sidentia If ICD-	l address. List r	Alphar naintaine es alcoho	d by the Internal l or drug use or	an HIV	diagnosis
Field 13:	PAT_CC Country Standard (patients	of patient's res lization (ISO). covered by 42	sidentia If ICD-	l address. List r	Alphar naintaine es alcoho	d by the Internal l or drug use or	an HIV	
Field 13: Description:	PAT_CO Country Standard (patients (back que	of patient's resization (ISO). covered by 42 ote).	sidentia If ICD- USC §	l address. List r 10-CM indicate 290dd-2 and 42	Alphar maintaine es alcoho 2 CFR Pa	d by the Internal l or drug use or	an HIV	diagnosis
Field 13: Description: Suppression:	PAT_CO Country Standard (patients (back que Suppress	of patient's resization (ISO). covered by 42 ote).	sidentia If ICD- USC § an 5 pat	l address. List r 10-CM indicate 290dd-2 and 42 ients from one o	Alphar maintaine es alcoho 2 CFR Pa	d by the Internal l or drug use or	an HIV	diagnosis
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Field 13: Description: Suppression: Coding scheme: Beginning Position: Length:	PAT_CO Country of Standard (patients (back que Suppress See www 41	of patient's resilization (ISO). covered by 42 ote). sed if fewer that w.ISO.org for c	sidentia If ICD- USC § an 5 pat omplete I	l address. List r10-CM indicate 290dd-2 and 42 ients from one of e list. Data Source:	Alphar maintaine es alcoho 2 CFR Pa country.	d by the Internal l or drug use or	an HIV	diagnosis
Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14:	PAT_CO Country of Standard (patients (back que Suppress See www 41 2 PUBLIC	of patient's resilization (ISO). covered by 42 ote). sed if fewer that v.ISO.org for c	sidentia If ICD- USC § an 5 pat complete I REGIO	l address. List r. 10-CM indicate 290dd-2 and 42 ients from one ce list. Data Source: Type:	Alphar maintaine es alcoho 2 CFR Pa country.	d by the Internal or drug use or rt 2 rules) the c	an HIV	diagnosis
Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	5 PAT_CC Country of Standard (patients (back que Suppress See www 41 2 PUBLIC Public He	of patient's resilization (ISO). covered by 42 ote). sed if fewer that v.ISO.org for control of the control of	sidentia If ICD- USC § an 5 pat complete I T REGIO	l address. List r. 10-CM indicate 290dd-2 and 42 ients from one ce list. Data Source: Type: N It's address.	Alphar maintaine es alcoho 2 CFR Pa country. Claim Alphar	d by the Internal or drug use or rt 2 rules) the conumeric	an HIV ountry is	diagnosis reported as "'"
Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14:	PAT_CC Country of Standard (patients (back que Suppress See www 41 2 PUBLIC Public He	of patient's resilization (ISO). covered by 42 ote). sed if fewer that v.ISO.org for comstrong, Bailey, I	sidentia If ICD- USC § an 5 pat complete I REGIO of patier Briscoe, (l address. List r. 10-CM indicate 290dd-2 and 42 ients from one ce list. Data Source: Type: N It's address. Carson, Castro, Chil	Alphar maintaine es alcoho 2 CFR Pa country. Claim Alphar	d by the Internal or drug use or rt 2 rules) the conumeric	an HIV ountry is	diagnosis reported as "'" Dallam, Deaf Smith,
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Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	5 PAT_CC Country of Standard (patients (back que Suppress See www 41 2 PUBLIC Public He 1 Ari Die La Sh 2 Ari	of patient's resilization (ISO). covered by 42 ote). sed if fewer that v.ISO.org for commenting, Bailey, I ckens, Donley, Elumb, Lipscomb, Lipscomb, Lipscomb, Lipscomb, Swisher, Techer, Baylor, Browner, Browner, Baylor, Browner, Baylor, Browner, B	sidentia If ICD- USC § an 5 pat complete I REGIO of patier Briscoe, Coyd, Garz abbock, I Cerry, Wh wn, Calla	l address. List re- 10-CM indicate 290dd-2 and 42 ients from one de list. Data Source: Type: DN ht's address. Carson, Castro, Chilas, Gray, Hale, Hall Jynn, Moore, Motle eeler, Yoakum cou	Alphar maintaine es alcoho 2 CFR Pa country. Claim Alphar ddress, Cocl, Hansford, y, Ochiltred nties n, Comanch	d by the Internal or drug use or rt 2 rules) the control of the co	n, Crosby, I Hockley, Potter, Ran	Dallam, Deaf Smith, Hutchinson, King, ndall, Roberts, ard, Hardeman,
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Field 13: Description: Suppression: Coding scheme: Beginning Position: Length: Field 14: Description:	5 PAT_CC Country of Standard (patients (back que Suppress See www 41 2 PUBLIC Public He La She 2 Are Ha Sto 3 Co Pir 4 An	of patient's resization (ISO). covered by 42 ote). sed if fewer that of ISO.org for comparison of the ISO.org for constant o	sidentia If ICD- USC § an 5 pat complete I T REGIO of patier Briscoe, (oyd, Gara abbock, L Cerry, Wh wn, Calla b, Kent, K hrockmo s, Dentor vall, Som amp, Cas	l address. List r. 10-CM indicate. 290dd-2 and 42 ients from one of list. Data Source: Type: N at's address. Carson, Castro, Chil. Carson, Mole, Hall Cynn, Moore, Motle eeler, Yoakum cou han, Clay, Coleman nox, Mitchell, Mon rton, Wichita, Wilb n, Ellis, Erath, Fann ervell, Tarrant, Wis	Alphar maintaine es alcoho 2 CFR Pa country. Claim Alphar Idress, Cocl , Hansford, y, Ochiltred nties n, Comanch tague, Nola arger, You in, Graysor se counties Franklin, C	d by the Internal or drug use or rt 2 rules) the contran, Collingsworth Hartley, Hemphill e, Oldham, Parmer, n, Runnels, Scurryng counties h, Hood, Hunt, John Gregg, Harrison, He	n, Crosby, I Hockley, Potter, Rai Fisher, Fo Shacklefo	Dallam, Deaf Smith, Hutchinson, King, ndall, Roberts, ard, Hardeman, rd, Stephens, man, Navarro, Palo Iopkins, Lamar,

