

TEXAS HOSPITAL INPATIENT DISCHARGE DATA

RESEARCH DATA FILE (RDF)

USER MANUAL – 2022

Center for Health Statistics

Texas Health Care Information Collection

BACKGROUND	3
INPATIENT RESEARCH DATA FILE (RDF)	3
PATIENT/PHYSICIAN CONFIDENTIALITY	3
RESTRICTIONS ON DATA USE	4
DATA LIMITATIONS	6
HOSPITAL COMMENTS	
CITATION	8
INPATIENT RDF DATA DICTIONARY	9
BASE DATA FILE	9
CHARGES DATA FILE	
FACILITY TYPE INDICATOR FILE	
GROUPER FILE	54
DATA ELEMENT	
BASE DATA FILE	
CHARGES FILE	
FACILITY TYPE INDICATOR FILE	
GROUPER FILE	
APPENDIX	68

History of Changes	68
2022 Revisions	68
External Code Sources	68

BACKGROUND

The Texas Health Care Information Council (THCIC) was created by <u>Chapter</u> <u>108</u> of the Texas Health and Safety Code (HSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data. 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 collection and release of hospital discharge data.

INPATIENT RESEARCH DATA FILE (RDF)

<u>Health and Safety Code §108.011(k)</u> of the HSC permits DSHS to disclose data collected under this chapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under <u>HSC</u>, §108.0135. These data are provided as Research Data File (RDF) contains protected patient-level information inpatient hospital stays and shall be used only for the benefit of the public subjected to specific limitations defined by <u>HSC</u>, §108.0135.

The inpatient RDF includes all the variables in Inpatient Public Use Data File (PUDF) (<u>https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm</u>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format.

The data must be imported into a software package. No software is included with the RDF. The data file has been tested with several software packages, including Microsoft Access 2010 Microsoft Excel (one quarter), SAS, R and SPSS.

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.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in <u>HSC, §108.013</u>. The <u>HSC, §108.013</u> 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 the <u>HSC</u>, <u>§108.013</u>. In addition, under <u>HSC</u>, <u>§§108.013(e)</u> and (f), patient and/or physician information in the RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

To protect physician identities, the HSC, \S <u>108.009(d)</u> and <u>108.013(h)</u> requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. 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 <u>HSC</u>, <u>Chapter 108</u> 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 for the purpose Data sets.

RESTRICTIONS ON DATA USE

<u>Health and Safety Code §108.010(c)</u> prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the RDF are cautioned about using less than a year of data to make any hospital quality assumptions.

In the Data Use Agreement, the requestor 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 Inpatient Hospital Discharge 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 hospital stay records of patients in this data set with personally identifiable records from any other source,
- 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 approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Inpatient Data 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 Hospital Inpatient Discharge Research 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 necessary for 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 and that the licensee has knowledge that under HSC, §§108.014 and 108.0141 civil and criminal penalties may be assessed should the licensee or others that knowingly or negligently access or 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 RDF user has been informed that the potential for both civil and criminal penalties exists.

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

DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1st) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately

represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long-Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any RDF manual are available through the THCIC website, <u>http://www.dshs.texas.gov/thcic/</u>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

(Users are advised to consider hospital comments in any analysis of the data)

Included with the RDF is a separate file containing the unedited comments submitted by hospitals at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

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

Texas Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

INPATIENT RDF DATA DICTIONARY

The following information is provided:

Field
Data Source
Туре
Coding scheme
Data Source Type

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

BASE DATA FILE

Field 1:	RE	CORD_I)							
	Record Identification Number. Unique number to identify the record within the research data file.									
	Doe	es not mate	ch or link to PUDI	F (Pub	lic Use Data l	File) Record ID. Each claim associated with a				
	pati	ent's visit	generates a uniqu	e Reco	ord ID. Does	match with RECORD_ID in other Inpatient				
	RD	F files.								
Length:	12	Type:	Alphanumeric	Dat	a Source:	Assigned				
Field 2:	PA'	T_UNIQU	JE_INDEX							
		_		d to th	e patient by T	HCIC.A patient unique index is assigned for				
						ere can be multiple Record IDs associated with				
			Field # 1).			1				
Length:	10	Type:	Alphanumeric	Dat	a Source:	Assigned				
Field 3:	ТН	CIC ID	•							
		_	Unique identifier a	ssigne	ed to the provi	der by THCIC.				
Length:	6	Type:	Alphanumeric	0	a Source:	Assigned				
Field 4:	SPEC_UNIT_1									
	Specialty Unit in which most days stay occurred based on number of days by Type of Bill or									
		venue Cod		iyo sia	ly occurred ba	sed on number of days by Type of Din of				
Coding Scheme:		Coronary		Р	Pediatric Unit					
coung scheme.	D	Detoxifica		Y	Psychiatric Un	t				
	I	Intensive		R	Rehabilitation					
	Н	Hospice U		U	Sub-acute Care					
	Ν	Nursery		S	Skilled Nursing	g Unit				
	В	Obstetric	Unit	Blan	k Acute Care					
	0	Oncology								
Length:	1	Type:	Alphanumeric	Dat	a Source:	Calculated				
Field 5:	SPI	EC_UNIT	_2							
	Spe	cialty Uni	t in which 2 nd mos	t days	s stay occurred	l based on number of days by Type of Bill or				
	Rev	enue Cod	e.							
Coding Scheme:	San	ne as SPE	C_UNIT_1.							
Length:	1	Type:	Alphanumeric	Dat	a Source:	Calculated				
Field 6:	SPI	EC_UNIT	_3							
2022				_ Pa	ge					
www.dshs.texa	s.go	v/THCIC		9		Updated: January, 2023				

	Specialty Unit Revenue Code		t days stay occurre	d based on number of days by Type of Bill or
Coding Scheme:				
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 7:	SPEC_UNIT	-	Dutu Source.	Culculated
			t dave stav occurra	d based on number of days by Type of Bill or
	Revenue Code		t days stay becure	a based on number of days by Type of Bin of
Coding Scheme:				
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 8:	SPEC_UNIT	*		
			t davs stav occurre	d based on number of days by Type of Bill or
	Revenue Code			
Coding Scheme:	Same as SPEC	C_UNIT_1.		
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 9:	ENCOUNTE	R_INDICATOR		
				ncounter. The encounter refers to an electronic
				dered for a patient episode of care (admission
				setting. Some non-acute care patients may have
				cord, such as patients in rehabilitation hospitals
[•	e hospitals, or psyc	-	
Length:	2 Type:	Alphanumeric	Data Source:	Calculated
Field 10:	SEX_CODE			
		patient as recorde	ed at date of admiss	ion or start of care.
Coding Scheme:	M Male F Female			
	F Female U Unknown			
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 11:	BIRTH_DAT	<u>^</u>		
			rded at date of adm	ission or start of care.
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 12:	PAT_AGE_0	GROUP		
	Code indication	ng age of patient in	n days or years on	date of discharge.
Coding Scheme:	00 1 29 4	10 35	5-39 20	
	00 1-28 days	10 5.	557 20	85-89
	01 29-365 day	ys 11 40	0-44 21	90+
	01 29-365 day 02 1-4 years	ys 11 40 12 45	0-44 21 5-49 <i>HI</i>	90+ V and drug/alcohol use patients:
	01 29-365 day 02 1-4 years 03 5-9	ys 11 40 12 45 13 50	0-44 21 5-49 <i>HI</i> 0-54 22	90+ V and drug/alcohol use patients: 0-17
	01 29-365 day 02 1-4 years	ys 11 40 12 45 13 50 14 55	0-44 21 5-49 <i>HI</i> 0-54 22	90+ V and drug/alcohol use patients: 0-17 18-44
	01 29-365 day 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19	ys 11 40 12 43 13 50 14 55 15 60 16 65	0-44 21 5-49 H1 0-54 22 5-59 23 0-64 24 5-69 25	90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74
	01 29-365 day 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24	ys 11 4(12 43 13 5(14 55 15 6(16 65 17 7(0-44 21 5-49 HI 0-54 22 5-59 23 0-64 24 5-69 25 0-74 26	90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+
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Field 23: Coding scheme: 2022		COUNTY code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet	ent's cd 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165 167 169 171 173 175 177 179 181	Dunty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Benc Franklin Freestone Frio Gaines Galvestor Ga	287 289 291 293 1 295 297 299 301 303	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Liberty Liberty Liberty Live Oak Llano Loving Lubbock Lynn McCulloch McLennan	$\begin{array}{c} 385\\ 387\\ 389\\ 391\\ 393\\ 395\\ 397\\ 399\\ 401\\ 403\\ 405\\ 407\\ 409\\ 411\\ 413\\ 415\\ 417\\ 419\\ 421\\ 423\\ 425\\ 427\\ 429\\ 431\\ 433\\ 435\\ 437\\ \end{array}$	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Augustine San Jacinto San Patricio San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall Sutton Swisher
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033 035 037 039 041 043 045 047 049 051	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson	129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165 167 169 171 173 175 177 179	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales Gray	259 261 263 265 267 269 271 273 275 283 277 279 281 4 285 287 289 291 293 4 295 297 299 4 301 303 305 307	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Liberty L	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419 421 423 425 427 429 431 433 435	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall Sutton
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033 035 037 039 041 043 045 047 049	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown	129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165 167 169 171 173 175 177	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Benc Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad Gonzales	259 261 263 265 267 269 271 273 275 283 277 279 281 4 285 287 289 291 293 4 295 297 299 4 301 303 305	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Liberty Limestone Liberty Limestone Liby Oak Llano Loving Lubbock Lynn	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419 421 423 425 427 429 431 433	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033 035 037 039 041 043 045 047	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks	129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165 167 169 171 173 175	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock Goliad	259 261 263 265 267 269 271 273 275 283 277 279 281 4 285 287 289 291 293 4 295 297 299 4 301 303	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Liberty Limestone Liby Oak Llano Loving Lubbock	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419 421 423 425 427 429 431	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033 035 037 039 041 043 045	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe	129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165 167 169 171 173	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galvestor Garza Gillespie Glasscock	259 261 263 265 267 269 271 273 275 283 277 279 281 4 285 287 289 291 293 4 291 293 4 295 297 299 4 301	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Liberty Limestone Lipscomb Live Oak Llano Loving	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419 421 423 425 427 429	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens
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Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033 035	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque	129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Benc Franklin Freestone Frio	259 261 263 265 267 269 271 273 275 283 277 279 281 4 285 287 289 291	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby
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Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell	129 131 133 135 137 139 141 143 145 147 149 151 153 155	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard	259 261 263 265 267 269 271 273 275 283 277 279 281	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas	387 389 391 393 395 397 399 401 403 405 407 409 411	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee	129 131 133 135 137 139 141 143 145 147 149 151 153	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd	259 261 263 265 267 269 271 273 275 283 277 279	Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb	387 389 391 393 395 397 399 401 403 405 407 409	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019 021 023	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop	129 131 133 135 137 139 141 143 145 147 149	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette	259 261 263 265 267 269 271 273 275 283 277	Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle	387 389 391 393 395 397 399 401 403 405	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto
Field 23:	FIPS 001 003 005 007 009 011 013 015 017 019	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera	129 131 133 135 137 139 141 143 145 147	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin	259 261 263 265 267 269 271 273 275	Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox	387 389 391 393 395 397 399 401 403	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine
Field 23:	FIPS 001 003 005 007 009 011 013 015 017	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey	129 131 133 135 137 139 141 143 145	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls	259 261 263 265 267 269 271 273	Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg	387 389 391 393 395 397 399 401	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk
Field 23:	FIPS 001 003 005 007 009 011 013 015	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin	129 131 133 135 137 139 141 143	Donley Duval Eastland Ector Edwards Ellis El Paso Erath	259 261 263 265 267 269 271	Kendall Kenedy Kent Kerr Kimble King Kinney	387 389 391 393 395 397 399	Red River Reeves Refugio Roberts Robertson Rockwall Runnels
Field 23:	FIPS 001 003 005 007 009 011 013	code of pati Anderson Andrews Angelina Aransas Archer Armstrong Atascosa	129 131 133 135 137 139 141	Donley Duval Eastland Ector Edwards Ellis El Paso	259 261 263 265 267 269	Kendall Kenedy Kent Kerr Kimble King	387 389 391 393 395 397	Red River Reeves Refugio Roberts Robertson Rockwall
Field 23:	FIPS 001 003 005 007 009 011	code of pati Anderson Andrews Angelina Aransas Archer	129 131 133 135 137 139	Donley Duval Eastland Ector Edwards Ellis	259 261 263 265 267	Kendall Kenedy Kent Kerr Kimble	387 389 391 393 395	Red River Reeves Refugio Roberts Robertson
Field 23:	FIPS 001 003 005 007	code of pati Anderson Andrews Angelina Aransas	129 131 133 135	Donley Duval Eastland Ector	259 261 263	Kendall Kenedy Kent	387 389 391	Red River Reeves Refugio
Field 23:	FIPS 001 003 005	code of pati Anderson Andrews Angelina	129 131 133	Donley Duval Eastland	259 261	Kendall Kenedy	387 389	Red River Reeves
Field 23:	FIPS 001 003	code of pati Anderson Andrews	129 131	Donley Duval	259	Kendall	387	Red River
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Field 23:	FIPS	code of pati		•				
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Field 22:		_COUNTRY		1	11 7		d T (
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Field 21:	PAT				1.11.4	•		
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Field 20:		STATE	phanu		Data Source	• 11	o viuci	
Length:	30		phanu		Data Source	• Dr.	ovider	
riela 19:		_CITY	w ac m	ovided h	y the patient.			
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Field 17:		_ADDR_CH						
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			ne Hisp	oanic orig	in of the patie	ent.		
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Field 16:	1		phanu	meric	Data Source	: Cl	aim	
Field 16:	1	Other						
Length: Field 16:	5 1	Other						