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Beginning Position:	5 6 7 8 9 10 11	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties Invalid Data Source: Assigned						
Length:	2		Type:		Alphanu	imeric		
Field 15:		GTH_OF_SERVICE						
Description:		th of service in days eq					ateme	ent Thru Date. The
	minir	mum length of service	is 1day. Th	ie maxi	imum is 3	0 days.		
Beginning Position:	45		Data Sou	ırce:	Calculat	ed		
Length:	2		Type:		Alphanu	ımeric		
Field 16:	PAT	AGE						
Description:	Code	indicating age of patie	ent in days	or vear	s on date	of service.		
Coding Scheme:	00	1-28 days	10	35-39			20	85-89
	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49			HIV a	and drug/alcohol use patients:
	03	5-9	13	50-54			22	0-17
	04	10-14	14	55-59			23	18-44
	05	15-17	15	60-64			24	45-64
	06	18-19	16	65-69			25	65-74 75+
	07 08	20-24 25-29	17 18	70-74 75-79			26	/5+ Invalid
	09	30-34	19	80-84				ilivalid
Beginning Position:	47	30-34	Data Sou		Assigne	d		
Length:	2		Type:	11	Alphanu			
Field 17:		TT.	Type.		Атрпапи	illicite		
	RAC							
Description:		indicating the patient'		c	.1 .			(01)
Suppression:				of one	race that	race is cha	nged	to 'Other' (code equals 5).
Coding Scheme:	1 2	American Indian/Eskimo/A Asian or Pacific Islander	Aleut					
	3	Black						
	4	White						
	5	Other						
	`	Invalid						
Beginning Position:	49		Data Sou	ırce:	Claim			
Length:	1		Type:		Alphanu	ımeric		
Field 18:	ETH	NICITY						
Description:	Code	indicating the Hispani	c origin of	the par	tient.			
Suppression:	If a fa	acility has fewer than to	en patients	of one	race the	ethnicity of	patie	nts of that race is
	suppi	ressed (code is blank).						
Coding Scheme:	1	Hispanic Origin						
G	2	Not of Hispanic Origin						
.	~ 0	Invalid	. . ~		G1 :			
Beginning Position:	50		Data Sou	ırce:	Claim			
Length:	1		Type:		Alphanu	meric		
Field 19:	FIRS	ST_PAYMENT_SRC						
Description:	Code	indicating the expecte	d primary	source	of payme	nt.		
Coding Scheme:	09	Self Pay (Removed from 5	i010 format, ι	ıse "ZZ"	HM	Health Mai	ntenanc	ce Organization
<u> </u>	10	beginning 2Q2012 data)				T 1 1 111		
	10	Central Certification			LI	Liability		
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	11 Other Non-federal Programs		•	Medical
	12 Preferred Provider Organization	n (PPO)	MA Medicar	
	13 Point of Service (POS)14 Exclusive Provider Organizatio	n (EDO)	MB Medicar MC Medicai	
	15 Indemnity Insurance	ni (Ei O)	TV Title V	u
	16 Health Maintenance Organizati Medicare Risk	ion (HMO)		ederal Program
	AM Automobile Medical		VA Veteran	Administration Plan
	BL Blue Cross/Blue Shield		WC Workers	Compensation Health Claim
	CH CHAMPUS			Indigent or Unknown
	CI Commercial Insurance DS Disability Insurance		` Invalid	
Doniumiu a Donitiou.	ř	ata Source:	Claim	
Beginning Position:			Claim	
Length: Field 20:	· · ·	ype:	Alphanumeric	
	SECONDARY_PAYMENT_S			
Description:	Code indicating the expected se		ce of payment.	
Coding Scheme:	Same as field FIRST_PAYMEN		GI. I	
Beginning Position:		ata Source:	Claim	
Length:		ype:	Alphanumeric	
Field 21:	TYPE_OF_BILL			
Description:	Provides specific information at			
	Second digit = type of care. Thi			
Coding Scheme:	1st digit–Type of Facility	2 nd digit-Type of		3 rd digit–Sequence of claim
	1 Hospital		, including Medicare	0 Non-payment/Zero claim
	2 Skilled nursing	Part A 2 Inpatient.	, Medicare Part B only	1 Admit through discharge claim
	3 Home health	3 Outpatier	•	2 Interim–first claim
	4 Religious non-medical health		nt Other, Medicare	3 Interim—continuing claim
	care-Hospital	Part B on		č
	5 Religious non-medical health	5 Intermed	iate Care–Level I	4 Interim—last claim
	care–Extended care	C I	into Como I accol II	5 I
	6 Intermediate care7 Clinic		iate Care–Level II	5 Late charge(s) only claim6 Adjustment of prior claim (Not
	/ Chine	/ Sub-acut	e inpatient – Level III	used by Medicare)
	8 Special facility	8 Swing be	d	7 Replacement of prior claim
	_	_		8 Void/cancel of prior claim
Beginning Position:		ata Source:	Claim	
Length:		ype:	Alphanumeric	
Field 22:	CONDITION_CODE_1			
	Code describing a condition rela	ating to the cl		
Coding Scheme:	01 Military service related			n/Inductions 39 weeks or greater
	O2 Condition is employment relate		D-1 1	for Acute Kidney Injury (AKI) Recertification of Hospice Terminal
	O3 Patient covered by insurance no	ot reflected here	85 Illness	Receitment of Hospice Terminal
	04 Information only bill.			nal Hemodialysis Treatment with Justification
	05 Lien has been filed			RE external partnership program
	06 ESRD patient in first 18 months covered by EGHP	s of entitlement	A1 EPSDT/	СНАР
	O7 Treatment of non-terminal cond	dition for hospice	A2 Physical	ly handicapped children's program
	patient Repeticiary would not provide	information	·	
	concerning other insurance cov		A3 Special l	Federal Funding
	09 Neither patient or spouse is emp		A4 Family p	blanning
	Patient and/or spouse is employ exists	yed but no EGHP	A5 Disabilit	ty
	Disabled beneficiary but no LG exists	HP coverage	A6 Vaccine	s/Medicare 100% payment
	17 Patient is homeless		A9 Second	opinion surgery
	18 Maiden name retained			n performed due to rape
	19 Child retains mother's name			n performed due to incest
	20 Beneficiary requested billing		AC Abortion	performed due to serious fatal genetic
			defect, d	leformity, or abnormality

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21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient	C6	Admission Preauthorization
43	admission Continuing care not provided within prescribed	C7	Extended Authorization
44	postdischarge window Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D0	Changes to Service Dates Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D3	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home	E0	Changes in Patient Status
55	Health Agency SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
	Terminated Medicare+Choice organization		
58	enrollee	Н3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room

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	67	Beneficiary elects not to use life time reserve	e R1	Request for reopening Reason Code -
		(LTR) days Beneficiary elects to use life time reserve (L	TR)	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 contractual arrangement or law to accept payment by a primary payer as payment	to 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		
Daginning Dagitian.	82 50	C-section/Inductions <39 Weeks-Elective	. Claim	
Beginning Position:	58	Data Source		
Length: Field 23:	2	Type: NDITION_CODE_2	Aipna	numeric
riela 25:		e describing a condition relating to the	alaim	
Coding Scheme:		e as Field CONDITION_CODE_1.	Ciaiii.	
Beginning Position:	60	Data Source	: Claim	
Length:	2	Type:		numeric
Field 24:		NDITION_CODE_3	Tipila	mainer to
		e describing a condition relating to the	claim.	
Coding Scheme:		e as Field CONDITION_CODE_1.		
Beginning Position:	62	Data Source	: Claim	
Length:	2	Type:	Alpha	numeric
Field 25:		NDITION_CODE_4		
		e describing a condition relating to the	claim.	
Coding Scheme:		e as Field CONDITION_CODE_1.	~	
Beginning Position:	64	Data Source		
Length:	2	Type:	Alpha	numeric
Field 26:		NDITION_CODE_5	ala:	
Coding Schomer		e describing a condition relating to the e as Field CONDITION CODE 1.	cialm.	
Coding Scheme: Beginning Position:	Same 66	e as Field CONDITION_CODE_I. Data Source	: Claim	
Length:	2	Type:		numeric
Field 27:		NDITION_CODE_6	Aipiia	numeric
_ ICIC # / +		e describing a condition relating to the	claim	
Coding Scheme:		e as Field CONDITION_CODE_1.	Ciuiii.	
Beginning Position:	68	Data Source	: Claim	
Length:	2	Type:	Alpha	numeric
Field 28:	CON	DITION_CODE_7		
		describing a condition relating to the	claim.	
Coding Scheme:	Same	e as Field CONDITION_CODE_1.		
Beginning Position:	70	Data Source	: Claim	
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Length:	2	Type:	Alphanumeric
Field 29:	CONDITION_CODE_8	-J F ***	p
· ·	Code describing a condition	relating to the c	laim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	72	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 30:	PAT_REASON_FOR_VIS		1 in primition in the state of
Ticlu 50.			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, our and the digits if approache. Beennar is
			longer collecting PAT_REASON_FOR_VISIT in
	Outpatient Professional clai		gor voilevillig 1 1 1 1 _2 1221 25 01 1 _2 0 1 _ 1 15 1 1 11
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CODE		
11014 011		for the principal	diagnosis, including the 4th, 5th, 6th and 7th digits
	if applicable. Decimal is im		
Beginning Position:	81	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 32:	OTH DIAG CODE 1	J 1	<u> </u>
		including the 4t	th, 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	JF	F 10 10 10 10 10 10 10 10 10 10 10 10 10
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		71 · · · ·
Beginning Position:	95	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	OTH_DIAG_CODE_3	J.F.	F 10 10 10 10 10 10 10 10 10 10 10 10 10
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	102	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 35:	OTH_DIAG_CODE_4		*
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	109	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 36:	OTH_DIAG_CODE_5		
			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	116	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 37:	OTH_DIAG_CODE_6		
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH_DIAG_CODE_7		
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	130	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 39:	OTH_DIAG_CODE_8		

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			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	137	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9		
			th, 5th, 6th and 7th digits if applicable. Decimal is
Danimuina Danitiana	implied following the third		Claim
Beginning Position:	144 7	Data Source:	Claim
Length: Field 41:	OTH_DIAG_CODE_10	Type:	Alphanumeric
riciu 41.		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, 5tii, 6tii ana 7tii aigits ii appiicaoic. Decimai is
Beginning Position:	151	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 42:	OTH_DIAG_CODE_11		•
	ICD-10-CM diagnosis code	, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	158	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
			th, 5th, 6th and 7th digits if applicable. Decimal is
D 1 1 D 11	implied following the third		CI :
Beginning Position:	165	Data Source:	Claim
Length:	7 OTH DIAC CODE 12	Type:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13	including the At	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, 5tii, 6tii and 7tii digits ii applicable. Deciliai is
Beginning Position:	172	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14	- J P 0 0	
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	179	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 46:	OTH_DIAG_CODE_15		
			th, 5th, 6th and 7th digits if applicable. Decimal is
D ' ' D ''	implied following the third		
Beginning Position:	186	Data Source:	Claim
Length: Field 47:	OTH DIAG CODE 16	Type:	Alphanumeric
rieiu 47:		including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	193	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17	V I	*
	ICD-10-CM diagnosis code	e, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	200	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
			th, 5th, 6th and 7th digits if applicable. Decimal is
Doginaling De 141	implied following the third		Claim
Beginning Position:	207 7	Data Source:	Claim
Length: Field 50:	OTH_DIAG_CODE_19	Type:	Alphanumeric
i iciu 50.	OTH_DIAU_CODE_19		
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ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 214 **Data Source:** Claim Length: Type: Alphanumeric 7 Field 51: OTH DIAG CODE 20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 52: OTH DIAG CODE 21 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 228 Data Source: Claim Length: Type: Alphanumeric 7 Field 53: OTH DIAG CODE 22 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 235 Claim Length: Type: Alphanumeric OTH_DIAG_CODE 23 Field 54: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 242 **Data Source:** Claim Length: 7 Type: Alphanumeric Field 55: OTH DIAG CODE 24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: 7 Type: Alphanumeric Field 56: RELATED CAUSE CODE 1 Code identifying an accompanying cause of an illness, injury or an accident. Auto accident **Coding Scheme:** AA Abuse AB Another party responsible AP Employment FM OA Other accident **Beginning Position:** 256 **Data Source:** Claim Length: Type: Alphanumeric RELATED CAUSE CODE 2 **Field 57:** Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED CAUSE CODE 1. **Beginning Position:** 258 Data Source: Claim Length: Alphanumeric Type: Field 58: RELATED CAUSE CODE 3 Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED CAUSE CODE 1. **Beginning Position:** 260 **Data Source:** Claim Length: Type: Alphanumeric Field 59: E CODE 1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of morbidity. A decimal is implied following the third character. **Beginning Position: Data Source:** 262 Claim Length: Type: Alphanumeric E CODE 2 Field 60:

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			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	269	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 61:	E_CODE_3		
			th, 5th, 6th and 7th digits if applicable, of an
D 1 1 D 14			mal is implied following the third character.
Beginning Position:	276	Data Source:	Claim
Length:	7 E. CODE 4	Type:	Alphanumeric
Field 62:	E_CODE_4	a including the At	the 5th 6th and 7th digits if applicable of an
			th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character.
Beginning Position:	283	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 63:	E_CODE_5	турс.	Aiphanumene
ricia 05.		e including the 4t	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	290	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 64:	E_CODE_6		
		e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	297	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7		
	ICD-10-CM diagnosis code	e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
	additional external cause of	f morbidity. Decir	mal is implied following the third character.
Beginning Position:	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	311	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 67:	E_CODE_9		
			th, 5th, 6th and 7th digits if applicable, of an
D D			mal is implied following the third character.
Beginning Position:	318	Data Source:	Claim
Length:	E CODE 10	Type:	Alphanumeric
Field 68:	E_CODE_10 ICD_10_CM_diagnosis code	a including the At	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	325	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 69:	PROC_CODE_1	1 y pc.	Tipilanamene
Ticia 07.		ner procedure with	n the highest charge performed during the period
	covered by the bill. HCPCS		in the might strain go performed during the period
Beginning Position:	332	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 70:	PROC_CODE_2	* *	•
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
T1 11 =4			
Field 71:	PROC_CODE_3		
	PROC_CODE_3		DOMO D
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Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 342 **Data Source:** Claim Length: Alphanumeric Type: 5 **Field 72:** PROC CODE 4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** Claim Length: Alphanumeric 5 Type: Field 73: PROC CODE 5 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 352 Data Source: Claim Length: Type: Alphanumeric 5 Field 74: PROC CODE 6 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** 357 Claim Length: Type: Alphanumeric 5 PROC CODE 7 Field 75: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 362 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 76: PROC CODE 8 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** 367 Claim Length: Alphanumeric Type: 5 Field 77: PROC CODE 9 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 372 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 78: PROC CODE 10 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 377 **Data Source:** Claim Length: Type: Alphanumeric Field 79: PROC CODE 11 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 382 **Data Source:** Claim Length: 5 Alphanumeric Type: Field 80: PROC CODE 12 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 387 **Data Source:** Claim Length: Alphanumeric Type: Field 81: PROC CODE 13 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 392 **Data Source:** Claim Length: Alphanumeric Type: Field 82: PROC CODE 14 DSHS/THCIC **DSHS Document** # E25-14164 Page 20

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Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 397 **Data Source:** Claim Length: Alphanumeric Type: 5 Field 83: PROC CODE 15 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** Claim Length: Alphanumeric 5 Type: Field 84: PROC CODE 16 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 407 Data Source: Claim Length: 5 Type: Alphanumeric Field 85: PROC CODE 17 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** 412 Claim Length: Type: Alphanumeric 5 PROC CODE 18 Field 86: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 417 **Data Source:** Claim Length: 5 Type: Alphanumeric **Field 87:** PROC CODE 19 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** 422 Claim Length: Alphanumeric 5 Type: Field 88: PROC CODE 20 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 427 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 89: PROC CODE 21 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 432 **Data Source:** Claim Length: Type: Alphanumeric Field 90: PROC CODE 22 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 437 **Data Source:** Claim Length: 5 Alphanumeric Type: Field 91: PROC CODE 23 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 442 **Data Source:** Claim Length: Alphanumeric 5 Type: Field 92: PROC CODE 24 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 447 **Data Source:** Claim Length: Alphanumeric Type: Field 93: PROC CODE 25 DSHS/THCIC **DSHS Document** # E25-14164 Page 21 www.dshs.texas.gov/THCIC Last Updated: August, 2023

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

			y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
	041X, 046X.		,
Beginning Position:	553	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 103:	BLOOD_AMOUNT		
	Ancillary Service Charge f	or blood provided	during the patient's stay. Calculated using
	revenue center 038X.	of charges associa	ated with revenue codes other than 0100-0219,
Beginning Position:	565	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 104:	BLOOD ADMIN AMO		Trumene
11010 1041			nd processing related to the patient's stay.
			of charges associated with revenue codes other
	than 0100-0219, revenue c		
Beginning Position:	577	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 105:	OR_AMOUNT		
			Charge amount. Calculated using MEDPAR
	· ·	associated with re	evenue codes other than 0100-0219, revenue center
D	036X, 071X-072X.	D-4- C	C.L. Local
Beginning Position:	589 12	Data Source:	Calculated Numeric
Length: Field 106:	LITH_AMOUNT	Type:	Numeric
rieia 100:		Lithotriney Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 079X.
Beginning Position:	601	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 107:	CARD_AMOUNT	J.F	
		Cardiology Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 048X,
	073X.		
Beginning Position:	613	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 108:	ANES_AMOUNT	A .1	A CLILL MEDDAD 1 34
			e Amount. Calculated using MEDPAR algorithm.
Paginning Desitions	625	Data Source:	es other than 0100-0219, revenue center 037X. Calculated
Beginning Position: Length:	12	Type:	Numeric
Field 109:	LAB_AMOUNT	турс.	Numeric
Ticia 1071		Laboratory Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 030X-
	031X, 074X-075X.		,
Beginning Position:	637	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 110:	RAD_AMOUNT		
			Amount. Calculated using MEDPAR algorithm.
	_	with revenue code	es other than 0100-0219, revenue center 028X,
D 1 1 D 11	032X-035X, 040X.	T	
Beginning Position:	649 12	Data Source:	Calculated
Length: Field 111:	MRI_AMOUNT	Туре:	Numeric
riciu 111;		MRI Charge Amo	unt. Calculated using MEDPAR algorithm. Sum of
			than 0100-0219, revenue center 061X.
Beginning Position:	661	Data Source:	Calculated
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Length:	12	Type:	Numeric
Field 112:	OP_AMOUNT		
	algorithm. Sum of charges a 049X-050X.	associated with re	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		
	•	~ .	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_AMOUN		
11000 1111	Ancillary Service Charge, A	Ambulance Charg	ge Amount. Calculated using MEDPAR algorithm.
	_		es other than 0100-0219, revenue center 054X.
Beginning Position:	697	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 115:	PRO_FEE_AMOUNT		
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	709	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 116:	ORGAN AMOUNT	• •	
Beginning Position:			n Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated
Length:	12		Manager and a
		Type:	Numeric
		Type:	Numeric
Field 117:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X	End Stage Renal I of charges associ- -085X, 088X.	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733	End Stage Renal I of charges associated in the contract of the	Dialysis Charge Amount. Calculated using
Field 117:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X	End Stage Renal I of charges associ- -085X, 088X.	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
Field 117: Beginning Position:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733	End Stage Renal I of charges associated -085X, 088X. Data Source:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
Field 117: Beginning Position: Length:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT	End Stage Renal I of charges associated E-085X, 088X. Data Source: Type:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
Field 117: Beginning Position: Length:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C	End Stage Renal I of charges associ -085X, 088X. Data Source: Type:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, Calculated Numeric
Field 117: Beginning Position: Length:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C	End Stage Renal I of charges associ -085X, 088X. Data Source: Type:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm.
Field 117: Beginning Position: Length: Field 118:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of	End Stage Renal I of charges associ- 085X, 088X. Data Source: Type: Clinic Visit Charge with revenue code	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X.
Field 117: Beginning Position: Length: Field 118: Beginning Position:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated v 745	End Stage Renal I of charges associa -085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated
Field 117: Beginning Position: Length: Field 118: Beginning Position: Length:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES	End Stage Renal I of charges associa -085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type:	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated
Field 117: Beginning Position: Length: Field 118: Beginning Position: Length:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges	End Stage Renal I of charges associated to the stage of t	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric d accommodation charges, ancillary charges, non-
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Field 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges and accommodation charges and accommodation charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accommodation charges.	End Stage Renal I of charges associa c-085X, 088X. Data Source: Type: Clinic Visit Charge with revenue code Data Source: Type: arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric dd accommodation charges, ancillary charges, non-CHARGES_23. Claim Numeric s, non-covered ancillary charges.
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Field 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges and ancillary charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accommodation charges are compacted accommodation. F 769 12 TOTAL_CHARGES_ANG	End Stage Renal I of charges associated. C-085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type: Arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge: Data Source: Type: CIL	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge 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 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of the covered ancillary charges. F 745 12 TOTAL_CHARGES Sum of accommodation charges and the covered ancillary charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accom 769 12 TOTAL_CHARGES_ANG Sum of covered and non-covered	End Stage Renal I of charges associa c-085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type: arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge: Data Source: Type: CIL overed ancillary controls Description:	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric dd accommodation charges, ancillary charges, non-CHARGES_23. Claim Numeric st, non-covered ancillary charges. Claim Numeric tharges.
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Field 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges and ancillary charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accommodation of 12 TOTAL_CHARGES_ANG Sum of covered and non-commodation charges. F 769 12 TOTAL_CHARGES_ANG Sum of covered and non-commodation charges. F 769 12	End Stage Renal I of charges associa c-085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type: arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge: Data Source: Type: CIL overed ancillary code Data Source: Type:	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric dd accommodation charges, ancillary charges, non-CHARGES_23. Claim Numeric st, non-covered ancillary charges. Claim Numeric tharges. Claim Numeric
Field 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges and ancillary charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accommodation of 12 TOTAL_CHARGES_ANG Sum of covered and non-commodation charges. F 757	End Stage Renal I of charges associa c-085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type: arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge: Data Source: Type: CIL overed ancillary code Data Source: Type:	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric dd accommodation charges, ancillary charges, non-CHARGES_23. Claim Numeric st, non-covered ancillary charges. Claim Numeric tharges. Claim Numeric
Field 117: Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, E MEDPAR algorithm. Sum of revenue center 080X, 082X 733 12 CLINIC_AMOUNT Ancillary Service Charge, C Sum of charges associated of 745 12 TOTAL_CHARGES Sum of accommodation charges and accommodation charges and ancillary charges. F 757 12 TOTAL_NON_COV_CH. Sum of non-covered accommodation charges are compacted as a covered accommodation charges. F 757 12 TOTAL_NON_COV_CH. Sum of covered accommodation charges. F 757 12 TOTAL_NON_COV_CH. Sum of covered and non-compacted and non-compacted accommodation charges. F 757 12 TOTAL_NON_COV_CH. Sum of covered and non-compacted and non-compacted accommodation charges. F 757 12 TOTAL_CHARGES_ANG Sum of covered and non-compacted accommodation.	End Stage Renal I of charges associa c-085X, 088X. Data Source: Type: Clinic Visit Charg with revenue code Data Source: Type: arges, non-covere Replaces TOTAL Data Source: Type: ARGES modation charge: Data Source: Type: CIL overed ancillary code Data Source: Type:	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated Numeric dd accommodation charges, ancillary charges, non-CHARGES_23. Claim Numeric st, non-covered ancillary charges. Claim Numeric tharges. Claim Numeric