2022		McCulloch, Mart Upton, Ward, Wi		counties	age	s, Reagan, Reev	es, Schleichei	, Sterling, Sutton, Terrell, Tom Gree			
	9	a marews, Dorder						cock, Howard, Irion, Kimble, Loving			
	8	Jackson, Karnes, Wilson, Zavala c	Kenda ountie	lll, Kerr, Kinne	y, La Salle, L	avaca, Maverick	, Medina, Re	espie, Goliad, Gonzales, Guadalupe, al, Uvalde, Val Verde, Victoria,			
	1	1 · · ·	Hill, L	ampasas, Lee,	Leon, Limesto			, Fayette, Freestone, Grimes, on, Milam, Mills, Robertson, San			
	7	Waller, Wharton	counti	es							
	6	Shelby, Trinity, T Austin, Brazoria,			Fort Bend, G	alveston, Harris	, Liberty, Ma	tagorda, Montgomery, Walker,			
	5	Angelina, Hardin	, Hous	ton, Jasper, Jef		-		k, Sabine, San Augustine, San Jacin			
	4	Anderson, Bowie Morris, Panola, F						erson, Hopkins, Lamar, Marion, counties			
	3	Parker, Rockwall	l, Some	ervell, Tarrant,	Wise counties						
	3	Throckmorton, V Collin, Cooke, D		-		Gravson Hood	Hunt Johnso	n, Kaufman, Navarro, Palo Pinto,			
	2	Jones, Kent, Kno	x, Mit	chell, Montague	e, Nolan, Run			phens, Stonewall, Taylor,			
	2	Wheeler, Yoakur	n coun	ties				sher, Foard, Hardeman, Haskell, Jacl			
								utchinson, King, Lamb, Lipscomb, erts, Sherman, Swisher, Terry,			
	1	Armstrong, Baile	y, Bris	coe, Carson, C	astro, Childre			Crosby, Dallam, Deaf Smith, Dickens			
iciu 47.		ic Health Regi			dress.						
Field 24:		3 Type: Alphanumeric Data Source: Assigned, based on patient ZIP code PUBLIC_HEALTH_REGION									
ength:	3				ta Source:	Ass	gned, based				
	125 127	Dickens Dimmit	253 255	Jones Karnes	381 383	Randall Reagan	٤	Invalid			
	123	Dewitt	251	Johnson	379	Rains Randall	507	Zavala			
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata			
	117 119	Deaf Smith Delta	245 247	Jefferson Jim Hogg	373 375	Polk Potter	501 503	Yoakum Young			
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood			
	111	Dallas	239 241	Jackson Jasper	367	Parker Parmer	495 497	Wise			
	109 111	Culberson Dallam	237 239	Jack Jackson	365 367	Panola Parker	493 495	Wilson Winkler			
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson			
	103 105	Crane Crockett	231 233	Hunt Hutchinson	359 361	Oldham Orange	487 489	Wilbarger Willacy			
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita Wilborger			
	099	Coryell	227	Howard	355	Nueces	483	Wheeler			
	095 097	Concho Cooke	223 225	Hopkins Houston	351 353	Newton Nolan	479 481	Webb Wharton			
	093	Comanche	221	Hood	349	Navarro	477	Washington			
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward			
	087 089	Collingsworth Colorado	215 217	Hidalgo Hill	343 345	Morris Motley	471 473	Walker Waller			
	085	Collin	213	Henderson	341	Moore	469	Victoria			
	081	Coleman	209	Hays	339	Montgomery	463	Van Zandt			
	079 081	Cochran Coke	207 209	Haskell Hays	335 337	Mitchell Montague	463 465	Uvalde Val Verde			
	077	Clay	205	Hartley	333	Mills	461	Upton			
	073 075	Cherokee Childress	201 203	Harris Harrison	329 331	Midland Milam	457 459	Tyler Upshur			
	071	Chambers	199	Hardin Harris	327	Menard	455	Trinity			
	069	Castro	197	Hardeman	325	Medina	453	Travis			
	067	Cass	195	Hansford	323	Maverick	451	Tom Green			
	063 065	Camp Carson	191 193	Hall Hamilton	319 321	Mason Matagorda	447 449	Throckmorton Titus			
	061	Cameron	189	Hale	317	Martin	445	Terry			
	039	Callahan	187	Guadalupe	315	Marion	443	Terrell			
	057 059	Calhoun	185	Grimes	313	Madison	441	Taylor			

	11	Aransas, l		Duval, Hidalgo, Jim	Hogg, J	im Wells, Kenedy, Kleberg, Live Oak, McMullen,
Length:	2	Nueces, R Type:	Refugio, San Patricio, S Alphanumeric	tarr, Webb, Willacy, Data Source:	∠apata c	counties Assigned
field 25:			ADMISSION			
			ng the type of adm	ission		
Coding Scheme:	1	Emergenc	• • • •			
sound seneme.	2	Urgent	, j			
	3	Elective				
	4	Newborn				
	5	Trauma C				
	9		on not available			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
ield 26:			F_ADMISSION			
	Code		ng source of the ac			
Coding Scheme:	1		thcare Facility Point of	Origin (Beginning J	uly 1,	
0	2	2010) Clinic or l	Physician's Office			
	4		rom a hospital			
	5		from a skilled nursing f	acility, intermediate	care	
		•	assisted living facility			
	6		rom another health car	e facility		
	8 9		w Enforcement			
	7		from One distinct Unit	of the Hospital to an	other	
	D		Init of the Same Hospit			
		Claim to t				
	Е		rom Ambulatory Surge	ery Center		
	F		rom a Hospice Facility f Admission=4 (Newbo	rn)		
		• •	rom a designated hospi		care site	
			7/1/2020)			
	5	Born insid	le this hospital			
	6	Born outs	ide this hospital			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
Field 27:	FIRS		MENT_SRC			
			ng the expected pr	imary source of	navmei	nt
			Removed from 5010 for	•	•	
Coding Scheme:	09	1 .	2Q2012 data)	,	HM	Health Maintenance Organization
	10	Central C	ertification		LI	Liability
	11		n-federal Programs		LM	Liability Medical
			Provider Organization	(PPO)	MA	Medicare Part A
			ervice (POS) Provider Organization	(FPO)	MB MC	Medicare Part B Medicaid
			Insurance	(110)	TV	Title V
			aintenance Organizatio	n (HMO) Medicare	OF	
	10	Risk	·		OF	Other Federal Program
	AM		ile Medical		VA	Veteran Administration Plan
	BL		s/Blue Shield		WC	Workers Compensation Health Claim
	CH CI	CHAMPU	ial Insurance		ZZ	Charity, Indigent or Unknown Codes 09 and ZZ, combined for 2004 & 2005
			Insurance			Invalid
Length:	2	Type:	Alphanumeric	Data Source:		Claim
Field 28:		ST_PAY		2000 2000 000		
leiu 20.			Identifier (when i	mplomonted by	Fodoral	(overnment)
an ath i					euerai	-
Length:	10 EID	Type:	Alphanumeric	Data Source:		Claim
Field 29:			ER_NAME			
		-	nary source of pays			
Length:	35	Type:	Alphanumeric	Data Source:		Claim
Field 30:	SEC	ONDAR	RY_PAYMENT_S	SRC		
2022				Dago		
2022				Page		

	Code indicating the expected secondary source of payment.						
Coding Scheme:	Same as FIRST_PAYMENT_SRC						
Length:	2 Type: Alphanumeric Data Source: Claim						
Field 31:	SECONDARY_PAYER_ID						
	National Plan Identifier (when implemented by federal government).						
Length:	10Type:AlphanumericData Source:Claim						
Field 32:	SECONDARY_PAYER_NAME						
	Name of secondary source of payment.						
Length:	35 Type: Alphanumeric Data Source: Claim						
Field 33:	ADMIT_START_OF_CARE						
	Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.						
Length:	8 Type: Alphanumeric Data Source: Claim						
Field 34:	ADMIT_WEEKDAY						
	Code indicating day of week patient is admitted						
Coding Scheme:	1 Monday 5 Friday						
	2 Tuesday 6 Saturday						
	3 Wednesday 7 Sunday						
Length:	 4 Thursday 1 Type: Alphanumeric Data Source: Claim 						
Field 35:	ADMIT_HOUR						
rielu 55.	Code indicating hour during which the patient was admitted for inpatient care						
Coding Scheme:	12 midnight-12:59 a.m. $13 1:00 - 1:59 p.m.$						
Couning Scheme.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$						
	02 2:00 - 2:59 a.m. $15 3:00 - 3:59 p.m.$						
	03 3:00 - 3:59 a.m. $16 4:00 - 4:59 p.m.$						
	04 4:00 – 4:59 a.m. 17 5:00 – 5:59 p.m.						
	05 5:00 - 5:59 a.m. 18 6:00 - 6:59 p.m.						
	06 6:00 - 6:59 a.m. 19 7:00 - 7:59 p.m. 07 7:00 - 7:59 a.m. 20 8:00 - 8:59 p.m.						
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	09 9:00 – 9:59 a.m. 22 10:00 – 10:59 p.m.						
	10 10:00 – 10:59 a.m. 23 11:00 – 11:59 p.m.						
	11 11:00 - 11:59 a.m. 99 Hour unknown 12 12 noon - 12:59 p.m. 99 Hour unknown						
Length:	2 Type: Alphanumeric Data Source: Claim						
Field 36:	STMT_PERIOD_FROM						
riciu 50.	Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.						
Length:	8 Type: Alphanumeric Data Source: Claim						
Field 37:	STMT_PERIOD_THRU						
	Ending service date of the period reflected on the statement. Entered as YYYYMMDD.						
Length:	8 Type: Alphanumeric Data Source: Claim						
Field 38:	LENGTH_OF_STAY						
	Length of stay in days equals ending service date of the period reflected on the statement						
	(STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). The						
	minimum length of stay is 1 day. The maximum is 9999 days.						
Length:	4 Type: Alphanumeric Data Source: Calculated						
Field 39:	PAT_STATUS						
	Code indicating patient status as of the ending date of service for the period of care reported						
Coding Scheme:	01 Discharged to home or self-care (routine discharge)						
5	02 Discharged/transferred to a short term general hospital for inpatient care						
	03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care						
	04 Discharged/transferred to a facility that provides custodial or supportive care						
	 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) Discharged/transferred to home under care of an organized home health service organization in anticipation of covered 						
	06 skilled care						
2022	Page						
www.dshs.texa							
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- 07 Left against medical advice
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal government operated health facility
- 50 Hospice-home

Length:

- 51 Hospice-medical facility (Certified) providing hospice level of care
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- Bischarged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital
- Bischarged/Transferred to a Short Term General Hospital for inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
- Bischarged/Hansened to a Skilled Nutsing Pacifity (SNP) with Medicale Certification with a Plained Acute Care
 Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 2 Type: Alphanumeric Data Source: Claim

Field 40:	DIS	CHARGE_HOUR		
	Cod	e indicating hour during	g which the	e patient was discharged from inpatient care
Coding Scheme:	00	12 midnight-12:59 a.m.	13	1:00 – 1:59 p.m.
C	01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
	02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
	03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
	04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
	05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
	06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
	07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
	08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
	09	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
	10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.
	11	11:00 – 11:59 a.m.	99	Hour unknown
	12	12 noon – 12:59 p.m.		
2022			Day	TO

2022Pagewww.dshs.texas.gov/THCIC15Last Updated: January, 2023

 Field 41: TYPE_OF_BILL Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care: Initid digit = sequence of the claim. Coding Scheme: I' digit = Type of care: I' digit = Type of facility. Provides specific information 2' digits Type of Care: I' digit = Sequence of the claim. Non-popmed digit = type of care: I' digit = Type of facility. Provides specific information 2' digits Type of Care: I' digits = Sequence of the claim. Non-popmed digits = Care Digits = C	Length:	2 Type: Alphanumeric	Data Source: Claim									
digit = type of care: Third digit = sequence of the claim. Coding Scheme: If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim. If digit = sequence of the claim.	Field 41:	TYPE_OF_BILL										
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 Field 50: POA_OTH_DIAG_CODE_3 POA - Present on Admission code identifying whether Oth_Diag_Code_3 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 51: OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 52: POA_OTH_DIAG_CODE_4 POA - Present on Admission code identifying whether Oth_Diag_Code_4 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE 5 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 52: POA_OTH_DIAG_CODE_5 POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_6 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 1 Type: Alphanumeric Data Source: Claim Field 55: OTH_DIAG_CODE_6 ICD-10-CM (International Classi					
POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 51: OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 52: POA_OTH_DIAG_CODE_4 POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present a time the patient was admitted to the hospital Coding Scheme: same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric Data Source: Claim Field 53: OTH_DIAG_CODE_5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 54:	Length:	7 Type:	Alphanumeric	Data Source:	Claim
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POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 53: OTH_DIAG_CODE_5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 54: POA_OTH_DIAG_CODE_5 POA – Present on Admission code identifying whether Oth_Diag_Code_5 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 55: OTH_DIAG_CODE_6 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Sourc			· · · ·	Data Source:	Claim
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 Field 53: OTH_DIAG_CODE_5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 54: POA_OTH_DIAG_CODE_5 POA – Present on Admission code identifying whether Oth_Diag_Code_5 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 55: OTH_DIAG_CODE_6 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 56: POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_6 POA_OTH_DIAG_CODE_7 POA_PRESENT OAdmission code identifying whether Oth_Diag_Code_6 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 57: OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Rev	-				
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Length: 1 Type: Alphanumeric Data Source: Claim Field 55: OTH_DIAG_CODE_6 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 56: POA_OTH_DIAG_CODE_6 POA – Present on Admission code identifying whether Oth_Diag_Code_6 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 57: OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character.	Coding Sohomou	-		-	
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POA – Present on Admission code identifying whether Oth_Diag_Code_6 code was present a time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 57: OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character.		* *			
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Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 57: OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character.					
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Field 57: OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal dia or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digit applicable. Decimal is implied following the third character.	Length:	1 Type:	Alphanumeric	Data Source:	Claim
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Length:	7 Type: Alphanumeric Data	Source: Claim			
Field 58:	POA_OTH_DIAG_CODE_7				
		tifying whether Oth_Diag_Code_7 code was present at the			
	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:		Source: Claim			
Field 59:	OTH_DIAG_CODE_8				
		n of Diseases – Revision 10 – Clinical Modification)			
		dditional condition that coexists with the principal diagnosis			
		nt's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following				
Length:		Source: Claim			
Field 60:	POA_OTH_DIAG_CODE_8				
	POA – Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the				
	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data	Source: Claim			
Field 61:	OTH_DIAG_CODE_9				
	ICD-10-CM (International Classification	n of Diseases – Revision 10 – Clinical Modification)			
	diagnosis code, that corresponds to an a	dditional condition that coexists with the principal diagnosis			
	or develops subsequently during a patie	nt's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following				
Length:	7 Type: Alphanumeric Data	Source: Claim			
Field 62:	POA_OTH_DIAG_CODE_9				
	POA – Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the				
	time the patient was admitted to the host	pital			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data	Source: Claim			
Field 63:	OTH_DIAG_CODE_10				
		n of Diseases – Revision 10 – Clinical Modification)			
	•	dditional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
T (1	applicable. Decimal is implied followin				
Length:		Source: Claim			
Field 64:	POA_OTH_DIAG_CODE_10				
	POA – Present on Admission code identifying whether Oth_Diag_Code_10 code was present at the				
	time the patient was admitted to the hos	pital			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:		Source: Claim			
Field 65:	OTH_DIAG_CODE_11				
		n of Diseases – Revision 10 – Clinical Modification)			
		dditional condition that coexists with the principal diagnosis nt's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following				
Length:	•••	Source: Claim			
Field 66:	POA_OTH_DIAG_CODE_11	Source. Chann			
riciu oo.		tifying whether Oth_Diag_Code_11 code was present at the			
	time the patient was admitted to the host				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:		Source: Claim			
Field 67:	OTH_DIAG_CODE_12	Source. Clum			
		n of Diseases – Revision $10 - Clinical Modification)$			
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
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	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
T (1	applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 68:	POA_OTH_DIAG_CODE_12				
	POA – Present on Admission code identifying whether Oth_Diag_Code_12 code was present at the				
Coding Sohomor	time the patient was admitted to the hospital				
Coding Scheme:					
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 69:	OTH_DIAG_CODE_13				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 70:	POA_OTH_DIAG_CODE_13				
Coding Scheme:	POA – Present on Admission code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 71:	OTH_DIAG_CODE_14				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)				
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
T (I	applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 72:	POA_OTH_DIAG_CODE_14 POA_Present on Admission code identifying whether Oth Diag. Code, 14 code was present at the				
	POA – Present on Admission code identifying whether Oth_Diag_Code_14 code was present at the				
Coding Sahamaa	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim				
Length: Field 73:	1 Type: Alphanumeric Data Source: Claim OTH_DIAG_CODE_15				
Tick /J.	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 74:	POA_OTH_DIAG_CODE_15				
	POA – Present on Admission code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 75:	OTH_DIAG_CODE_16				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)				
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 76:	POA_OTH_DIAG_CODE_16				
	POA – Present on Admission code identifying whether Oth_Diag_Code_16 code was present at the				
	time the patient was admitted to the hospital				
Coding Scheme:					
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 77:	OTH_DIAG_CODE_17				
2022	Page				
www.dshs.texa					

INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 7 Type: Alphanumeric **Data Source:** Claim Length: Field 78: POA OTH DIAG CODE 17 POA – Present on Admission code identifying whether Oth Diag Code 17 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 79: **OTH DIAG CODE 18** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Claim 7 Field 80: POA OTH DIAG CODE 18 POA – Present on Admission code identifying whether Oth Diag Code 18 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE **Coding Scheme:** Length: **Type:** Alphanumeric **Data Source:** Claim Field 81: **OTH DIAG CODE 19** ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 82: POA OTH DIAG CODE 19 POA - Present on Admission code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 83: **OTH DIAG CODE 20** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 7 Alphanumeric **Data Source:** Type: Claim Length: Field 84: POA_OTH_DIAG_CODE_20 POA – Present on Admission code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 85: **OTH DIAG CODE 21** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Alphanumeric **Data Source:** 7 Type: Claim Field 86: POA OTH DIAG CODE 21 POA – Present on Admission code identifying whether Oth Diag Code 21 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE 2022 Page www.dshs.texas.gov/THCIC Last Updated: January, 2023 20

Length:	1 Type: Alphanumeric Data Source: Claim				
Field 87:	OTH_DIAG_CODE_22				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)				
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
	applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 88:	POA_OTH_DIAG_CODE_22				
	POA – Present on Admission code identifying whether Oth_Diag_Code_22 code was present at the				
C. P. S.L.	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim OTH DIAC CODE 22				
Field 89:	OTH_DIAG_CODE_23				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
	applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 90:	POA OTH DIAG CODE 23				
	POA – Present on Admission code identifying whether Oth_Diag_Code_23 code was present at the				
	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 91:	OTH_DIAG_CODE_24				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)				
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
	applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 92:	POA_OTH_DIAG_CODE_24				
	POA - Present on Admission code identifying whether Oth_Diag_Code_24 code was present at the				
	time the patient was admitted to the hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 93:	E_CODE_1				
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification				
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury				
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of				
	an additional external cause of morbidity. Decimal is implied following the third character				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 94:	POA_E_CODE_1				
	POA - Present on Admission code identifying whether E_Code_1 (External Cause of				
	Morbidity/Injury) code was present at the time the patient was admitted to the hospital.				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data Source: Claim				
Field 95:	E_CODE_2				
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification				
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury				
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of				
	an additional external cause of morbidity. Decimal is implied following the third character				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 96:	POA_E_CODE_2				
2022	Page				
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Coding Scheme:	POA – Present on Admission code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type:	Alphanumeric	Data Source:	Claim	
Field 97:	E_CODE_3		2	Cimin .	
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 98: Coding Scheme:	patient was ad		oital	her E_Code_3 code was present at the time the	
Length:	1 Type:	Alphanumeric	Data Source:	Claim	
Field 99:	E_CODE_4		2		
	E -Code – Ex of Diseases – events by me an additional	Revision 10 – Clin chanism and intent external cause of r	nical Modification) of injury, including norbidity. Decimal i	e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character	
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 100:				her E_Code_4 code was present at the time the	
Coding Scheme:	Same as field PC	A_PRINC_DIAG_CO	DE		
Length:	1 Type:	Alphanumeric	Data Source:	Claim	
Field 101:	E_CODE_5				
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 102: Coding Scheme:	POA_E_CODE_5 POA – Present on Admission code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type:	Alphanumeric	Data Source:	Claim	
Field 103:	E_CODE_6 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 104: Coding Scheme:	POA_E_CODE_6 POA – Present on Admission code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type:	Alphanumeric	Data Source:	Claim	
Field 105:	E_CODE_7				
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
2022			Page		
www.dshs.texa	s.gov/THCIC		22 Last	Updated: January, 2023	

Field 106: POA_E_CODE_7 POA - Present on Admission code identifying whether E_Code_7 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 107: E_CODE_8 ECode - External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases - Revision 10 - Clinical Modification) diagnosis code that is used to o events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of Length: 7 Type: Alphanumeric Data Source: Claim Field 108: POA_F_CODE_8 POA_Present on Admission code identifying whether E_Code_8 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E-Code = External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases - Revision 10 - Clinical Modification) diagnosis code that is used to o events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of DA - Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospital E-Code - External Cause of Morbidity/Inju	nal Classification lassify injury if applicable, of haracter nt at the time the			
patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 107: E_CODE_8 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of Length: 7 Type: Alphanumeric Data Source: Claim Field 108: POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of Length: 7 Type: Alphanumeric Data Source: Claim Field 109: FOA_CODE_9 POA - Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospi	nal Classification lassify injury if applicable, of haracter nt at the time the			
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Length: 1 Type: Alphanumeric Data Source: Claim Field 107: E_CODE_8 E_CODE_8 E_CODE_10 Internation of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to overst by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of Length: 7 Type: Alphanumeric Data Source: Claim Field 108: POA - Present on Admission code identifying whether E_Code_8 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E_CODE_9 E_Code = External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases - Revision 10 – Clinical Modification) diagnosis code that is used to or events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of DA = PCODE_9 POA - Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospital Source: Claim Field 110: POA_E_CODE_0 POA - Present on Admission	lassify injury if applicable, of haracter nt at the time the			
Field 107: E_CODE_8 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases - Revision 10 - Clinical Modification) diagnosis code that is used to events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of 2 POA_E_CODE_8 POA - Present on Admission code identifying whether E_Code_8 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 7 Type: Alphanumeric Data Source: Claim Field 110: POA_E_CODE_9 POA - Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 110: POA_E_CODE_9 POA - Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospital Coding Scheme:<	lassify injury if applicable, of haracter nt at the time the			
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POA – Present on Admission code identifying whether E_Code_8 code was preservation was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 109: E_CODE_9 E Coding Scheme: Same as field POA_PRINC_DIAG_CODE E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to a events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of POA_E_CODE_9 Field 110: POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was prese patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Length: 1 Type: Alphanumeric Data Source: Claim Field 111: E_CODE_10 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (Internatio of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to a events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied following the third of E-Code – External cause of morbidity. Decimal is implied following the third of events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digit an additional external cause of morbidity. Decimal is implied				
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ICD-10-PCS (International Classification System - Revision 10 - Procedure Codin				
	g System) code			
Length: 7 Type: Alphanumeric Data Source: Claim				
Field 114: PRINC_SURG_PROC_DATE				
Date the principal surgical procedure was performed. Entered as YYYYMMDD.				
Length: 8 Type: Alphanumeric Data Source: Claim				
Field 115: PRINC_SURG_PROC_DAY				
Day of principal surgical procedure was performed. Date minus Admission/Start				
Length: 4 Type: Alphanumeric Data Source: Calculated	f Care Date			
Field 116: OTH_SURG_PROC_CODE_1	f Care Date			
Code for surgical or other procedure other than the principal procedure performed	f Care Date			
covered by the bill. ICD-10-PCS code.				
2022 Page				
www.dshs.texas.gov/THCIC 23 Last Updated: January, 2023				

Length:	7 Type: Alphanumeric Data Source: Claim			
Field 117:	OTH_SURG_PROC_DATE_1			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 118:	OTH_SURG_PROC_DAY_1			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
	surgical was performed minus Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 119:	OTH_SURG_PROC_CODE_2			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 120:	OTH_SURG_PROC_DATE_2			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 121:	OTH_SURG_PROC_DAY_2			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
	surgical was performed minus Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 122:	OTH_SURG_PROC_CODE_3			
	Code for surgical or other procedure other than the principal procedure performed during the period			
I ongth.	covered by the bill. ICD-10-PCS code.			
Length: Field 123:	7 Type: Alphanumeric Data Source: Claim			
Fleid 123:	OTH_SURG_PROC_DATE_3			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 124:	OTH_SURG_PROC_DAY_3			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
T (1	surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 125:	OTH_SURG_PROC_CODE_4			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 126:	OTH_SURG_PROC_DATE_4			
1 ICIU 140.	Date the surgical or other procedure other than the principal procedure was performed. Entered as			
	YYYYMDD.			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 127:	OTH_SURG_PROC_DAY_4			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
	surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 128:	OTH_SURG_PROC_CODE_5			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 129:	OTH_SURG_PROC_DATE_5			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
2022	Page			
www.dshs.te	exas.gov/THCIC 24 Last Updated: January, 2023			

Length:	8 Type: Alphanumeric Data Source: Claim			
Field 130:	OTH_SURG_PROC_DAY_5			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 131:	OTH_SURG_PROC_CODE_6			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 132:	OTH_SURG_PROC_DATE_6 Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered			
	as YYYYMMDD.			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 133:	OTH_SURG_PROC_DAY_6			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
	surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 134:	OTH_SURG_PROC_CODE_7			
	Code for surgical or other procedure other than the principal procedure performed during the period			
T (1	covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 135:	OTH_SURG_PROC_DATE_7			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 136:	OTH_SURG_PROC_DAY_7 Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:				
Longen.	4 Type: Alphanumeric Data Source: Calculated			
Field 137:				
	4 Type: Alphanumeric Data Source: Calculated OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
	OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period			
Field 137:	OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
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Field 137: Length: Field 138:	OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DATE_8 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
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Field 137: Length: Field 138: Length: Field 139: Length: Field 140: Length:	OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DATE_8 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> . 8 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DATE_8 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> . 8 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DAY_8 Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date 4 Type: Alphanumeric Data Source: Calculated OTH_SURG_PROC_CODE_9 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim OTH_SU			

	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
I ongth.	surgical was performed <i>minus</i> Admission/Start of Care Date 4 Type: Alphanumeric Data Source: Calculated				
Length: Field 143:	4 Type: Alphanumeric Data Source: Calculated OTH_SURG_PROC_CODE_10				
rielu 145:	Code for surgical or other procedure other than the principal procedure performed during the period				
	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 144:	OTH_SURG_PROC_DATE_10				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source: Claim				
Field 145:	OTH_SURG_PROC_DAY_10				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was performed minus Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 146:	OTH_SURG_PROC_CODE_11				
	Code for surgical or other procedure other than the principal procedure performed during the period				
T (I	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 147:	OTH_SURG_PROC_DATE_11 Data the surgical or other measure other than the principal procedure uses performed. Entered as				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
Length:	8 Type: Alphanumeric Data Source: Claim				
Field 148:	OTH SURG PROC DAY 11				
11010 140.	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was performed <i>minus</i> Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 149:	OTH_SURG_PROC_CODE_12				
	Code for surgical or other procedure other than the principal procedure performed during the period				
	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 150:	OTH_SURG_PROC_DATE_12				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
T (1	YYYYMDD.				
Length:	8 Type: Alphanumeric Data Source: Claim				
Field 151:	OTH_SURG_PROC_DAY_12				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 152:	OTH SURG PROC CODE 13				
Ficiu 152.	Code for surgical or other procedure other than the principal procedure performed during the period				
	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 153:	OTH_SURG_PROC_DATE_13				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source: Claim				
Field 154:	OTH_SURG_PROC_DAY_13				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was performed minus Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 155:	OTH_SURG_PROC_CODE_14				
2022	Page				
	exas.gov/THCIC 26 Last Updated: January, 2023				
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	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 156:	OTH_SURG_PROC_DATE_14			
1 ku 150.	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 157:	OTH_SURG_PROC_DAY_14			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 158:	OTH_SURG_PROC_CODE_15			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 159:	OTH_SURG_PROC_DATE_15			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 160:	OTH_SURG_PROC_DAY_15			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
Longth	surgical was performed <i>minus</i> Admission/Start of Care Date 4 Type: Alphanumeric Data Source: Calculated			
Length: Field 161:	OTH SURG PROC CODE 16			
riciu 101.	Code for surgical or other procedure other than the principal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 162:	OTH_SURG_PROC_DATE_16			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 163:	OTH_SURG_PROC_DAY_16			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 164:	OTH_SURG_PROC_CODE_17			
	Code for surgical or other procedure other than the principal procedure performed during the period			
Length:	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim			
Field 165:	OTH_SURG_PROC_DATE_17			
Field 105.	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .			
Length:	8 Type: Alphanumeric Data Source: Claim			
Field 166:	OTH_SURG_PROC_DAY_17			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
	surgical was performed minus Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data Source: Calculated			
Field 167:	OTH_SURG_PROC_CODE_18 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 168:	OTH_SURG_PROC_DATE_18			
2022	Page Page			
www.usiis.te	xas.gov/THCIC 27 Last Updated: January, 2023			