Sum of non-covered ancillary charges. **Beginning Position:** 793 **Data Source:** Claim Length: 12 Numeric Type: **Field 123:** PHYSICIAN1 INDEX NUMBER Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppressed when the number of physicians reported for a facility or the number of physicians **Suppression:** reported for CCS PROC_CODE_1 for the facility is less than five. 999999998 Cell size less than 5 **Coding Scheme:** 999999999 Temporary license or license number could not be matched **Beginning Position:** 805 Data Source: Assigned Length: 10 Alphanumeric Type: **Field 124:** PHYSICIAN2 INDEX NUMBER Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwives or podiatrist, authorized by the facility to treat patients. **Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_1 for a facility is less than five. **Coding Scheme:** 999999998 Cell size less than 5 999999999 Temporary license or license number could not be matched **Beginning Position:** 815 **Data Source:** Assigned Length: 10 Type: Alphanumeric INPUT_FORMAT **Field 125:** Format in which the outpatient data file was submitted by the facility 837 Professional 0 **Coding Scheme:** 1 837 Institutional **Beginning Position:** 825 **Data Source:** Assigned Length: Alphanumeric Type: **Field 126:** SOURCE OF ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 4 Transfer from a hospital Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 5 6 Transfer from another health care facility 8 Court/Law Enforcement Information not available Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a D Separate Claim to the Payer Е Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital **Beginning Position:** 826 **Data Source:** Claim Length: Type: Alphanumeric **Field 127:** PAT STATUS **Description:** Code indicating patient status as of the ending date of service for the period of care reported Discharged to home or self-care (routine discharge) DSHS/THCIC **DSHS Document** # E25-14164

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Coding Scheme:	02 03	Discharged/transferred to a short-term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled
	0.4	care
	04 05	Discharged/transferred to a facility that provides custodial or supportive care 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 43	Expired, place unknown 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 60	Discharged/transferred to Critical Access Hospital (CAH) Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
	69 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
	07	(effective 10-1-2013)
	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient
	89	Readmission (effective 10-1-2013) 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
	91	Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care
	92	Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List
		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	`	Invalid
Beginning Position:	827	Data Source: Claim
Length:	2	Type: Alphanumeric
Field 128:	PRC	OVIDER_NAME
Description:		ne provided by the facility.
Suppression:		lities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name
Suppression.		v Volume Facility'. If a facility reported fewer than 5 events for a particular gender,
D		nding 'unknown', Provider Name is blank.
Beginning Position:	829	Data Source: Provider
Length:	55	Type: Alphanumeric
Field 129:	EMI	ERGENCY_DEPT_FLAG
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Indicator of emergency department visit. Y visit was emergency related **Description:**

Y N **Coding Scheme:** Visit was not emergency related

Beginning Position: 884 Assigned Alphanumeric **Data Source:** Length: Type:

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CLASSIFICATION DATA FILE

T2-13-1.	DECORD ID	ON DATATILE
Field 1:	RECORD_ID	a number assisted to identify the arroad Einst arroll 111 114
Description:	quarter 2002. Does NOT match the R	e number assigned to identify the record. First available 1st ECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 Data Sou	
Length:	12 Type:	Alphanumeric
Field 2:	CCSR_ PRIN_DIAG_CODE	
	Clinical Classifications Software Refin clinically meaningful diagnosis category	ned (CCS) classification of PRIN_DIAG_CODE into ory.
Beginning Position:	13 Data Sor	
Length:	4 Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_CODE_1	
	Clinical Classifications Software Refin clinically meaningful diagnosis category	ned (CCSR) classification of OTH_DIAG_CODE_1 into ory.
Beginning Position:	17 Data Sou	
Length:	Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	
	Clinical Classifications Software Refin	ned (CCSR) classification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis categor	ory.
Beginning Position:	21 Data Sou	urce: Assigned
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	
		ned (CCSR) classification of OTH_DIAG_CODE_3 into
	clinically meaningful diagnosis categor	
Beginning Position:	25 Data Son	ϵ
Length:	4 Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
		ned (CCSR) classification of OTH_DIAG_CODE_4 into
	clinically meaningful diagnosis categor	
Beginning Position:	29 Data Sou	C
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	
		ned (CCSR) classification of OTH_DIAG_CODE_5 into
D 1 1 D 11	clinically meaningful diagnosis catego	
Beginning Position:	Data Sou	\mathcal{E}
Length:	4 Type:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_CODE_6	1 (COCR) 1 ···· C······························
		ned (CCSR) classification of OTH_DIAG_CODE_6 into
Daginning Dagitian.	clinically meaningful diagnosis catego	•
Beginning Position:	37 Data Sou 4 Type:	2
Length: Field 9:	4 Type: CCSR_OTH_DIAG_CODE_7	Alphanumeric
rieiu 9:		ned (CCSR) classification of OTH_DIAG_CODE_7 into
	clinically meaningful diagnosis catego	
Beginning Position:	41 Data So	•
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	Alphanumeric
riciu iv.		ned (CCSR) classification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis catego	
Beginning Position:	45 Data Sou	•
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	1 II primitativ
11010 111		ned (CCSR) classification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis catego	
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Beginning Position:	49	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 12:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_10 into
	clinically meaningful diagn	· .	
Beginning Position:	53	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_11 into
	clinically meaningful diagn	~ .	
Beginning Position:	57	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 14:	CCSR_OTH_DIAG_COL		
	Clinical Classifications Sof	tware Refined (C	CSR) classification of OTH_DIAG_CODE_12 into
	clinically meaningful diagn	osis category.	
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCSR_OTH_DIAG_COD		•
			CSR) classification of OTH_DIAG_CODE_13 into
	clinically meaningful diagn		,
Beginning Position:	65	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_COD		The financial control of the first control of the f
riciu 10.			CSR) classification of OTH_DIAG_CODE_14 into
	clinically meaningful diagn		CSK) classification of OTTI_DIAO_CODE_14 into
Beginning Position:	69	Data Source:	Assigned
Length:	4		Alphanumeric
Field 17:	CCSR_OTH_DIAG_COD	Type:	Aiphandineric
rieiu 17:			CSR) classification of OTH_DIAG_CODE_15 into
	clinically meaningful diagn		CSK) classification of OTH_DIAG_CODE_13 into
Doginaina Dogitions	73	Data Source:	Assigned
Beginning Position:			Alabanymania
Length: Field 18:	4 CCSR_OTH_DIAG_COD	Type:	Alphanumeric
rieiu 10:			CSR) classification of OTH_DIAG_CODE_16 into
	clinically meaningful diagn		CSK) classification of OTTI_DIAG_CODE_10 into
Doginaina Dogitions	77	· .	Assigned
Beginning Position:	4	Data Source:	Assigned Alphanumeric
Length: Field 19:	CCSR_OTH_DIAG_COD	Type:	Alphanumenc
rieiu 19:			CCD) alassification of OTH DIAC CODE 17 into
			CSR) classification of OTH_DIAG_CODE_17 into
D	clinically meaningful diagn	.	A
Beginning Position:	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCSR_OTH_DIAG_COL		CODY 1 10 1 COMMUNIC CODE 101
		,	CSR) classification of OTH_DIAG_CODE_18 into
	clinically meaningful diagn		
Beginning Position:	85	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_19 into
	clinically meaningful diagn		
Beginning Position:	89	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 22:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_20 into
	clinically meaningful diagn	osis category.	
			DOILG D # F05 14164
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Beginning Position:	93	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_COI		
			CSR) classification of OTH_DIAG_CODE_21 into
	clinically meaningful diagn		
Beginning Position:	97	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 24:	CCSR_OTH_DIAG_COI		
			CSR) classification of OTH_DIAG_CODE_22 into
	clinically meaningful diagn	osis category.	
Beginning Position:	101	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 25:	CCSR_OTH_DIAG_COI	DE_23	
	Clinical Classifications Sof	tware Refined (C	CSR) classification of OTH_DIAG_CODE_23 into
	clinically meaningful diagn		, – – –
Beginning Position:	105	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_COI		F ** * * * *
			CSR) classification of OTH_DIAG_CODE_24 into
	clinically meaningful diagn		
Beginning Position:	109	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1	- J P 0 0	
11014 274		tware (CCS) for 9	Services and Procedures classification of
	PROC_CODE_1 into clinic		
Doginaina Dogitions	113	Data Source:	Assigned
Beginning Position:			
Length: Field 28:	3 CCS_PROC_CODE_2	Type:	Alphanumeric
rieiu 28:		tween (CCS) for 9	Services and Procedures classification of
	PROC_CODE_2 into clinic		
Beginning Position:	116	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	(CCC) ()	
			Services and Procedures classification of
D 1 1 D 11	PROC_CODE_3 into clinic		
Beginning Position:	119	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 30:	CCS_PROC_CODE_4	(000) 6	
		, ,	Services and Procedures classification of
5 1 1 5 11	PROC_CODE_4 into clinic		•
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5		
			Services and Procedures classification of
	PROC_CODE_5 into clinic	cally meaningful p	procedure category.
Beginning Position:	125	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 32:	CCS_PROC_CODE_6		
	Clinical Classifications Sof	tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_6 into clinic	ally meaningful j	procedure category.
Beginning Position:	128	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 33:	CCS_PROC_CODE_7		
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_7 into clinic		
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Beginning Position:	131	Data Source:	Assigned
Length: Field 34:	3 CCS PROC CODE 8	Type:	Alphanumeric
Fleid 34:		tween (CCS) for 9	Services and Procedures classification of
	PROC_CODE_8 into clinic		
Beginning Position:	134	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	- JPC-	1 inplication in the second in
2 1014 001		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_9 into clinic		
Beginning Position:	137	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 36:	CCS_PROC_CODE_10		•
	Clinical Classifications Sof	tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_10 into clin	ically meaningful	procedure category.
Beginning Position:	140	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 37:	CCS_PROC_CODE_11		
			Services and Procedures classification of
.	PROC_CODE_11 into clin		
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12	· (GGG) 6 (
			Services and Procedures classification of
Danimuina Danisian.	PROC_CODE_12 into clin	Data Source:	
Beginning Position:	146 3		Assigned Alphanumeric
Length: Field 39:	CCS_PROC_CODE_13	Type:	Aipilanumenc
rieiu 39:		twere (CCS) for 9	Services and Procedures classification of
	PROC_CODE_13 into clin		
Beginning Position:	149	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 40:	CCS_PROC_CODE_14	- Jpc.	1 in presidente
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_14 into clin	, ,	
Beginning Position:	152	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 41:	CCS_PROC_CODE_15	. =	
	Clinical Classifications Sof	tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_15 into clin	ically meaningful	procedure category.
Beginning Position:	155	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 42:	CCS_PROC_CODE_16		
			Services and Procedures classification of
	PROC_CODE_16 into clin		
Beginning Position:	158	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS_PROC_CODE_17	· (000) ()	
		, ,	Services and Procedures classification of
Daginning Dagities	PROC_CODE_17 into clin		
Beginning Position:	161	Data Source:	Alphanumaria
Length: Field 44:	3 CCS_PROC_CODE_18	Type:	Alphanumeric
1 101u 44.		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_18 into clin		
	TAGE_CODE_TO IIIU CIII	icany meaningtui	procedure category.
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Beginning Position:	164	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 45:	CCS_PROC_CODE_19		
			Services and Procedures classification of
	PROC_CODE_19 into clini		
Beginning Position:	167	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 46:	CCS_PROC_CODE_20		
			Services and Procedures classification of
	PROC_CODE_20 into clini		
Beginning Position:	170	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 47:	CCS_PROC_CODE_21		
			Services and Procedures classification of
	PROC_CODE_21 into clini		
Beginning Position:	173	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 48:	CCS_PROC_CODE_22		
			Services and Procedures classification of
	PROC_CODE_22 into clini		
Beginning Position:	176	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 49:	CCS_PROC_CODE_23		
			Services and Procedures classification of
	PROC_CODE_23 into clini		
Beginning Position:	179	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 50:	CCS_PROC_CODE_24		
			Services and Procedures classification of
	PROC_CODE_24 into clini		
Beginning Position:	182	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 51:	CCS_PROC_CODE_25		
			Services and Procedures classification of
	PROC_CODE_25 into clini		
Beginning Position:	185	Data Source:	Assigned
Length:	3	Type:	Alphanumeric

CHARGES DATA FILE

Field 1:	RECO	ORD_ID		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's).			
Doginning Dogitions				
Beginning Position:	1	Data Source:	Assigned	
Length:	12	Type:	Alphan	umeric
Field 2:	REVI	ENUE_CODE		
Description:	Code	corresponding to each specific accommo	dation, a	ncillary service or billing calculation
F		d to the services being billed.	, ,	8
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s to a Member's Home when in a Home Health
	0101	All-inclusive room charges	0528	Shortage Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133 0134	Room charges for semi-private - 3/4 beds - rooms - pediatric Room charges for semi-private - 3/4 beds -	0571 0572	Home health aide - visit charge Home health aide - hourly charge
	0135	rooms - psychiatric Room charges for semi-private - 3/4 beds -	0572	Home health aide - other
	0136	rooms - hospice Room charges for semi-private - 3/4 beds -	0580	Other visits (home health) - general
	0137	rooms - detoxification Room charges for semi-private - 3/4 beds -	0581	Other visits (home health) - visit charge
	0138	rooms - oncology Room charges for semi-private - 3/4 beds -	0582	Other visits (home health) - hourly charge
	0139	rooms - rehabilitation Room charges for semi-private - 3/4 beds -	0583	Other visits (home health) - assessment
	0140	rooms - other Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other

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141 Room charges for private (delaxe) proms - moderal Aurgacial VYN				
on charges for private (deluxe) rooms - pecifiaric learners of the private (deluxe) rooms - pecification learners of the private (deluxe) rooms - detoxification learners of the private learners learners learners learners learners learners learners learners learners lear	0141		0590	Units of service (home health) - general
143 Room charges for private (deluxe) proms - pediatric 145 Room charges for private (deluxe) rooms - psychiatric 145 Room charges for private (deluxe) rooms - hospice 146 Room charges for private (deluxe) rooms - decology 147 Room charges for private (deluxe) rooms - uncology 148 Room charges for private (deluxe) rooms - rehabilitation 149 Room charges for private (deluxe) rooms - rehabilitation 140 Room charges for private (deluxe) rooms - rehabilitation 140 Room charges for private (deluxe) rooms - rehabilitation 140 Room charges for ward rooms - peneral 151 Room charges for ward rooms - medical/surgical/CYN 152 Room charges for ward rooms - peneral 151 Room charges for ward rooms - peneral 152 Room charges for ward rooms - peneral 153 Room charges for ward rooms - peneral 154 Room charges for ward rooms - peneral 155 Room charges for ward rooms - peneral 155 Room charges for ward rooms - peneral 156 Room charges for ward rooms - nonology 157 Room charges for ward rooms - nonology 158 Room charges for ward rooms - nonology 159 Room charges for ward rooms - nonology 150 Room charges for mursey - newbom level 150 Room charges for nursey - newbom level 150 Room charges for nu	0142	Room charges for private (deluxe) rooms -	0600	Oxygen (home health) - general
044 Room charges for private (deluxe) rooms - psychiatric deluxe) rooms - hospice 0600 07	0143	Room charges for private (deluxe) rooms -	0601	, , , , , , , , , , , , , , , , , , , ,
045 Room charges for private (deluxe) rooms - hospice of minute of the private (deluxe) rooms - detoxification of the private (deluxe) rooms - oncology of the private (deluxe) rooms - oncology of the private (deluxe) rooms - oncology of the private (deluxe) rooms - other other oncology of the private (deluxe) rooms - other other oncology of the private (deluxe) rooms - other other oncology of the private (deluxe) rooms - other o	0144	Room charges for private (deluxe) rooms -	0602	Oxygen (home health) - stat/equip/supply under
0146 Room charges for private (deluxe) rooms - occlogy concelogy of the private (deluxe) rooms - occlogy concelogy of the private (deluxe) rooms - occlogy concentrates for ward rooms - general occlosed concentrates for ward rooms - pestiatric concentrates for ward rooms - pestiatric concentrates for ward rooms - postpatiatric concentrates for ward rooms - occlosed concentrates for occlosed concentrates for ward rooms - occlosed concentrates for occlosed concentrat	0145	Room charges for private (deluxe) rooms -	0603	Oxygen (home health) - stat/equip/supply over 4
Osygen (home health) - other oncology	0146	Room charges for private (deluxe) rooms -	0604	
Oli-18	0147	Room charges for private (deluxe) rooms -	0609	Oxygen (home health) - other
Magnetic Resonance Technology (MRT) - MRI other	0148	Room charges for private (deluxe) rooms -	0610	e , , ,
Noom charges for ward rooms - general 10 10 10 10 10 10 10 1	0149	Room charges for private (deluxe) rooms -	0611	Magnetic Resonance Technology (MRT) - MRI
Magnetic Resonance Technology (MRT) - MRI other	0150		0612	Magnetic Resonance Technology (MRT) - MRI
Room charges for ward rooms - obstetrics O615 Magnetic Resonance Technology (MRT) - MRA - head and neck MRA - head	0151		0614	Magnetic Resonance Technology (MRT) - MRI
153 Room charges for ward rooms - pediatric 154 Room charges for ward rooms - psychiatric 155 Room charges for ward rooms - psychiatric 155 Room charges for ward rooms - hospice 156 Magnetic Resonance Technology (MRT) - MRA - other MRT Magnetic Resonance Technology (MRT) - MiRA - other MRT Magnetic Resonance Technology (MRT) - Magnetic Resonance Te	0152		0615	Magnetic Resonance Technology (MRT) -
O154 Room charges for ward rooms - psychiatric O155 Room charges for ward rooms - hospice O150 Magnetic Resonance Technology (MRT) - MRA - other Magnetic Resonance Technology (MRT) - Other MRT O	0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) -
O155 Room charges for ward rooms - hospice O156 Room charges for ward rooms - detoxification O157 Other MRT	0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) -
Medical/surgical supplies - incident to radiology Medical/surgical supplies - incident to radiology Medical/surgical supplies - incident to other diagnostic services Medical/surgical supplies - incident to other diagnostic services Medical/surgical supplies - surgical dressings Medical/surgical supplies - FDA investigational devices Medical/surgical supplies - FDA investigational Medical/surgical supplies - FDA investigational devices Medical/surgical suppli	0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) -
diagnostic services Medical/surgical supplies - surgical dressings Medical/surgical supplies - surgical dressings Medical/surgical supplies - FDA investigational devices Medical/surgical supplies - Surgical dressings Medical/surgical supplies - Surgical dressings Medical/surgical supplies - FDA investigational devices Medical/surgical supplies - FDA investigational devices Medical/surgical supplies - Surgical dressings Surgical Area - Surgical dressings Purgs requiring specific identification - restrictive prescription 0163 Drugs requiring specific identification - FEPO, less than 10,000 units Drugs requiring specific identification - FEPO, less than 10,000 or more units Drugs requiring specific identification - FEPO, less than 10,000 or more units Drugs requiring specific identification - FEPO, less than 10,000 or more units Drugs requiring specific identification - FEPO, less than 10,000 or more units Drugs requiring specific identification - FEPO, less than 10,000 or more units Drugs requiring specific identification - FEPO, less than 10,000 or more uni	0156	Room charges for ward rooms - detoxification	0621	
O623 Medical/surgical supplies - surgical dressings	0157	•	0622	Medical/surgical supplies - incident to other
devices Nom charges for ward rooms - other O631 Drugs requiring specific identification - single source			0623	
source Olion Room charges for other rooms - general Ocities Drugs requiring specific identification - multiple source	0158	Room charges for ward rooms - rehabilitation	0624	
source Source Source Source Brivionment O164 Room charges for other rooms – Sterile Environment O167 Room charges for other rooms – self care O168 Room charges for other rooms – self care O169 Room charges for other rooms – other O170 Room charges for nursery – general O171 Room charges for nursery – newborn level I O172 Room charges for nursery – newborn level II O173 Room charges for nursery – newborn level II O174 Room charges for nursery – newborn level IV O175 Room charges for nursery – newborn level IV O176 Room charges for nursery – newborn level IV O177 Room charges for nursery – newborn level II O178 Room charges for nursery – newborn level IV O179 Room charges for nursery – newborn level IV O180 Room charges for nursery – newborn level IV O180 Room charges for nursery – newborn level IV O180 Room charges for nursery – newborn level IV O180 Room charges for nursery – newborn level IV O180 Room charges for nursery – newborn level IV O180 Room charges for LOA – general O180 Room charges for LOA – patient convenience— charges billable O181 Room charges for LOA – therapeutic leave O182 Room charges for LOA – nursing home (for hospitalization) O183 Room charges for LOA – other O185 Room charges for LOA – other O186 Room charges for LOA – other O187 Drugs requiring specific identification – EPO, 10,000 or more units O188 Room charges for nursery – newborn level II O640 Home IV therapy services – IV stert/change, peripheral line O186 Home IV therapy services – training, disabled patient/caregiver, central line O187 Home IV therapy services – training, disabled patient, peripheral	0159	Room charges for ward rooms - other	0631	
Environment Room charges for other rooms – self care Of 34 Drugs requiring specific identification - EPO, less than 10,000 units Of 35 Drugs requiring specific identification - EPO, 10,000 or more units Of 36 Drugs requiring specific identification - EPO, 10,000 or more units Of 36 Drugs requiring specific identification - EPO, 10,000 or more units Of 36 Drugs requiring specific identification - EPO, 10,000 or more units Of 36 Drugs requiring specific identification - requiring detailed coding Of 37 Drugs requiring specific identification - self-administrable Of 38 Drugs requiring specific identification - self-administrable Of 39 Drugs requiring specific identification - self-administrable Of 40 Home IV therapy services - general Of 41 Home IV therapy services - non-routine nursing, central line Of 42 Home IV therapy services - IV site care, central line Of 43 Home IV therapy services - IV start/change, peripheral line Of 44 Home IV therapy services - non-routine nursing, peripheral line Of 45 Home IV therapy services - training patient/caregiver, central line Of 46 Home IV therapy services - training, disabled patient, central line Of 46 Home IV therapy services - training, patient/caregiver, peripheral Of 46 Home IV therapy services - training, disabled patient, central line Of 47 Home IV therapy services - training, disabled patient, peripheral	0160	Room charges for other rooms - general	0632	
Nom charges for other rooms – self care O634 Drugs requiring specific identification - EPO, less than 10,000 units	0164		0633	
Room charges for other rooms - other 0635 Drugs requiring specific identification - EPO, 10,000 or more units 10,000 or more unit	0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO,
Room charges for nursery - general 0636 Drugs requiring specific identification - requiring detailed coding	0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO,
0171 Room charges for nursery - newborn level I 0637 Drugs requiring specific identification - self-administrable 0172 Room charges for nursery - newborn level II 0640 Home IV therapy services - general 0173 Room charges for nursery - newborn level III 0641 Home IV therapy services - non-routine nursing, central line 0174 Room charges for nursery - newborn level IV 0642 Home IV therapy services - IV site care, central line 0179 Room charges for nursery - other 0643 Home IV therapy services - IV start/change, peripheral line 0180 Room charges for LOA - general 0644 Home IV therapy services - non-routine nursing, peripheral line 0182 Room charges for LOA - patient convenience- charges billable 0183 Room charges for LOA - therapeutic leave 0646 Home IV therapy services - training patient/caregiver, central line 0185 Room charges for LOA - nursing home (for hospitalization) 0647 Home IV therapy services - training, disabled patient, central line 0189 Room charges for LOA - other 0648 Home IV therapy services - training, disabled patient, peripheral	0170	Room charges for nursery - general	0636	Drugs requiring specific identification -
Room charges for nursery - newborn level III O641 Home IV therapy services – non-routine nursing, central line	0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-
nursing, central line 10174 Room charges for nursery - newborn level IV 1054 Home IV therapy services - IV site care, central line 10179 Room charges for nursery - other 1054 Home IV therapy services - IV start/change, peripheral line 10180 Room charges for LOA - general 1054 Home IV therapy services - non-routine nursing, peripheral line 10182 Room charges for LOA - patient convenience-charges billable 10183 Room charges for LOA - therapeutic leave 1084 Home IV therapy services - training patient/caregiver, central line 1085 Room charges for LOA - nursing home (for hospitalization) 1086 Room charges for LOA - other 1087 Room charges for LOA - other 1088 Room charges for LOA - other 1089 Room charges for LOA - other 1080 Room charges for LOA - other	0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
O174 Room charges for nursery - newborn level IV O642 Home IV therapy services - IV site care, central line	0173	Room charges for nursery - newborn level III	0641	**
O179 Room charges for nursery - other O643 Home IV therapy services - IV start/change, peripheral line	0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central
O180 Room charges for LOA - general O644 Home IV therapy services - non-routine nursing, peripheral line	0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change,
O182 Room charges for LOA - patient convenience- charges billable O183 Room charges for LOA - therapeutic leave O185 Room charges for LOA - nursing home (for hospitalization) O189 Room charges for LOA - other O180 Home IV therapy services - training, patient/caregiver, peripheral O189 Room charges for LOA - other O180 Home IV therapy services - training, patient/caregiver, peripheral O180 Home IV therapy services - training, disabled patient, peripheral	0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine
0183 Room charges for LOA - therapeutic leave 0646 Home IV therapy services - training, disabled patient, central line 0185 Room charges for LOA – nursing home (for hospitalization) 0189 Room charges for LOA - other 0647 Home IV therapy services - training, patient/caregiver, peripheral 0648 Home IV therapy services - training, disabled patient, peripheral	0182	· ·	0645	Home IV therapy services - training
0185 Room charges for LOA – nursing home (for hospitalization) Room charges for LOA - other Room charges for LOA - other O647 Home IV therapy services - training, patient/caregiver, peripheral Home IV therapy services - training, disabled patient, peripheral	0183	ϵ	0646	Home IV therapy services - training, disabled
0189 Room charges for LOA - other 0648 Home IV therapy services - training, disabled patient, peripheral	0185	ė į	0647	Home IV therapy services - training,
	0189		0648	Home IV therapy services - training, disabled
	0190	Room charges for subacute care - general	0649	