	Date the surgical or other procedure other than t <i>YYYYMMDD</i> .	he principal procedure was performed. Entered as			
Length:	8 Type: Alphanumeric Data Source:	Claim			
Field 169:	OTH_SURG_PROC_DAY_18				
	Day of surgical or other procedure other than the	e principal procedure was performed. Date of the			
	surgical was performed minus Admission/Start of	of Care Date			
Length:	4 Type: Alphanumeric Data Source:	Calculated			
Field 170:	OTH_SURG_PROC_CODE_19				
	Code for surgical or other procedure other than t covered by the bill. ICD-10-PCS code.	he principal procedure performed during the period			
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 171:	OTH_SURG_PROC_DATE_19				
	Date the surgical or other procedure other than t <i>YYYYMMDD</i> .	he principal procedure was performed. Entered as			
Length:	8 Type: Alphanumeric Data Source:	Claim			
Field 172:	OTH_SURG_PROC_DAY_19				
	Day of surgical or other procedure other than the surgical was performed <i>minus</i> Admission/Start of	e principal procedure was performed. Date of the			
Length:	4 Type: Alphanumeric Data Source:	Calculated			
Field 173:	OTH_SURG_PROC_CODE_20	Calculated			
sielu 175:		he principal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.	ne principal procedure performed during the period			
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 174:		Claim			
leiu 1/4.	OTH_SURG_PROC_DATE_20 Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.	ne principal procedure was performed. Entered as			
Length:	8 Type: Alphanumeric Data Source:	Claim			
Tield 175:	OTH_SURG_PROC_DAY_20	Claim			
leiu 175.	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was performed <i>minus</i> Admission/Start of				
Length:	4 Type: Alphanumeric Data Source:	Calculated			
Field 176:		Calculated			
leiu 170.	OTH_SURG_PROC_CODE_21 Code for surgical or other procedure other than the principal procedure performed during the period				
	covered by the bill. ICD-10-PCS code.	ne principal procedure performed during the period			
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 177:	OTH_SURG_PROC_DATE_21	Claim			
		he principal procedure was performed. Entered as			
	YYYYMMDD.	ne principal procedure was performed. Entered as			
Length:	8 Type: Alphanumeric Data Source:	Claim			
Field 178:	OTH_SURG_PROC_DAY_21	Claim			
rielu 178:		e principal procedure was performed. Date of the			
	surgical was performed <i>minus</i> Admission/Start of				
Length:	4 Type: Alphanumeric Data Source:	Calculated			
Field 179:	OTH SURG PROC CODE 22	Calculated			
field 179:		he principal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 180:	OTH_SURG_PROC_DATE_22 Date the surgical or other procedure other than the syrgiyymmod.	he principal procedure was performed. Entered as			
Length:	8 Type: Alphanumeric Data Source:	Claim			
Field 181:	OTH_SURG_PROC_DAY_22	×			
2022	Page				
www.dshs.te	exas.gov/THCIC 28 La	ast Updated: January, 2023			

	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date					
Length:	• •	anumeric Data S o		Calculated		
Field 182:	OTH_SURG_PRO		ource.	Calculated		
11010 1020	Code for surgical or other procedure other than the principal procedure performed during the period					
	covered by the bill. I		· · · · · I			
Length:	•	anumeric Data So	ource:	Claim		
Field 183:	OTH_SURG_PRO	C_DATE_23				
			r than the pr	incipal procedure was performed. Entered as		
	YYYYMMDD.					
Length:		anumeric Data So	ource:	Claim		
Field 184:	OTH_SURG_PROC_DAY_23					
	Day of surgical or other procedure other than the principal procedure was performed. Date of the					
T (1	surgical was perform					
Length:		anumeric Data So	ource:	Calculated		
Field 185:	OTH_SURG_PRO		a a			
			r than the p	rincipal procedure performed during the period		
Length:	covered by the bill. I 7 Type: Alpha	anumeric Data S	0118001	Claim		
Field 186:	OTH_SURG_PRO		ource.	Claim		
riciu 100.			r than the nr	incipal procedure was performed. Entered as		
	YYYYMMDD.	Aller procedure other	i unun une pi	incipal procedure was performed. Entered as		
Length:		anumeric Data So	ource:	Claim		
Field 187:	OTH_SURG_PROC_DAY_24					
	Day of surgical or other procedure other than the principal procedure was performed. Date of the					
	surgical was performed <i>minus</i> Admission/Start of Care Date					
Length:	4 Type: Alpha	anumeric Data So	ource:	Calculated		
Field 188:	ATTENDING_PHY	SICIAN_UNIF_ID)			
				tifier assigned to the licensed physician		
	expected to certify medical necessity of services rendered, with primary responsibility for the					
	patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to					
	hospitals or who provides diagnostic or therapeutic procedures to inpatients, including					
	psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized					
	by the hospital to adu		se praetition	ners, nurse mawryes, and podiatists addicited		
Coding Scheme:	99999999999999999999999999999999999999	-	could not be ma	atched		
Length:	10 Type: Alpha			Assigned		
Field 189:	OPERATING_PHY			<u> </u>		
				pplicable). Unique identifier assigned to the		
	operating physician or physician other than the attending physician who performed the principal or surgical procedure most closely related to the principal diagnosis. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a					
	physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and					
	podiatrists authorized					
Coding Scheme:	99999999999999999999999999999999999999	• •		•		
Length:		anumeric Data So		Assigned		
Field 190:	OCCUR_CODE_1		Juice	ribigiled		
1 1010 170.	Code describing a sig	gnificant event relation	ng to the cla	im.		
Coding Scheme:	01 Auto accident	,ent e, ent relatin	40	Scheduled date of admission		
- vaning Schemer		Involved - Including	41			
	Auto Accident/Oth	er	10	Date of first test of pre-admission testing		
	03 Accident/ Tort Lial	bility	42	Date of discharge (hospice only)		
		•	43			
2022	04 Accident/ Employr	•	43	Scheduled date of canceled surgery		

	05 Other accident	44	Date treatment started - OT		
	06 Crime Victim	45	Date treatment started - ST		
	09 Start of Infertility Treatment Cy	cle 46	Date treatment started - Cardiac rehabilitation		
	10 Last Menstrual Period	47	Date cost outlier status begins		
	11 Onset of Symptoms/ Illness	A1	Birthdate - Insured A		
	12 Date of Onset for a Chronically Dependent Individual	A2	Effective Date - Insured A Policy		
	16 Date of Last Therapy	A3	Payer A benefits exhausted		
	17 Date Outpatient OT Plan Establ Last Reviewed	ished or A4	Split Bill Date		
	18 Date of Retirement - Patient/Be	•	Birthdate - Insured B		
	19 Date of Retirement - Spouse	B2	Effective date - Insured B Policy		
	20 Date Guarantee of Payment Beg	•	Payer B benefits exhausted		
	21 Date UR Notice Received22 Date Active Care Ended	C1 C2	Birthdate - Insured C Effective date - Insured C Policy		
	24 Date Insurance Denied	C3	Payer C benefits exhausted		
	25 Date Benefits Terminated by Pr Payer		Katrina disaster related		
	26 Date SNF Bed Became Availab	le E1	Birthdate - Insured D		
	27 Date Home Health Plan Establis				
	Last Reviewed		Effective date - Insured D Policy		
	28 Date Comprehensive Outpatien Rehabilitation Plan Established Reviewed		Payer D benefits exhausted		
	29 Date Outpatient PT Plan establi last reviewed	shed or F1	Birthdate - Insured E		
	30 Date Outpatient ST Plan establi last reviewed		Effective date - Insured E Policy		
	31 Date beneficiary notified of inte (accommodations)	ent to bill F3	Payer E benefits exhausted		
	32 Date beneficiary notified of inte (procedures or treatments)	ent to bill G1	Birthdate - Insured F		
	37 Date of inpatient hospital discha non-covered transplant patients	arge for G2	Effective date - Insured F Policy		
	38 Date treatment started for home therapy		Payer F benefits exhausted		
	39 Date discharged on a continuou if IV therapy	s course			
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 191:	OCCUR_DATE_1				
	Date of occurrence, as YYYYMMDD.				
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 192:	OCCUR_DAY_1				
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.				
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 193:	OCCUR_CODE_2				
	Code describing a significant event relating to the claim.				
Coding Scheme:	Same as OCCUR_CODE_1.				
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 194:	OCCUR_DATE_2				
	Date of occurrence, as <i>YYYYMMDD</i> .				
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 195:	** *	Data Source.	Claim		
rielu 195.	OCCUR_DAY_2 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
Longth	• •				
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 196:	OCCUR_CODE_3				
	Code describing a significant event relating to the claim.				
Coding Scheme:	Same as OCCUR_CODE_1.		~~ ·		
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 197:	OCCUR_DATE_3				
2022		Page			
www.dshs.texa	s.gov/THCIC		pdated: January, 2023		
	- ,				

Length:	Date of occurrence, as <i>YYYYM</i> . 8 Type: Alphanumeric	MDD. Data Source:	Claim		
Field 198:	OCCUR_DAY_3	Data Source.	Clailli		
rielu 190:	Occurrence Day <i>equals</i> Occurr	ance Date minus Ad	mission/Start of Care Date		
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 199:	OCCUR CODE 4	Data Source.	Calculated		
riciu 199.	Code describing a significant e	event relating to the c	laim		
Coding Scheme:					
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 200:	OCCUR DATE 4				
	Date of occurrence, as <i>YYYYM</i>	MDD.			
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 201:	OCCUR_DAY_4				
	Occurrence Day equals Occurr	ence Date minus Ad	mission/Start of Care Date.		
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 202:	OCCUR_CODE_5				
	Code describing a significant e	vent relating to the c	laim.		
Coding Scheme:	Same as OCCUR_CODE_1.				
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 203:	OCCUR_DATE_5				
	Date of occurrence, as YYYYM	MDD.			
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 204:	OCCUR_DAY_5				
	Occurrence Day equals Occurr				
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 205:	OCCUR_CODE_6				
	Code describing a significant e	event relating to the c	laim.		
Coding Scheme:					
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 206:	OCCUR_DATE_6				
T	Date of occurrence, as <i>YYYYM</i>				
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 207:	OCCUR_DAY_6		mining (Start of Come Date		
Length:	Occurrence Day <i>equals</i> Occurr 4 Type: Alphanumeric	Data Source:	Calculated		
Field 208:	<u>, , , , , , , , , , , , , , , , , , , </u>	Data Source.	Calculated		
Field 200:	OCCUR_CODE_7 Code describing a significant event relating to the claim.				
Coding Scheme:	••••	vent relating to the e	141111.		
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 209:	OCCUR DATE 7	2	erwini		
	Date of occurrence, as <i>YYYYM</i>	MDD.			
Length:	8 Type: Alphanumeric	Data Source:	Claim		
Field 210:	OCCUR_DAY_7				
	Occurrence Day <i>equals</i> Occurr	ence Date minus Ad	mission/Start of Care Date.		
Length:	4 Type: Alphanumeric	Data Source:	Calculated		
Field 211:	OCCUR_CODE_8				
	Code describing a significant e	event relating to the c	laim.		
Coding Scheme:	Same as OCCUR_CODE_1.				
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 212:	OCCUR_DATE_8				
	Date of occurrence, as YYYYMMDD.				
		Dago			
2022					
2022 www.dshs.texa	s goy/THCIC	_ Page 31 Last	Updated: January, 2023		

Length:	8 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 213:	OCCUR_DAY_8				
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.				
Length:	4 Type: Alphanu	meric Data Sou	rce:	Calculated	
Field 214:	OCCUR_CODE_9				
	Code describing a signif	icant event relating	to the c	elaim.	
Coding Scheme:	Same as OCCUR_COD	E_1.			
Length:	2 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 215:	OCCUR_DATE_9				
	Date of occurrence, as Y				
Length:	8 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 216:	OCCUR_DAY_9				
	• •			mission/Start of Care Date.	
Length:	4 Type: Alphanu	meric Data Sou	rce:	Calculated	
Field 217:	OCCUR_CODE_10				
a u c :	Code describing a signif	Ũ	to the c	elaim.	
Coding Scheme:	Same as OCCUR_COD				
Length:	2 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 218:	OCCUR_DATE_10				
T (1	Date of occurrence, as Y				
Length:	8 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 219:	OCCUR_DAY_10				
T	• •			mission/Start of Care Date.	
Length:	4 Type: Alphanu	meric Data Sou	rce:	Calculated	
Field 220:	OCCUR_CODE_11	• • • • • • • • • • • • • • • • • • • •	((1	1.1	
Cadina Cahamaa	Code describing a signif	-	to the c	elaim.	
Coding Scheme:	Same as OCCUR_COD		2001	Claim	
Length: Field 221:		nenc Data Sou	rce:	Ciailli	
r ielu 221.	OCCUR_DATE_11 Date of occurrence, as <i>YYYYMMDD</i> .				
Length:	8 Type: Alphanu		rce.	Claim	
Field 222:	OCCUR_DAY_11		1001	enum	
11010 2220	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
Length:	4 Type: Alphanu			Calculated	
Field 223:	OCCUR CODE 12				
	Code describing a significant event relating to the claim.				
Coding Scheme:	Same as OCCUR_COD	-	,		
Length:	2 Type: Alphanu		rce:	Claim	
Field 224:	OCCUR_DATE_12				
	Date of occurrence, as Y	YYYMMDD.			
Length:	8 Type: Alphanu	meric Data Sou	rce:	Claim	
Field 225:	OCCUR_DAY_12				
	Occurrence Day equals	Occurrence Date m	<i>inus</i> Ad	mission/Start of Care Date.	
Length:	4 Type: Alphanu	meric Data Sou	rce:	Calculated	
Field 226:	OCCUR_SPAN_COD	E_1			
			to the c	laim that may affect payer processing.	
Coding Scheme:	70 Qualifying stay dates (f	or SNF use only)	78	SNF prior stay dates	
	71 Prior stay dates		80	Prior Same SNF prior stay dates for Payment Ban Purposes	
	72 First/Last Visit73 Benefit eligibility perio	d	81 M0	Antepartum Days at Reduced Level of Care QIO/UR approved stay dates	
	73 Benefit eligibility perio74 Noncovered level of ca		M0 M1	Provider liability - no utilization	
	75 SNF level of care		M2	Inpatient respite dates	
2022		D			
2022		Page	Lest	Undated January 2022	
www.dshs.texa	s.gov/ I nulu	32	Last	Updated: January, 2023	