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	0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
	0192	Room charges for subacute care - Level II	0651	Hospice services - routine home care
	0193	(comprehensive care) Room charges for subacute care - Level III	0652	Hospice services - continuous home care
	0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
	0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
	0200	Room charges for intensive care - general	0657	Hospice services - physician services
	0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
	0202	Room charges for intensive care - medical	0659	Hospice services - other
	0203	Room charges for intensive care - pediatric	0660	Respite care - general
	0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
	0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
	0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
	0208	Room charges for intensive care - trauma	0669	Respite care - other
	0209	Room charges for intensive care - other	0670	Outpatient special residence - general
	0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
	0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
	0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
	0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
	0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
	0219	Room charges for coronary care - other	0683	Trauma response - level III
	0220	Special charges - general	0684	Trauma response - level IV
	0221	Special charges - admission charge	0689	Trauma response - other
	0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
	0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
	0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
	0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
	0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
	0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
	0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
	0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
	0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
	0235	Incremental nursing care - hospice	0710	Recovery Room services - general
	0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
	0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
	0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
	0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
	0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
	0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
	0250	Pharmacy - general	0730	EKG/ECG services - general
	0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
	0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
	0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
	0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
	0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
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0256	Pharmacy - experimental drugs	0760	Treatment or observation room services
0230	Pharmacy - experimental drugs	0700	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
	**		
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take- home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home - home
0304	Laboratory – non-routine dialysis	0833	supplies Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home -
0307	Laboratory - urology	0839	support services Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies

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0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349 0350	Nuclear medicine - other CT scan - general	0903 0904	Behavioral health treatments/services - play therapy Behavior health treatments/services - activity
0350	CT scan - head	0904	therapy Behavior health treatments/services - intensive
0352	CT scan - body	0906	outpatient services - psychiatric Behavior health treatments/services - intensive
0359	CT scan - other	0907	outpatient services - chemical dependency Behavior health treatments/services -
0360	Operating room services - general	0911	community behavioral health program Behavior health treatment/services -
0361	Operating room services - minor surgery	0912	rehabilitation Behavior health treatment/services - partial
0362	Operating room services - organ transplant other than kidney	0913	hospitalization - less intensive Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test

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0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration,	0941	Other therapeutic services - recreational therapy
0391	storage and processing - general Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac
0399	storage and processing – processing and storage Blood and blood component administration, storage and processing - other	0944	rehabilitation Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical
0402	mammography Other imaging services - ultrasound	0947	equipment - routine Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical
0413	Respiratory services - hyperbaric oxygen therapy	0960	dependency (drug and alcohol) Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
0439	reevaluation Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
0479	Audiology - other	0996	Patient convenience items - late discharge charge
0480	Cardiology - general	0997	Patient convenience items - admission kits

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	25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on	E1	Upper left eyelid
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
Description:		ifies special circumstances related to the p		
Field 5:		DIFIER_1	· · · · · · ·	6 (1
Length:	5	Type:	Alphar	numeric
Beginning Position:	19	Data Source:	Claim	
		CS codes.		
Coding Scheme:		ttps://www.cms.gov/medicare/coding/hcp	csreleas	secodesets for complete list of Level II
		nmodations.		-
Description:		A Common Procedure Coding System (He	CPCS) c	code applicable to ancillary services or
Field 4	НСР	CS_PROCEDURE_CODE		
Length:	2	Type:		numeric
Beginning Position:	HCPC 17	CS_PROCEDURE_CODE. Data Source:	Claim	
Description:		identifying the type/source of the descrip	tive nun	nber used in
Field 3:		CS_QUALIFIER	_	
Length:	4	Type:		numeric
Beginning Position:	13	Data Source:	Claim	
	0526	Part A Stay) or NF or ICF MR or Other Residential Facility Freestanding Clinic - urgent care		
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered		
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	3109	Adult foster care - other
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	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
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0511	Clinic - dental	2101	Alternative therapy services - acuprensure
	0510 0511	Clinic - general Clinic - chronic pain	2100 2101	Alternative therapy services - general Alternative therapy services - acupuncture
	0509	Outpatient services - other	1005	Behavior health accommodations - group hom
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0490	Ambulatory surgical care - general	1002	treatment - psychiatric Behavior health accommodations - residential treatment - chemical dependency
	0489	Cardiology - other	1001	Behavior health accommodations - residential
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
			0999	1 attent convenience tems - other
	0482	Cardiology - stress test	0999	Patient convenience items - other

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	26	Professional Component	E2	Lower left eyelid
	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon Bilateral Procedure	F2	Left hand, third digit
	50 51	Multiple Procedures	F3 F4	Left hand, fourth digit Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54		F7	
		Surgical Care Only		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 on some nations some day.
	59	Professional During the Postoperative Period Distinct Procedural Service	GH	same patient, same day. Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM	Ambulance service provided under arrangement by a provider of services
	76	Repeat Procedure by Same Physician or Other	QN	Ambulance service furnished directly by a
	77	Qualified Health Care Professional Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	provider of services Right coronary artery
	78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	RI	Ramus intermedius coronary artery
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
		•		
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	Т7	Right foot, third digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical Reasons	Т9	Right foot, fifth digit
	2P	Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
	3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		•• •
Beginning Position:	24	Data Source:	Claim	
				umeric
Length:	2	Type:	Alphar	numeric

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Field 6:	MODIFIER_2		
Description:	Identifies special circumstan	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER_	_1	
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER_3		
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER_	_1	
Beginning Position:	28	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 8:	MODIFIER_4		
Description:	Identifies special circumstar		performance of the service.
Coding Scheme:	Same as Field MODIFIER_	_1	
Beginning Position:	30	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 9:	UNIT_MEASUREMENT		
Description:	Code specifying the units in	which a value is	being expressed.
Coding Scheme:	DA Days F2 International unit		
	UN Unit		
Beginning Position:	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE		•
Description:	Numeric value of quantity		
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT_RATE		
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the charge		
Beginning Position:	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount of		
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric

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.