www.dshs.texa	s.gov/THCIC 33	B Last U	Updated: January, 2023	
2022		ige		
	08 information concerning other insurance coverage		Special Federal Funding	
	07 I reatment of non-terminal condition for hospice patient Beneficiary would not provide	r A2	Physically handicapped children's program	
	entitlement covered by EGHP Treatment of non-terminal condition for			
	ESRD patient in first 18 months of	A1	EPSDT/CHAP	
	05 Lien has been filed	A0	Justification TRICARE external partnership program	
	04 Information only bill.	86	Additional Hemodialysis Treatment with Medical	
	03 Patient covered by insurance not reflected here	85	Delayed Recertification of Hospice Terminal Illness	
-	02 Condition is employment related	84	Dialysis for Acute Kidney Injury (AKI)	
Coding Scheme:	01 Military service related	83	C-section/Inductions 39 weeks or greater	
	Code describing a condition relating t	to the claim.		
Field 238:	CONDITION_CODE_1			
Length:	· · ·	ta Source:	Claim	
	Occurrence Span Thru is the Ending	Date of Occurre	ence Event.	
Field 237:	OCCUR_SPAN_THRU_4			
Length:		ta Source:	Claim	
	Occurrence Span From is the Beginni	ing Date of Occ	currence Event.	
Field 236:	OCCUR_SPAN_FROM_4			
Length:		ta Source:	Claim	
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.	in the ch	and they are of payor processing.	
	Code describing a significant event re	elating to the cla	aim that may affect payer processing	
Field 235:	OCCUR_SPAN_CODE_4			
Length:		ta Source:	Claim	
r iciu 237.	Occurrence Span Thru is the Ending	Date of Occurr	ence Event	
Field 234:	OCCUR_SPAN_THRU_3		Ciaiiii	
Length:		ta Source:	Claim	
Field 233:	OCCUR_SPAN_FROM_3 Occurrence Span From is the Beginni	ing Date of Occ	nurrence Event	
Length:		ta Source:	Claim	
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.	to Sources	Claim	
Coding Sales	Code describing a significant event re	elating to the cla	aim that may affect payer processing.	
Field 232:	OCCUR_SPAN_CODE_3	1		
Length:		ta Source:	Claim	
T	Occurrence Span Thru is the Ending			
Field 231:	OCCUR_SPAN_THRU_2			
Length:		ta Source:	Claim	
T (1	Occurrence Span From is the Beginni			
Field 230:	OCCUR_SPAN_FROM_2		_	
Length:		ta Source:	Claim	
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.			
	Code describing a significant event re-	elating to the cla	aim that may affect payer processing.	
Field 229:	OCCUR_SPAN_CODE_2			
Length:		ta Source:	Claim	
	Occurrence Span Thru is the Ending	Date of Occurre	ence Event.	
Field 228:	OCCUR_SPAN_THRU_1			
Length:	1 0	ta Source:	Claim	
r ieiu 227.	Occurrence Span From is the Beginni	ing Date of Oco	currence Event	
Length: Field 227:	2 Type: Alphanumeric Dat OCCUR_SPAN_FROM_1	ta Source:	Claim	
	2 True Alahamania Dat	Common	Claim	
	77 Provider Liability - Utilization Charged		Residential level of care	

09	Neither patient or spouse is employed	A4	Family planning
10	Patient and/or spouse is employed but no EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A9	Second opinion surgery
18	Maiden name retained	AA	Abortion performed due to rape
19	Child retains mother's name	AB	Abortion performed due to incest
20	Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
20	Non-research services provided to		Non-emergency medically necessary stretcher transport
30	patients enrolled in a qualified clinical trial	AM	required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
	Page		

34

2022

Last Updated: January, 2023

	55 SNF bed not available	G0	Distinct Medical Visit	
	56 Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted	
	57 SNF readmission	H2	Discharge by a Hospice Provider for Cause	
	58 Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category	
	59 Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category	
	60 Day outlier	Н5	Reoccurrence of Pericarditis Comorbid Category	
	61 Cost outlier Provider does not wish cost out	P1	Do not Resuscitate Order (DNR)	
	66 payment	P7	Direct Inpatient Admission from Emergency Room	
	67 Beneficiary elects not to use lif	e time R1	Request for reopening Reason Code - Mathematical or	
	reserve (LTR) days Beneficiary elects to use life tir	ne reserve	Computational Mistake Request for reopening Reason Code -Inaccurate Data	
	68 (LTR) days	R2	Entry	
	69 IME/DGME/N&AH Payment	Only R3	Request for reopening Reason Code - Misapplication of a Fee Schedule	
	70 Self-administered anemia mana	R4 R4	Request for reopening Reason Code - Computer Errors	
	drug		Request for reopening Reason Code - Incorrectly	
	71 Full care in unit	R5	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	
	Provider accepts or is obligated	l/required	Demonstration indicator	
	due to a contractual arrangement to accept payment by a primary	w/	Duplicate of Original Bill	
	payment78 New coverage not implemented	d by HMO W3	Level I Appeal	
	79 CORF services provided offsite		Level II Appeal	
	 80 Home dialysis - nursing facility 81 C-section/Inductions <39 Weel 		Level III Appeal	
	C-section/Inductions <39 Weel	<s-< th=""><th></th></s-<>		
Length:	2 Type: Alphanumeric	Data Source:	Claim	
Field 239:	CONDITION_CODE_2	Data Bource.	Cluini	
11010 2091	Code describing a condition re	lating to the claim.		
Coding Scheme:	Same as CONDITION CODE	U U		
Length:	2 Type: Alphanumeric	Data Source:	Claim	
Field 240:	CONDITION_CODE_3			
	Code describing a condition re	-		
Coding Scheme:	Same as CONDITION_CODE	2_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim	
Field 241:	CONDITION_CODE_4			
	Code describing a condition re	-		
Coding Scheme:	Same as CONDITION_CODE			
Length:	2 Type: Alphanumeric	Data Source:	Claim	
Field 242:	CONDITION_CODE_5			
C. P. G.L.	Code describing a condition re	-		
Coding Scheme:	Same as CONDITION_CODE 2 Type: Alphanumeric	Data Source:	Claim	
Length: Field 243:		Data Source.	Claim	
r ieiu 243:	CONDITION_CODE_6 Code describing a condition re	lating to the claim		
Coding Schemer	Same as CONDITION_CODE	-		
2022				
www.dshs.texa	ος σον/ΤΗCIC	Page 35 Last U	Ipdated: January, 2023	
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Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 244:	CONDITIC	N_CODE_7			
	Code descril	bing a condition rel	ating to the claim.		
Coding Scheme:		NDITION_CODE_	-		
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
		A	Data Source.	Claim	
Field 245:		N_CODE_8	· · · · · · · · · · · · · · · · · · ·		
~ ~ .	Code describing a condition relating to the claim.				
Coding Scheme:		NDITION_CODE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 246:	VALUE_C	ODE_1			
	Code descril	oing information th	at may affect payer	processing.	
Coding Scheme:		mmon semi-private rate		Arterial blood gas	
o o uning some more		has no semi-private roc		Oxygen saturation	
	Innation	t professional componer	at .		
		which are combined bill		HHA branch MSA	
		onal component include		Place of Residence where service is furnished (HHA a	
		and also billed separatel	y to 61	hospice)	
	carrier	1 (11		• ·	
		eductible	66 First	Medicaid spend down amount	
	08 Calendar	e reserve amount in the	67	Peritoneal dialysis	
	Coinsur	ance amount in the first	calendar		
	09 year		68	EPO-drug	
	•	reserve amount in the s	econd 69	State charity care paraentage	
	calendar	year	09	State charity care percentage	
	11	ance amount in the second	nd 80	Covered Days	
	calendar				
		g aged beneficiary/spous	e with 81	Non-covered Days	
		er group health plan eneficiary in a Medicare			
		tion period with an emp		Co-insurance Days	
		ealth plan			
		, including auto/other	83	Lifetime Reserve Days	
		s compensation	84	Shorter Duration Hemodialysis	
	16 Public h	ealth service (PHS) or o	ther A0	Special zip code reporting	
	federal a	• •			
	21 Catastro	phic	A1	Deductible payer A	
	22 Surplus		A2	Coinsurance payer A	
		g monthly income	A3	Estimated responsibility payer A	
		d Rate Code the patient - payment a	A4	Covered self-administrable drugs - emergency Covered self-administrable drugs - administrable in for	
	2.3	tion drugs	A5	and situation furnished to patient	
	Offset to	the patient - payment a	mount -	Covered self-administrable drugs - diagnostic study an	
		and ear services	A6	other	
		the patient - payment a	mount - A7	Co-payment payer A	
	vision ai	nd eye services		Co-payment payer A	
		the patient - payment a	mount - A8	Patient weight	
	dental se				
	·)u	the patient - payment a	mount - A9	Patient height	
	chiropra	ctic services		Regulatory surcharges, assessments, allowances or	
	30 Preadmi	ssion testing	AA	health care related taxes - payer A	
				Other assessments or allowances (e.g., medical	
	31 Patient I	Liability Amount	AB	education) - payer A	
	32 Multiple	patient ambulance trans	sport B1	Deductible payer B	
		the patient - payment a	mount - B2	Coinsurance payer B	
	podiatric	e services		consulate payer D	
		the patient - payment a	mount - B3	Estimated responsibility payer B	
	other me	dical services			
		the patient - payment a surance premiums	B7	Co-payment payer B	
		-		Regulatory surcharges, assessments, allowances or	
	37 Units of	blood furnished	BA	health care related taxes - payer B	

2022	Page
www.dshs.texas.gov/THCIC	36

Last Updated: January, 2023

	38 Blood d	eductible units	BB	Other assessments or allowances (e.g., medical
				education) - payer B
		blood replaced	C1	Deductible payer C
		verage not implemented by		Coinsurance payer C
	41 Black lu	ing	C3	Estimated responsibility payer C
	42 VA	11 6 1 65	C7	Co-payment payer C
	43 LGHP	d beneficiary under age 65 t t provider agreed to accept f	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	44 primary	payer when this amount is arges but higher than payme	less CB	Other assessments or allowances (e.g., medical education) - payer C
	45 Accider		D3	Patient estimated responsibility
	46 Number	of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
		bility insurance	D5	Last Kt/V Reading
	48 Hemogl	obin reading	FC	Patient Paid Amount
	49 Hemato	crit reading	FD	Credit Received from the Manufacturer for a Medical Device
	50 Physica	l Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		tional Therapy visits	Y1	Part A Demonstration Payment
		Therapy visits	Y2	Part B Demonstration Payment
		rehab visits	Y3	Part B Coinsurance
		n birth weight in grams	Y4	Conventional Provider Payment
	-	ity threshold for charity care	e Y5	Part B Deductible
		nurse - home visit hours ealth aide - home visit hour		
Longth			S Data Source:	Claim
Length:			Data Source:	Claim
Field 247:		MOUNT_1		
	Amount (in	cents, no decimal poin		ay be affected.
Length:	9 Type:		Data Source:	Claim
Field 248:	VALUE_C	ODE_2		
		bing information that	may affect payer pr	ocessing.
Coding Scheme:		LUE_CODE_1.		B.
•				
	2 Type	Alphanumeric	Data Sourca	Claim
Length:	2 Type:	*	Data Source:	Claim
Length: Field 249:	VALUE_A	MOUNT_2		
Field 249:	VALUE_A Amount (in	MOUNT_2 cents, no decimal poin	nt included) that ma	ay be affected.
Field 249: Length:	VALUE_A Amount (in 9 Type:	MOUNT_2 cents, no decimal poin Numeric		
Field 249:	VALUE_A Amount (in	MOUNT_2 cents, no decimal poin Numeric	nt included) that ma	ay be affected.
Field 249: Length:	VALUE_A Amount (in 9 Type: VALUE_C	MOUNT_2 cents, no decimal poin Numeric ODE_3	nt included) that ma Data Source:	ay be affected. Claim
Field 249: Length: Field 250:	VALUE_A Amount (in 9 Type: VALUE_C Code descri	MOUNT_2 cents, no decimal poin Numeric ODE_3 bing information that	nt included) that ma Data Source:	ay be affected. Claim
Field 249:Length:Field 250:Coding Scheme:	VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA	MOUNT_2 cents, no decimal poin Numeric ODE_3 bing information that ALUE_CODE_1.	nt included) that ma Data Source: may affect payer pr	ay be affected. Claim rocessing.
Field 249: Length: Field 250: Coding Scheme: Length:	VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type:	MOUNT_2 cents, no decimal poin Numeric ODE_3 bing information that ALUE_CODE_1. Alphanumeric	nt included) that ma Data Source:	ay be affected. Claim
Field 249:Length:Field 250:Coding Scheme:	VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A	MOUNT_2 cents, no decimal poin Numeric ODE_3 bing information that ALUE_CODE_1. Alphanumeric MOUNT_3	nt included) that ma Data Source: may affect payer pr Data Source:	ay be affected. Claim rocessing.
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Field 249:Length:Field 250:Coding Scheme:Length:Field 251:Length:	VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C	MOUNT_2 cents, no decimal poin Numeric ODE_3 bing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be aff Numeric ODE_4	nt included) that ma Data Source: may affect payer pr Data Source: Fected. Data Source:	ay be affected. Claim rocessing. Claim Claim
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Field 268:	VALUE_CO	DE_12		
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			ount. Calculated using MEDPAR algorithm.
T (1			odes 0100-0219, revenue center 011X, 014X
Length:	12 Type: Numeric	Data Source:	Calculated
Field 271:		-private Room Charg	e Amount. Calculated using MEDPAR n revenue codes 0100-0219, revenue center
	010X, 012X, 013X, 016X-0192	-	revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 272:	WARD_AMOUNT		
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Length:	12 Type: Numeric	Data Source:	Calculated
Field 273:	ICU_AMOUNT		
			e Amount. Calculated using MEDPAR n revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 274:	CCU_AMOUNT		
			e Amount. Calculated using MEDPAR n revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 275:	OTHER_AMOUNT		
	cents) of charges associated wi 022X-024X, 052X-053X, 055X	th revenue codes othe X-060X, 064X-070X,	alculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 0002-0099, 076X-078X, 090X-095X, 099X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 276:	•		nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 277:			Charge Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue
Length:	12 Type: Numeric	Data Source:	Calculated
Field 278:	algorithm. Sum (in cents) of ch centers 0290-0292, 0294-0299.	arges associated with	ent Charge Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue
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Length: Field 288: () Length: Field 289: () Length: () Length:	2 Type:	-		
Length:		Numeric	Data Source.	Calculated
() Length: 1 Field 289: 2 () Length: 1	CARD_AM	OUNT		
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Length: 1 Field 289: 4 (Length: 1	in cents) of	charges associat	ed with revenue codes	other than 0100-0219, revenue center 048X,
Field 289:)73X.			
Length:	2 Type:	Numeric	Data Source:	Calculated
(Length:	ANES_AMO			
Length:				unt. Calculated using MEDPAR algorithm. Sum
	· · · · ·	0		other than 0100-0219, revenue center 037X.
r iela 290:	2 Type:	Numeric	Data Source:	Calculated
	LAB_AMO		honotom, Chonco Amo	unt Colouloted using MEDDAD closenther Sum
				unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-
)31X, 074X-	-	ed with revenue codes	other than 0100-0217, revenue center 050X-
	2 Type:	Numeric	Data Source:	Calculated
	RAD_AMO			
			adiology Charge Amou	Int. Calculated using MEDPAR algorithm. Sum
				other than 0100-0219, revenue center 028X,
)32X-035X,			
Length:		Numeric	Data Source:	Calculated
Field 292:	2 Type:			
2022	2 Type: MRI_AMO			
www.dshs.texas			Page	

			alculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 293:	OP_AMOUNT	2444 5042000	Currenteed
		Outpatient Services Char	ge Amount. Calculated using MEDPAR
			h revenue codes other than 0100-0219, revenue
	center 049X-050X.		
Length:	12 Type: Numeric	Data Source:	Calculated
Field 294:	ER_AMOUNT		
			e Amount. Calculated using MEDPAR h revenue codes other than 0100-0219, revenue
Length:	12 Type: Numeric	Data Source:	Calculated
Field 295:	AMBULANCE_AMOUN		Calculated
Fielu 295.			unt. Calculated using MEDPAR algorithm. Sum
			other than 0100-0219, revenue center 054X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 296:	PRO_FEE_AMOUNT		
		Professional Fee Charge	Amount. Calculated using MEDPAR algorithm.
			odes other than 0100-0219, revenue center
	096X-098X.		
Length:	12 Type: Numeric	Data Source:	Calculated
Field 297:	ORGAN_AMOUNT		
			ge Amount. Calculated using MEDPAR
		of charges associated with	h revenue codes other than 0100-0219, revenue
	center 081X, 089X.		
Length:	12 Type: Numeric	Data Source:	Calculated
Field 298:	ESRD_AMOUNT		
	algorithm. Sum (in cents)	of charges associated with	s Charge Amount. Calculated using MEDPAR h revenue codes other than 0100-0219, revenue
Longth	center 080X, 082X-085X, 12 Type: Numeric	Data Source:	Calculated
Length: Field 299:	12Type:NumericCLINICAMOUNT	Data Source.	Calculated
r ielu 299:	—	Clinic Visit Charge Ame	ount. Calculated using MEDPAR algorithm. Sum
			other than 0100-0219, revenue center 051X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 300:	TOTAL_CHARGES	Dutu Source	Culculated
1 iciu 500.		odation charges non-cov	ered accommodation charges, ancillary charges,
	non-covered ancillary char		
Length:	12 Type: Numeric	Data Source:	Claim
Field 301:	TOTAL_NON_COV_CH		
			rges, non-covered ancillary charges.
Length:	12 Type: Numeric	Data Source:	Claim
Field 302:	TOTAL_CHARGES_AC	CCOMM	
	Sum (in cents) of covered		nodation charges.
Length:	12 Type: Numeric	Data Source:	Claim
Field 303:	TOTAL_NON_COV_CH	HARGES_ACCOMM	
	Sum (in cents) of non-cove		arges.
Length:	12 Type: Numeric	Data Source:	Claim
Field 304:	TOTAL_CHARGES_AN		
-	Sum (in cents) of covered		y charges.
Length:	12 Type: Numeric	Data Source:	Claim
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	exas.gov/THCIC	41 Last	Updated: January, 2023

Field 305:	TO	TAL NO	N COV CHAR	CES ANCIL		—
1 iciu 305.		TOTAL_NON_COV_CHARGES_ANCIL Sum (in cents) of non-covered ancillary charges.				
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 306:	INB	τı	NDICATOR			
			format of data as s	ubmitted.		
Coding Scheme:	8	837 forma	t			
C	D	Data entry	,			
	U	UB-04 format				
Length:	1	Type:	Alphanumeric	Data Source:	Claim	
Field 307:	EM	ERGENO	CY_DEPT_FLAC	Ţ		
	Indi	Indicator of emergency department visit				
Coding Scheme:	Y	visit was e	emergency related			
	Ν	N Visit was not emergency related				
Length:	1	Type:	Alphanumeric	Data Source:	Assigned	
Field 308:	DIS	CHARG	E			
	Disc	Discharge Quarter. Year and quarter of discharge. <i>yyyyQn</i> .				
	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 Jul	y- 30th September	of that corresponding year	
	4th	Quarter (Y	YYYQ4); 1st Oc	tober-31st Decemb	er of that corresponding year	
Length:	6	Type:	Alphanumeric	Data Source:	Assigned	

CHARGES DATA FILE

Field 1:	RECORD_ID Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other				
Length:	Inpati 12	ent RDF files Type: Alphanumeric I	Data Source	: Assigned	
Field 2:				Assigned	
riela 2:		ENUE_CODE	1	•••• ••••••	
			accommodati	on, ancillary service or billing calculation	
	relate	d to the services being billed.			
Coding Scheme:	0100	All-inclusive room charges plus ancil	lary 0527	Freestanding Clinic - Visiting Nurse Services(s) to Member's Home when in a Home Health Shortage Area	
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)	
	0110	Poom charges for private rooms ger	eral 0529	Freestanding Clinic - other	
	0110	Room charges for private rooms - ger Room charges for private rooms -	0530	Osteopathic service - general	
	0111	medical/surgical/GYN	0550	Osteopatile 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 - oth		Ambulance service - air ambulance	
	0120	Room charges for semi-private rooms general		Ambulance service - neonatal	
	0121	Room charges for semi-private rooms medical/surgical/GYN		Ambulance service - pharmacy	
	0122	Room charges for semi-private rooms obstetrics		Ambulance service - telephone transmission EKG	
	0123 0124	Room charges for semi-private rooms pediatric Room charges for semi-private rooms		Ambulance service - other Skilled nursing - general	
	0124	psychiatric Room charges for semi-private rooms		Skilled nursing - visit charge	
	0126	hospice Room charges for semi-private rooms		Skilled nursing - hourly charge	
	0127	detoxification Room charges for semi-private rooms	- 0559	Skilled nursing - other	
	0128	oncology 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 t - rooms - general	oeds 0562	Medical social services - hourly charge	
	0131	Room charges for semi-private - 3/4 t - rooms - medical/surgical/GYN		Medical social services - other	
	0132	Room charges for semi-private - 3/4 t - rooms - obstetrics		Home health aide - general	
	0133	Room charges for semi-private - 3/4 t - rooms - pediatric	oeds 0571	Home health aide - visit charge	

	Раде		
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0171	Room charges for nursery - newborn level I	0637	detailed coding Drugs requiring specific identification - self- administrable
0170	Room charges for nursery - general	0636	or more units Drugs requiring specific identification - requiring datailed acding
0169	Room charges for other rooms - other	0635	than 10,000 units Drugs requiring specific identification - EPO, 10,000
0167	Environment Room charges for other rooms – self care	0634	prescription Drugs requiring specific identification - EPO, less
0164	Room charges for other rooms – Sterile	0633	source Drugs requiring specific identification - restrictive
0160	Room charges for other rooms - general	0632	source Drugs requiring specific identification - multiple
0159	rehabilitation Room charges for ward rooms - other	0631	devices Drugs requiring specific identification - single
0158	Room charges for ward rooms -	0623 0624	diagnostic services Medical/surgical supplies - surgical dressings Medical/surgical supplies - FDA investigational
0157	detoxification Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other
0156	Room charges for ward rooms -	0621	MRT Medical/surgical supplies - incident to radiology
0155	psychiatric Room charges for ward rooms - hospice	0619	other Magnetic Resonance Technology (MRT) - Other
0155	Room charges for ward rooms -	0618	lower extremities Magnetic Resonance Technology (MRT) - MRA –
0153	obstetrics Room charges for ward rooms - pediatric	0616	head and neck Magnetic Resonance Technology (MRT) - MRA –
0152	medical/surgical/GYN Room charges for ward rooms -	0615	other Magnetic Resonance Technology (MRT) - MRA –
0150	Room charges for ward rooms -	0612	spinal cord (including spine) Magnetic Resonance Technology (MRT) - MRI -
0150	- other Room charges for ward rooms - general	0612	brain (including brain stem) Magnetic Resonance Technology (MRT) - MRI -
0140	 rehabilitation Room charges for private (deluxe) rooms 	0611	general Magnetic Resonance Technology (MRT) - MRI -
0148	- oncology Room charges for private (deluxe) rooms	0610	Magnetic Resonance Technology (MRT) - MRI -
0140	- detoxification Room charges for private (deluxe) rooms	0609	Oxygen (home health) - other
0145	- hospice Room charges for private (deluxe) rooms	0604	liters per minute Oxygen (home health) - portable add-in
0144	 psychiatric Room charges for private (deluxe) rooms 	0602	Oxygen (nome nearth) - stat/equip/supply under 1 liter per minute Oxygen (home health) - stat/equip/supply over 4
0143	 Room charges for private (deluxe) rooms pediatric Room charges for private (deluxe) rooms 	0601	Oxygen (nome nearth) - stat/equip/supply or contents Oxygen (home health) - stat/equip/supply under 1
0142	Room charges for private (deluxe) rooms - obstetrics Room charges for private (deluxe) rooms	0600 0601	Oxygen (home health) - general Oxygen (home health) - stat/equip/supply or
0141 0142	Room charges for private (deluxe) rooms - medical/surgical/GYN Room charges for private (deluxe) rooms	0590	Units of service (home health) - general
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation Room abarges for semi-private - 3/4 beds	0582	Other visits (home health) - hourly charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology Room charges for semi-private - 3/4 beds	0581	Other visits (home health) - visit charge
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification Room abarges for semi-private - 3/4 beds	0580	Other visits (home health) - general
	- rooms - hospice		
0134	- rooms - psychiatric Room charges for semi-private - 3/4 beds	0572	Home health aide - other
0134	Room charges for semi-private - 3/4 beds	0572	Home health aide - hourly charge

2022	Page
www.dshs.texas.gov/THCIC	44

Last Updated: January, 2023

0174 Room charges for nursery - newbom level IV 0642 Home IV therapy services - IV site care, central line peripheral line peripherali
level FV Home IV therapy services - IV start/change, peripheral line 0179 Room charges for LOA - general 0643 Home IV therapy services - non-routine nursing, peripheral line 0180 Room charges for LOA - general 0644 Home IV therapy services - training patient/caregiver, central line 0181 Room charges for LOA - therapeutic convenience - charges tor LOA - therapeutic leave 0645 Home IV therapy services - training, disabled 0181 Room charges for LOA - other 0646 Home IV therapy services - training, disabled 0191 Room charges for JOA - other 0647 Home IV therapy services - other 0191 Room charges for JOA - other 0651 Hospice services - other 0192 Room charges for subacute care - Level 0651 Hospice services - ontinuous home care 0192 Room charges for subacute care - level 0655 Hospice services - nom and board - nursing facility 0193 Room charges for intensive care - outer a longes for intensive care - outer a longes for intensive care - exprice 0655 Hospice services - nom and board - nursing facility 0193 Room charges for subacute care - outer - outer a longes for intensive care - exprice 0661 Respite care - hourly charge/sk
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level IVNome charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic0646Home IV therapy services - training, patient, cartral line0184Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for subacute care - general (for hospitalization)0649Home IV therapy services - training, disabled patient, cartral line0190Room charges for subacute care - Level I (skilled care)0649Home IV therapy services - training, disabled patient, peripheral0191Room charges for subacute care - Level I (comprehensive care)0651Hospice services - continuous home care III (comprehensive care)0193Room charges for subacute care - Level III (complex care)0655Hospice services - inpatient respite care0200Room charges for intensive care - general Ocfs0657Hospice services - room and board - nursing faciliti surgical0201Room charges for intensive care - medical0659Hospice services - room and board - nursing faciliti surgical0202Room charges for intensive care - medical0660Respite care - hourly charge/skilled nursing psychiatric <td< td=""></td<>
level IVNome charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapoutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, disabled patient, central line0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, centpheral0190Room charges for subacute care - general (skilled care)0649Home IV therapy services - other0191Room charges for subacute care - Level I II (comprehensive care)0651Hospice services - continuous home care III (complex care)0193Room charges for subacute care - Level IV (intensive care)0655Hospice services - inpatient respite care0200Room charges for intensive care - general (surgical0657Hospice services - room and board - nursing faciliti surgical0201Room charges for intensive care - medical0660Respite care - general0202Room charges for intensive care - medical0657Hospice services - other0203Room charges for intensive care - medical0657Hospice services - other0204Room
level IVNome charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0644Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapoutic0645Home IV therapy services - training, patient/caregiver, central line0184Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, central line0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - general (skilled care)0649Home IV therapy services - training, disabled patient, peripheral0191Room charges for subacute care - Level I I (comprehensive care)0651Hospice services - continuous home care III (complex care)0194Room charges for subacute care - Level II (complex care)0655Hospice services - general inpatient care (non- respite)0200Room charges for intensive care - uv (intensive care)0657Hospice services - room and board - nursing facilit surgical0201Room charges for intensive care - medical0659Hospice services - other0202Room charges for intensive care - medical0659Hospice services - other0203Room charges for intensive care - medical0661Re
level IVVV0179Room charges for nursery - other0643Home IV therapy services - IV stat/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - nursing home leave0646Home IV therapy services - training, disabled patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient/caregiver, peripheral0190Room charges for subacute care - general (skilled care)0647Home IV therapy services - other0191Room charges for subacute care - Level I I (comprehensive care)0651Hospice services - other0193Room charges for subacute care - Level II (comprehensive care)0652Hospice services - continuous home care II (comprex care)0194Room charges for subacute care - Level IV (intensive care)0655Hospice services - general inpatient care (non- respite)0200Room charges for intensive care - urgical0657Hospice services - room and board - nursing facilit surgical0202Room charges for intensive care - urgical0659Hospice services - other0204Room charges for intensive care - urgical0650Respite care - hourly charge/side/homemaker/companion0205Room charges for intensive care - urgical0659H
level IVOffOff0179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, patient/caregiver, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, patient/caregiver, peripheral0190Room charges for subacute care - general (skilled care)0647Hospice services - general0191Room charges for subacute care - Level I I (comprehensive care)0651Hospice services - routine home care0193Room charges for subacute care - Level V (intensive care)0655Hospice services - inpatient respite care0194Room charges for subacute care - other V (intensive care)0657Hospice services - physician services0201Room charges for intensive care - medical0659Hospice services - other0202Room charges for intensive care - medical0650Hospice services - other0203Room charges for intensive care - medical0650Hospice services - other0204Room charges
level IVOutput0179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - herapeutic leave0646Home IV therapy services - training, disabled patient/caregiver, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, disabled patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient/caregiver, peripheral0190Room charges for subacute care - general (skilled care)0647Home IV therapy services - other0191Room charges for subacute care - general (skilled care)0652Hospice services - general0192Room charges for subacute care - Level 0651Hospice services - continuous home care II (comprehensive care)0194Room charges for subacute care - Level IV (intensive care)0657Hospice services - general inpatient care (non- respite)0200Room charges for intensive care - other IV (intensive care - other0657Hospice services - physician services0201Room charges for intensive care - IV (intensive care - IV (in
level IVNumber of the services of the
level IVNome IVHome IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0643Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - narsing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, central line0189Room charges for subacute care - general (skilled care)0649Home IV therapy services - training, patient/caregiver, peripheral0190Room charges for subacute care - Level I (skilled care)0651Hospice services - other0193Room charges for subacute care - Level (formplex care)0652Hospice services - inpatient respite care0194Room charges for subacute care - Level (formplex care)0652Hospice services - inpatient respite care0194Room charges for subacute care - Level (formplex care)0655Hospice services - inpatient respite care0194Room charges for subacute care - Level (formplex care)0655Hospice services - inpatient care (non- respite)0199Room charges for intensive care - general (formsly care)0657Hospice services - physician services0200Room charges for intensive care - general (formsly care)0657Hospice services - physician services0200Room charges for intensive care - general (formsly care)0657Hospice services - physician services0202 </td
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level IVNome in the intervention0179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient/caregiver, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for subacute care - general (skilled care)0649Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - Level I (skilled care)0650Hospice services - general0193Room charges for subacute care - Level (stilled care)0651Hospice services - continuous home care II (comprehensive care)0194Room charges for subacute care - Level IV (intensive care)0655Hospice services - general inpatient care (non- respite)0199Room charges for subacute care - other0656Hospice services - general inpatient care (non- respite)0200Room charges for intensive care - general0657Hospice services - physician services
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient/caregiver, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, disabled patient/caregiver, peripheral0189Room charges for subacute care - general (skilled care)0648Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - Level I (skilled care)0650Home IV therapy services - other0191Room charges for subacute care - Level I (skilled care)0651Hospice services - routine home care II (comprehensive care)0193Room charges for subacute care - Level (II (complex care))0655Hospice services - inpatient respite care IV (intensive care)0194Room charges for subacute care - Level (II (complex care))0655Hospice services - general inpatient care (non-0199Room charges for subacute care - other0656Hospice services - general inpatient care (non-
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - general (skilled care)0649Home IV therapy services - other0191Room charges for subacute care - Level I I (comprehensive care)0651Hospice services - routine home care II (complex care)0193Room charges for subacute care - Level II (complex care)0652Hospice services - continuous home care III (complex care)0194Room charges for subacute care - Level0655Hospice services - inpatient respite care
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - general (skilled care)0649Home IV therapy services - other0191Room charges for subacute care - Level I I (comprehensive care)0651Hospice services - routine home care II (complex care)0193Room charges for subacute care - Level III (complex care)0652Hospice services - continuous home care III (complex care)
level IV0179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, central line0190Room charges for subacute care - general (skilled care)0649Home IV therapy services - other0192Room charges for subacute care - Level I (skilled care)0651Hospice services - routine home care II (comprehensive care)
level IVImage: Construction of the second secon
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient/caregiver, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled patient, peripheral0190Room charges for subacute care - general0649Home IV therapy services - other
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home (for hospitalization)0647Home IV therapy services - training, patient/caregiver, peripheral0189Room charges for LOA - other0648Home IV therapy services - training, disabled
level IV10179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient convenience-charges billable0645Home IV therapy services - training patient/caregiver, central line0183Room charges for LOA - therapeutic leave0646Home IV therapy services - training, disabled patient, central line0185Room charges for LOA - nursing home0647Home IV therapy services - training,
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level IV0179Room charges for nursery - other0643Home IV therapy services - IV start/change, peripheral line0180Room charges for LOA - general0644Home IV therapy services - non-routine nursing, peripheral line0182Room charges for LOA - patient0645Home IV therapy services - training
level IV 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
level IV 0179 Room charges for nursery - other 0643 Home IV therapy services - IV start/change, peripheral line
level IV
0174 Room charges for nursery - newborn 0642 Home IV therapy services - IV site care, central lin

2022

σον/ΤΗ		LastI	Indated: January 2023
	Page		
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0500	microbiology	0035	services
0306	Laboratory - bacteriology and	0835	maintenance 100% Peritoneal dialysis - outpatient or home - support
0305	Laboratory - hemotology	0834	Peritoneal dialysis - outpatient or home –
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
			supplies
0303	Laboratory - renal patient (home)	0832	or other rate Peritoneal dialysis - outpatient or home – home
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
			100%
0293	DME - purchase of used	0824	equipment Hemodialysis - outpatient or home – maintenance
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0280	Oncology - general	0819	Acquisition of body components - other donor
0.000	other	0015	allogeneic
0279	Medical surgical supplies and devices -	0815	Acquisition of body components - stem cells-
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
	oxygen - take-home		
0277	intraocular lens (IOL) Medical surgical supplies and devices -	0813	Acquisition of body components - unknown donor
0276	Medical surgical supplies and devices -	0812	Acquisition of body components - cadaver donor
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0273	Medical surgical supplies and devices - take-home		1
	sterile	0809	peritoneal dialysis (CAPD) Inpatient renal dialysis services - other
0272	nonsterile Medical surgical supplies and devices -	0804	ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling
0271	Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous
5270	general	5002	CAPD)
020)	Medical surgical supplies and devices -	0802	Inpatient renal dialysis services - peritoneal (non-
0269	IV Therapy - other	0800	Inpatient renal dialysis services - hemodialysis
0263	IV Therapy - supplies	0790	Inpatient renal dialysis services - general
0262	IV Therapy - pharmacy services IV Therapy - drug/supply delivery	0780	Extra-corporeal shockwave therapy - general
0261 0262	IV Therapy - infusion pump IV Therapy - pharmacy services	0771 0780	Preventive care services - vaccine administration Telemedicine services - general
0260	IV Therapy - general	0770	Preventive care services - general
0259	Pharmacy - other	0769	Treatment or observation room services - other
		0.5.00	Observation Room
0258	Pharmacy - IV solutions	0762	Treatment Room Specialty Room - Treatment/ Observation Room -
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room -
0255	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
	Pharmacy – non-generic drugs		EKG/ECG services - telemetry
0251 0252	Pharmacy - generic drugs	0731 0732	EKG/ECG services - Holter monitor
0250	Pharmacy - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0241		0722	Labor/Dalisson Barry associate dalisson

2022

Last Updated: January, 2023

46

0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home - home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0320	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
0321	angiocardiography	0850	CCID - outpatient of nome - general
0222		0051	CCDD
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	0855	CCPD - outpatient or home - support services
	chemotherapy administration - general		
0331	Radiology - therapeutic and/or	0859	CCPD - outpatient or home - other
	chemotherapy administration -		*
	chemotherapy - injected		
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration -		····8······
	chemotherapy - oral		
0333	Radiology - therapeutic and/or	0861	Magnetoencephalography (MEG) - MEG
0333	chemotherapy administration - radiation	0801	Magnetoencephalography (MEO) - MEO
0005	therapy	0000	
0335	Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
	chemotherapy administration -		
	chemotherapy - IV		
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
	chemotherapy administration - other		
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic	0900	Behavior health treatments/services - general
	procedures		<u> </u>
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0515	radiopharmaceuticals	0701	Denavior neural reactions, services creenoshoek
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
0344	-	0902	Benavior health treatments/services - minet therapy
0240	radiopharmaceuticals	0002	
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity
			therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive
			outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive
			outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community
			behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial
0501	operating room services minor surgery	0712	hospitalization - less intensive
0262	Operating room convices organ	0913	1
0362	Operating room services - organ transplant other than kidney	0915	Behavior health treatment/services - partial
0267	1 2	0014	hospitalization - intensive
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual
	transplant		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	0918	Behavior health treatment/services - testing
	services		
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
0382	Blood - plasma	0923	Other diagnostic services - allergy test
0383	Blood - platelets	0924	Other diagnostic services - pregnancy test
	1		
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
	(cryoprecipitate)		
0389	Blood - other	0940	Other therapeutic services - general

2022	Page
www.dshs.texas.gov/THCIC	47

Last Updated: January, 2023

	Page		
0770	Americanory surgical care - general	1002	treatment - chemical dependency
0490	Ambulatory surgical care - general	1002	treatment - psychiatric Behavior health accommodations - residential
0489	Cardiology - other	1001	Behavior health accommodations - residential
0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
0482	Cardiology - stress test	0999	Patient convenience items - other
0480	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
0479	Cardiology - general	0990	Patient convenience items - admission kits
0472 0479	Audiology - treatment Audiology - other	0995 0996	Patient convenience items - nonpatient room rentais Patient convenience items - late discharge charge
0471 0472	Audiology - diagnostic	0994 0995	Patient convenience items - TV/radio Patient convenience items - nonpatient room rentals
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0459	Emergency room - other	0990	Patient convenience items - general
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
	screening		
0452	medical screening services Emergency room - beyond EMTALA	0988	Professional fees - consultation
0451	Emergency room - EMTALA emergency	0987	Professional fees - hospital visit
0450	Emergency room - general	0986	Professional fees - EEG
0449	Speech-language pathology - other	0985	Professional fees - EKG
	or reevaluation		
0444	Speech-language pathology - evaluation	0984	Professional fees - medical social services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0772	charge	0702	roressionariees oupatient services
0441	Speech-language pathology - hourly	0981	Professional fees - outpatient services
0440 0441	Speech-language pathology - general Speech-language pathology - visit charge	0979 0981	Professional fees - speech therapy Professional fees - emergency room
0439 0440	Occupational therapy - other	0978	Professional fees - occupational therapy
0.420	reevaluation	0070	
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0124	reevaluation	07/1	recessional rees inconnory
0423	Physical therapy - evaluation or	0909	Professional fees - laboratory
0422 0423	Physical therapy - group rate	0964	Professional fees - other
0421 0422	Physical therapy - hourly charge	0963	Professional fees - anesthesiologist (MD) Professional fees - anesthetist (CRNA)
0420 0421	Physical therapy - general Physical therapy - visit charge	0962 0963	Professional fees - ophthalmology Professional fees - anesthesiologist (MD)
0419 0420	Respiratory services - other	0961 0962	Professional fees - psychiatric Professional fees - ophthalmology
0410	therapy Respiratory services other	0041	Professional face neurobistric
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
0412		00.50	(drug and alcohol)
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0404	Other imaging services - PET	0949	Other therapeutic services - other
	mammography		rehabilitation
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0.462	mammography	00.17	equipment - routine
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
	other		
	administration, storage and processing -		······································
0399	Blood and blood component	0944	Other therapeutic services - drug rehabilitation
	processing and storage		
0372	administration, storage and processing –	07-5	Saler alerapeute services - cardiac reliabilitation
0392	Blood and blood component	0943	Other therapeutic services - cardiac rehabilitation
	administration, storage and processing - administration		
0391	Blood and blood component	0942	Other therapeutic services - education/training
0.000	general	00.15	
	administration, storage and processing -		
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy

2022	Page
www.dshs.texas.gov/THCIC	48

Last Updated: January, 2023

	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised livi
	0500	Outpatient services - general	1003	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by	3109	Adult foster care - other
		RHC/FQHC Practitioner to a Member in		
		a Covered Part A Stay at SNF		
	0525	Freestanding Clinic - Visit by		
		RHC/FQHC Practitioner to a Member in		
		a SNF (not Covered Part A Stay) or NF		
		or ICF MR or Other Residential Facility		
	0526	Freestanding Clinic - urgent care		
Length:	4		a Source	: Claim
Field 3:		ENUE_CODE_SEQUENCE_NU		· • • • • • • • • • • • • • • • • • • •
rielu 5.		gnment of numbers to indicate the or		brission of the revenue codes
Length:	3		a Source	
Field 4:		CS_QUALIFIER	isource	Assigned
riela 4:		-		
		A Common Procedure Coding Syste		
Length:	2	Type: Alphanumeric Data	a Source	: Claim
Field 5:	нср	CS_PROCEDURE_CODE		
			m (LICD	CS) code applicable to ancillary services
			III (HCF	(S) code applicable to allemany services (
		mmodations.		
Coding Scheme:	See <i>l</i>	ittp://www.cms.hhs.gov/HCPCSRele	aseCode	Sets/ANHCPCS/list.asp for complete list.
Length:	5		a Source	
Field 6:		DIFIER_1		
riela 0:				
a 11 a 1	Ident	tifies special circumstances related to	the perf	
Coding Scheme:	Ident 22		the perf	Formance of the service A patient with severe systemic disease that is a
Coding Scheme:		tifies special circumstances related to		
Coding Scheme:		tifies special circumstances related to Increased procedural services Unusual Anesthesia		A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation
Coding Scheme:	22	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management	P4	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are
Coding Scheme:	22 23	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other	P4 P5	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation
Coding Scheme:	22 23	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a	P4 P5	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are
Coding Scheme:	22 23 24	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P4 P5 P6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme:	22 23	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio	P4 P5 P6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are
Coding Scheme:	22 23 24	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same	P4 P5 P6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme:	22 23 24	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care	P4 P5 P6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme:	22 23 24	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the	P4 P5 P6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme:	22 23 24 25	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	P4 P5 P6 on E1	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid
Coding Scheme:	22 23 24 25 26	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component	P4 P5 P6 on E1 E2	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid
Coding Scheme:	22 23 24 25	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter	P4 P5 P6 on E1 E2	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid
Coding Scheme:	22 23 24 25 26 27	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date	P4 P5 P6 on E1 cs E2 E3	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Upper right eyelid
Coding Scheme:	22 23 24 25 26 27 32	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services	P4 P5 P6 on E1 cs E2 E3 E4	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid
Coding Scheme:	22 23 24 25 26 27 32 33	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service	P4 P5 P6 on E1 rs E2 E3 E4 F1	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit
Coding Scheme:	22 23 24 25 26 27 32 33 47	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon	P4 P5 P6 on E1 rs E2 E3 E4 F1 F2	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, third digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure	P4 P5 P6 on E1 rs E2 E3 E4 F1 F2 F3	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures	P4 P5 P6 on E1 cs E2 E3 E4 F1 F2 F3 F4	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51 52	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services	P4 P5 P6 on E1 cs E2 E3 E4 F1 F2 F3 F4 F5	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, furth digit Left hand, fifth digit Right hand, thumb
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51 52 53	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure	P4 P5 P6 on E1 cs E2 E3 E4 F1 F2 F3 F4	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fifth digit Right hand, thumb Right hand, second digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51 52 53 54	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only	P4 P5 P6 on E1 cs E2 E3 E4 F1 F2 F3 F4 F5	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, furth digit Left hand, furth digit Right hand, second digit Right hand, second digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51 52 53	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only	P4 P5 P6 on E1 E2 E3 E4 F1 F2 F3 F4 F5 F6	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, second digit Right hand, fourth digit Right hand, fourth digit
Coding Scheme:	22 23 24 25 26 27 32 33 47 50 51 52 53 54	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only	P4 P5 P6 on E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, furth digit Left hand, furth digit Right hand, second digit Right hand, third digit
	22 23 24 25 26 27 32 33 47 50 51 52 53 54 55	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only	P4 P5 P6 on E1 ss E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to surviv without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Right hand, thumb Right hand, fourth digit Right hand, fourth digit
2022 www.dshs.texas	22 23 24 25 26 27 32 33 47 50 51 52 53 54 55 56	tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounter on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only	P4 P5 P6 on E1 rs E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9	A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, second digit Right hand, fourth digit Right hand, fourth digit