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Field 1:	THCIC_ID		I Davia
Description:	Provider ID. Unique identif	-	•
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	FACILITY_TYPE		
Description:	Types of healthcare facilities		
Beginning Position:	7	Data Source:	Provider
Length:	4	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IND		
Description:	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching F X Other teaching facility	Iospitals	
Beginning Position:	11	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric facility indicator	r.	
Beginning Position:	12	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC_REHAB_IND	V 1	
Description:	Rehabilitation facility indic	ator.	
Beginning Position:	13	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_IN		Tiphanameric
Description:	Acute care facility indicator		
Beginning Position:	14	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 7:	FAC_SNF_IND	турс.	7 Alphanumeric
Description:	Skilled nursing facility indi	cator	
Beginning Position:	15	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_AC		Alphanumeric
Description:	Long term acute care facilit		
_	16	Data Source:	Provider
Beginning Position:	10		
Length: Field 9:	•	Type:	Alphanumeric
	FAC_OTHER_LTC_IND		
Description:	Other long term care facility	Data Source:	Provider
Beginning Position:	17		
Length:	1 EAC DEDG IND	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric facility Indicator.	of Children's Hearitale	and Related Institutions (NACHRI)
Coding Scheme:	X Facilities that also treat children		and Related Institutions (NACHRI)
Beginning Position:	18	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 11:	FAC_CARDIOVASCULA	AR_IND	
Description:	Cardiovascular facility indi	cator.	
Beginning Position:	19	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC_		
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Description:	Chiropractic care facility in	dicator.	
Beginning Position:	20	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 13:	FAC_ENDOSCOPY_IND		7 Hphanamerie
Description:	Endoscopy facility indicato		
Beginning Position:	21	Data Source:	Provider
	1		
Length: Field 14:	FAC_FOOT_IND	Type:	Alphanumeric
Description:	Foot care facility indicator.		D :1
Beginning Position:	22	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 15:	FAC_GASTROENTERO		
Description:	Gastroenterology facility in		D 11
Beginning Position:	23	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND		
Description:	General care facility indica		
Beginning Position:	24	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICAL		
Description:	Neurological care facility in	ndicator.	
Beginning Position:	25	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetrics and gynecology	facility indicator.	
Beginning Position:	26	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY	IND	•
Description:	Opthamology facility indic	ator.	
Beginning Position:	27	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility ind	icator.	
Beginning Position:	28	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_IN	D	-
Description:	Orthopedic care facility ind	licator.	
Beginning Position:	29	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOLO		•
Description:	Otolaryngology facility ind		
Beginning Position:	30	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:	FAC_PAIN_MNGMT_I		•
Description:	Pain management facility in		
Beginning Position:	31	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 24:	FAC_PLASTIC_IND	J.F.	F
Description:	Plastic surgery facility indi	cator.	
Beginning Position:	32	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND	V 1	
Description:	Thoracic care facility Indic	ator.	
Beginning Position:	33	Data Source:	Provider
Length:	1	Type:	Alphanumeric
		7 E	
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Field 26:	FAC_UROLOGY_IND
Description:	Urology care facility indicator.
Beginning Position:	Data Source: Provider
Length:	1 Type: Alphanumeric
Field 27:	FAC_OTHER_IND
Description:	Other facility indicator.
Beginning Position:	Data Source: Provider
Length:	1 Type: Alphanumeric
Field 28:	FAC_EMERGENCY_DEPARTMENT_IND
Description:	Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with
	the 4 th Quarter 2020 Facility Type Data File.
	Note: The FEMCEs names are evallable at https://debs.toves.gov/theis/(daymloodable Evael sheet
	The FEMCFs names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names
	and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset.
	For the first quarterly implementation, 4 th Quarter 2020, the facility indicator has incomplete
	data due to implementation timing.
Beginning Position:	36 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 29:	FAC_ONCOLOGY_IND
Description:	Oncology facility indicator.
Beginning Position:	37 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 30:	PROVIDER_NAME
Description:	Hospital name provided by the hospital.
Beginning Position:	38 Data Source: Provider
Length:	55 Type: Alphanumeric
	POA_PROVIDER_INDICATOR
	Indicator identifying whether facility is required to submit Diagnosis Present on Admission
	(POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from
	reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals,
	Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long
	Term Care Hospitals.
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients)
	R Required X Exempt
	Invalid
9 0	93 Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 32:	CERT_STATUS
	Assignment of a code to indicate the certification of data and submission of comments by the
	facility. First available 3 rd quarter 1999.
Coding Scheme:	1 Certified, without comment
	 Certified, with comment Certified, with comment, comment not received by deadline
	4 Facility elected not to certify
	5 Facility closed; data not certified
	Facility out of compliance, did not certify data
T	7 Data not certified. Facility affected by natural or man-made disaster (Starting 4Q2016)
Beginning Position:	
Length:	94 Data Source: Assigned 1 Type: Alphanumeric

GROUPER FILE

FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66 9 EAPG_GRP_VER	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Type: Data Source: Type:	(EAPG), as assigned by 3M TM EAPG Grouper. Not Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned Alphanumeric on Number, as assigned by 3M EAPG Grouper Assigned Alphanumeric DSHS Document # E25-14164
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66 9 EAPG_GRP_VER Enhanced Ambulatory 180	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Patient Group Version Data Source: Type:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned Alphanumeric on Number, as assigned by 3M EAPG Grouper Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66 9 EAPG_GRP_VER Enhanced Ambulatory	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Patient Group Version	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned Alphanumeric on Number, as assigned by 3M EAPG Grouper
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66 9 EAPG_GRP_VER	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Type: Data Source: Type:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned Alphanumeric
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66 9	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Classification (APC) Data Source: Type: CHART Classification (APC) Data Source: Type: CHART Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C available 4Q09. 66	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC) Data Source: Type: Classification (APC) Data Source: Type: CHART Classification (APC) Data Source: Type: CHART Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2 FROZEN_APC_WEIG Ambulatory Payment C	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI Classification (APC) 4Q09. Data Source: Type: GHT Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned Alphanumeric weighting as assigned by 3M TM APC Grouper. Not
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FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available 64 2	Data Source: Type: _VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CETATUS_IND_COI Classification (APC) 4Q09. Data Source: Type:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC Assigned
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FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C Grouper. Not available	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CETATUS_IND_COI Classification (APC) 4Q09.	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE procedure status indicator as assigned by 3M TM APC
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S Ambulatory Payment C	Data Source: Type: _VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CTATUS_IND_COI Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5 FROZEN_APC_PX_S	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: STATUS_IND_COI	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric DE
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59 5	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CEDURE Source: Type:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned Alphanumeric
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09. 59	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper. Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO Ambulatory Payment C Not available 4Q09.	Data Source: Type: _VER Classification (APC) Data Source: Type: CEDURE_CODE Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric procedure code as assigned by 3M TM APC Grouper.
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12 FROZEN_APC_PRO	Data Source: Type: VER Classification (APC) Data Source: Type: CEDURE_CODE	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned Alphanumeric
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47 12	APG atory Patient Group (Data Source: Type: _VER Classification (APC) \ Data Source: Type:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09. 47	APG atory Patient Group (Data Source: Type: _VER Classification (APC) Data Source:	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper. Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP Ambulatory Payment C Not available 4Q09.	APG atory Patient Group (Data Source: Type: _VER Classification (APC)	Assigned Alphanumeric Version Number as assigned by 3M APC Grouper.
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FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09. 32 5 FROZEN_APC_GRP	APG atory Patient Group (Data Source: Type: _VER	Assigned Alphanumeric
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FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09.	APG atory Patient Group (Data Source:	Assigned
FROZEN_FINAL_EA Final Enhanced Ambula available 4Q09.	APG atory Patient Group (
FROZEN_FINAL_EA	APG	(EAPG), as assigned by 3M™ EAPG Grouper. Not
2		
		Alphanumeric
Not available 4Q09.	Data Source:	Assigned
	Patient Group (EAPO	b) type code, as assigned by 3M™ EAPG Grouper.
	Type:	Alphanumeric
28	Data Source:	Assigned
*	•	
		G) category code, as assigned by 3M™ EAPG
	APG_CAT_CODE	•
12	Type:	Alphanumeric
•		Assigned
		on Number, as assigned by 3M EAPG Grouper.
		Alphanumenc
		Assigned Alphanumeric
		Assigned
		Alphanumeric
1	Data Source:	Assigned
1 st quarter 2002. Does 1		CORD_ID in THCIC Research Data Files (RDF's).
	lumber. Unique num	ber assigned to identify the record. First available
RECORD ID		
	1st quarter 2002. Does 1 12 REVENUE_CODE_S Assignment of numbers 13 3 FROZEN_EAPG_GR Enhanced Ambulatory 16 12 FROZEN_FINAL_EA Enhanced Ambulatory Grouper. Not available 28 2 FROZEN_FINAL_EA Enhanced Ambulatory Not available 4Q09. 30	Record Identification Number. Unique num 1st quarter 2002. Does NOT match the REC 1

Field 14:	FINAL_EAPG_CAT_C	CODE		
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ I			
	Grouper. Not available 4	Q09.		
Beginning Position:	92	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 15:	FINAL_EAPG_TYPE	CODE	•	
			G) type code, as assigned by 3M [™] EAPG Grouper.	
	Not available 4Q09.	1 \		
Beginning Position:	94	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 16:	FINAL EAPG	V 1	•	
		ory Patient Group ((EAPG), as assigned by 3M [™] EAPG Grouper. Not	
	available 4Q09.	,		
Beginning Position:	96	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 18:	APC_GRP_VER	<i>.</i>	•	
		assification (APC)	Version Number as assigned by 3M APC Grouper.	
	Not available 4Q09.	` ,		
Beginning Position:	111	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 19:	APC PROCEDURE O	CODE		
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M [™] APC Grouper.			
	Not available 4Q09.		The state of the s	
Beginning Position:	123	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 20:	APC PX STATUS IN		•	
			procedure status indicator as assigned by 3M™ APC	
	Grouper. Not available 4		5 ,	
Beginning Position:	128	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 22:	APC PX STATUS IN		*	
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M [™] APC			
	Grouper. Not available 4		5 ,	
Beginning Position:	139	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 21.	ADC WEIGHT			
Field 21:	APC_WEIGHT	assification (ADC)	waighting as assigned by 2MIM ADC Grouper Not	
Field 21:	Ambulatory Payment Cla	assification (APC)	weighting as assigned by 3M [™] APC Grouper. Not	
	Ambulatory Payment Claravailable 4Q09.	, , ,		
Field 21: Beginning Position: Length:	Ambulatory Payment Cla	Data Source: Type:	weighting as assigned by 3M TM APC Grouper. Not Assigned Alphanumeric	



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

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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

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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

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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	CCSR_PRINC_DIAG_CODE	13	6	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	6	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	6	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	6	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	6	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	6	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	6	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	6	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	6	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	6	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	6	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	6	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	6	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	6	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	6	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	6	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	6	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	6	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	6	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	6	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	6	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	6	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	6	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	6	Alphanumeric
26	CCSR_OTH_DIAG_CODE_24	109	6	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

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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
	Record_Length		187	

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
	Record_Length		80	

FACILITY TYPE DATA FILE

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

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

GROUPER FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	