49

2022			Page		
Field 10:	UNI	T_MEASUREMENT	_CODE		
Length:	2	Type: Alphanume		ource:	Claim
Coding Scheme:		e as MODIFIER_1		-	
-		tifies special circumsta	nces related to th	ne perfo	ormance of the service.
Field 9:		DIFIER_4			
Length:	2	Type: Alphanume	eric Data S	ource:	Claim
Coding Scheme:		e as MODIFIER_1			
		tifies special circumsta	nces related to th	ne perfo	ormance of the service.
Field 8:	MO	DIFIER_3			
Length:	2	Type: Alphanume	ric Data S	ource:	Claim
Coding Scheme:		e as MODIFIER_1		-	
		tifies special circumsta	nces related to th	ne perfo	ormance of the service.
Field 7:	MO	DIFIER_2			
Length:	2	Type: Alphanume	ric Data S	ource:	Claim
	P3	A patient with severe system		-	
	P2	A patient with mild systemi	c disease	XU	Unusual Non-Overlapping Service
	P1	specified A normal healthy patient		XP	Separate Practitioner
		Action not performed, reaso	on not otherwise		
	8P	Performance Measure Repo	orting Modifier-	XS	Separate Structure
	3P	Performance Measure Exclusion to System Reasons	usion Modifier due	XE	Separate Encounter
	25	to Patient Reasons		VE	
	2P	Performance Measure Excl	usion Modifier due	TA	Left foot, great toe
	1P	Performance Measure Excluto Medical Reasons	usion Modifier due	T9	Right foot, fifth digit
	99	Multiple Modifiers		T8	Right foot, fourth digit
		Telecommunications System			
	95	Synchronous Telemedicine Via a Real-Time Interactive		T7	Right foot, third digit
	92 05	Alternative Laboratory Plat	•	T6	Right foot, second digit
	91	Repeat Clinical Diagnostic	Laboratory Test	T5	Right foot, great toe
	82 90	Reference (Outside) Labora	• •	T4	Left foot, fifth digit
	81 82	Minimum Assistant Surgeo Repeat procedure by same		T2 T3	Left foot, third digit Left foot, fourth digit
	80	Assistant Surgeon	-	T1 T2	Left foot, second digit
		Professional During the Pos			
	17	Physician or Other Qualifie		K I	Night side of the body procedure
	79	During the Postoperative Pe Unrelated Procedure or Ser		RT	Right side of the body procedure
		Initial Procedure for a Relat			
		Qualified Health Care Profe			
	78	Unplanned Return to the Op Room by the Same Physicia		RI	Ramus intermedius coronary artery
	70	Other Qualified Health Car		זם	Pomus intermedius coronary artery
	77	Repeat Procedure by Anoth	er Physician or	RC	Right coronary artery
	76	Repeat Procedure by Same Qualified Health Care Profe	•	QN	Ambulance service furnished directly by a provide of services
	76	Administration of Anesthes	ia	ON	-
	/+	Surgery Center (ASC) Proc		Q M	a provider of services
	74	Administration of Anesthes Discontinued Outpatient Ho		Q	Ambulance service provided under arrangement by
		Surgery Center (ASC) Proc	edure prior to the		
	73	Discontinued Outpatient Ho	ospital/Ambulatory	LT	Left side of the body procedure
	66	Surgical Team		L M	Left main coronary artery
	63	Procedure Performed on Int	fants less than 4kg	LD	Left anterior descending coronary artery
	62	Two Surgeons		LC	Left circumflex coronary artery
	59	Distinct Procedural Service		GH	Diagnostic mammogram converted from screening mammogram on same day
		Period	•		same patent, same cuji
		Same Physician or Other Q Care Professional During th			mammography and diagnostic mammography on same patient, same day.
			e or Service by the		· · · · · · · · · · · · · · · · · · ·

Coding Scheme:	Code specifying the units in which a value is being expressed.DADaysF2International unitUNUnit					
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 11:	UNITS_OF_SI	ERVICE				
	Numeric value	of quantity				
Length:	7 Type:	Numeric	Data Source:	Claim		
Field 12:	UNIT_RATE					
	Rate per unit					
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 13:	CHRGS_LINE	E_ITEM				
	Total amount of	f the charge				
Length:	14 Type:	Numeric	Data Source:	Assigned		
Field 14:	CHRGS_NON	COV				
	Total non-cover	red amount of the c	charge			
Length:	14 Type:	Alphanumeric	Data Source:	Assigned		

FACILITY TYPE INDICATOR FILE

www.dshs.texas	gov/THCIC	_ Page _ 52	Last Updated: January, 2023
2022		Daga	
	from reporting POA to the de	partment: Cri	tical Access Hospitals, Inpatient Rehabilitation
			lentifies the following facility types as exempt
			uired to submit Diagnosis Present on Admission
Field 15:	POA_PROVIDER_INDICA		
Length:	1 Type: Alphanumeric	Data Sour	rce: Provider
	X Facility also treat children		
Coding Scheme:	C Member, Council of Teach	ing Hospitals	
1 1010 17.	Pediatric Facility Indicator.		
Field 14:	FAC_PEDS_IND	Dum Dum	
Length:	1 Type: Alphanumeric	•	rce: Provider
1 1010 101	Other Long Term Care Facilit	v Indicator	
Field 13:	FAC_OTHER_LTC_IND	Data 500	
Length:	1 Type: Alphanumeric	•	rce: Provider
r ieiu 12.	Long Term Acute Care Facili		
Field 12:	FAC_LONG_TERM_AC_		
Length:	1 Type: Alphanumeric		facility type indicator provided by the hospital. ree: Provider
Field 11:	FAC_SNF_IND Skilled Nursing Encility India	ator Uponital	facility type indicator provided by the beenited
Length:	1 Type: Alphanumeric	Data Sour	rce: Provider
Longth	Acute Care Facility Indicator.		Provider
Field 10:	FAC_ACUTE_CARE_IND		
Length:	1 Type: Alphanumeric	Data Sour	rce: Provider
Longth	Rehabilitation Facility Indicat		Dec.: J
Field 9:	FAC_REHAB_IND		
Length:	1 Type: Alphanumeric	Data Sour	rce: Provider
T	Psychiatric Facility Indicator.		
Field 8:	FAC_PSYCH_IND		
Length:	1 Type: Alphanumeric	Data Sour	rce: Provider
T an ath a	X Other Teaching facility	Date St	Dressider
Coding Scheme:	A Member, Council of Teach	ing Hospitals	
	Teaching Facility Indicator.	· • • • •	
Field 7:	FAC_TEACHING_IND		
Length:	9 Type: Alphanumeric	Data Sour	rce: Provider
T	Hospital ZIP code provided b		
Field 6:	PROVIDER_ZIP		
Length:	2 Type: Alphanumeric	Data Soul	rce: Provider
T an atk :	Hospital state provided by the		Drag 11 an
Field 5:	PROVIDER_STATE	1	
Length:	20 Type: Alphanumeric	Data Sour	rce: Provider
	Hospital city provided by the		~
Field 4:	PROVIDER_CITY		
Length:	50 Type: Alphanumeric	Data Sour	rce: Provider
	Hospital address provided by		
Field 3:	PROVIDER_ADDR		
Length:	55 Type: Alphanumeric	Data Sour	rce: Provider
	Hospital name provided by th	e hospital.	
Field 2:	PROVIDER_NAME		
Length:	6 Type: Alphanumeric		· ·
	Provider ID. Unique identifier	r assigned to r	he provider by THCIC
Field 1:	THCIC_ID		

	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						
	Х	Exempt						
	`	Invalid						
Length:	1	Type:	Alphanumeric	Data Source:	Assigned			
Field 16:	PR	PROVIDER_COUNTY						
	Hospital County provided by the hospital.							
Length:	3	Type:	Alphanumeric	Data Source:	Provider			

Field 1:	RECORD_ID						
T A	Provider ID. Unique identifier assigned to the provider by THCIC.						
Length:	6 Type: Alphanumeric Data Source: Assigned						
Field 2:	FROZEN_MS_DRG						
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed						
	for Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing						
	Administration (HCFA)) to facilitate hospital payment for Medicare beneficiaries. The						
	calculation for this field is updated annually.						
Length:	3 Type: Alphanumeric Data Source: Assigned						
Field 3:	FROZEN_MS_MDC						
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that						
	groups beneficiary diagnosis codes into broad categories based on condition type and body						
	region ¹³ as assigned by software developed for the Centers for Medicare and Medicaid						
	Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates						
	hospital payment for Medicare beneficiaries. First available 2004. The calculation for this						
Length:	field is updated annually. 2 Type: Alphanumeric Data Source: Assigned						
Field 4:	2 Type: Alphanumeric Data Source: Assigned FROZEN_MS_GROUPER_VERSION_NBR						
riela 4:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and						
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS						
	DRG and, MS MDC codes. The calculation for this field is updated annually.						
Length:	5 Type: Alphanumeric Data Source: Assigned						
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE						
	Error codes identify potential variations with MS DRG code assignment. The calculation for						
Coding Scheme:	this field is updated annually.						
	00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or ex						
	01 Diagnosis code cannot be used as principal diagnosis 20 DisableHac is invalid and at least one HAC POA is N or U						
	Principal diagnosis Record does not meet criteria for any Record does not meet criteria for an						
	DRG						
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt						
	04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exemp 05 Invalid Disablemac Status 24 DisableHac = 0 and there are multiple HACs that have diff						
	05 Invalid Discharge Status 24 not Y, W, N, U						
	10 Illogical Principal Diagnosis (CMS only) 25 DisableHac is invalid and there are multiple HACs that has						
	are not 1 or w						
Length:	11Invalid Principal Diagnosis2Type:AlphanumericData Source:Assigned						
Field 6:	FROZEN APR DRG						
	FROZEN_APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG						
	Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates						
	risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. The calculation for						
	this field is updated annually.						
Longth							
Length: Field 7:	4 Type: Alphanumeric Data Source: Assigned						
rielu /:	FROZEN_RISK_MORTALITY						
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four						
	Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk						
	of mortality, however it is possible to have an illness of high severity, but low mortality risk.						
	The risk of mortality score indicates the likelihood of dying. The calculation for this field is						
	updated annually.						
Coding Scheme:	1 Minor						
0	2 Moderate						
	3 Major						
2022	4 Extreme						
2022	Page .gov/THCIC 54 Last Updated: January, 2023						

GROUPER FILE

Length:	1 Type: Alphanumeric Data Source: Assigned						
Field 8:	FROZEN_ILLNESS_SEVERITY						
	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis						
	Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic						
	Related Groups inpatient grouper). A patient is assigned to one of four severity levels						
	dependent upon the number and interaction of complications and comorbidities for their						
	specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The						
	calculation for this field is updated annually.						
Coding Scheme:	1 Minor						
	2 Moderate						
	3 Major						
	4 Extreme						
	0 No class specified						
Length:	1 Type: Alphanumeric Data Source: Provider						
Field 9:	FROZEN_APR_MDC						
	All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code						
	that groups beneficiary diagnosis codes into broad categories based on condition type and						
	body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined –						
	Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital						
	inpatients according to reasons for admission, severity of illness and risk of mortality. It is a						
	proprietary product of the company 3M.						
	A grouper refers to software or methodology to classify patients into groups for classification,						
	payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG						
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and						
	Population Health Groupers (Clinical Risk Groups), among others. The calculation for this						
	field is updated annually.						
Length:							
Deligui.	2 Type: Alphanumeric Data Source: Assigned						
Field 10.	EDAZEN ADD CDAUDED						
Field 10:	FROZEN_APR_GROUPER_						
Field 10:	VERSION_NBR						
Field 10:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated						
	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.						
Length:	VERSION_NBRVersion number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.5Type:AlphanumericData Source:Assigned						
	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually.						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group						
Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 12 Gestational age/birth weight conflict (APR only)						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 00 No errors. DRG successfully assigned 12 01 Diagnosis code cannot be used as 19						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is Nor U						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is N or UDRG 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is exempt						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 0 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is is nvalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or expression HAC POA is is nvalid 04 Invalid Sex 22 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birthweight (AP & APR only) 24 DisableHac = 0 and there are multiple HACs that have diff						
<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is is nor UDRG 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt 04 Invalid birthweight (AP & APR only) 24 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birthweight (AP & APR only) 24 Disabl						
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<u>Length:</u> Field 11:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 04 Invalid Sex 22 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birthweight (AP & APR only) 24 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid discharge age in days (AP & APR 25 DisableHac is invalid and there are multiple HACs that have dif not Y, W, N, U						
Length: Field 11: Coding Scheme:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 04 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid 04 Invalid Age 23 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birchweight (AP & APR only) 24 DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25						
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Length: Field 11: Coding Scheme:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 0 00 No errors. DRG successfully assigned 12 01 Diagnosis code cannot be used as 19 02 Record does not meet criteria for any 20 03 Invalid Age 21 03 Invalid Age 21 04 Invalid Sex 22 05 Invalid Mick (AP & APR only) 24 06 Invalid birthweight (AP & APR only) 24 09 Invalid discharge age in days (AP & APR 25 only) DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 only) DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid dirthreincipal Diagnosis 2 DisableHac is invalid						
Length: Field 11: Coding Scheme: Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U DRG 03 Invalid Age 21 DisableHac = 0 and at least one HAC POA is exempt 03 Invalid Sex 22 DisableHac = 0 and there are multiple HAC si exempt 04 Invalid birthweight (AP & APR only) 24 DisableHac = 0 and there are multiple HACs that have dif not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 only) DisableHac is invalid and there are multiple HACs that have dif not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 only)						
Length: Field 11: Coding Scheme: Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG DisableHac is invalid and at least one HAC POA is Nor U DRG 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac = 0 and there are multiple HACs that have dift nor Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 only) DisableHac is invalid and there are multiple HACs that have are not Y or W 11 Invalid Principal Diagnosis 2 DisableHac is invalid and there are multiple HACs that have are not Y or W 11 Invalid Principal D						
Length: Field 11: Coding Scheme: Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or enprincipal diagnosis 02 Record does not meet criteria for any DRG DisableHac is invalid and at least one HAC POA is invalid 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid 04 Invalid Sex 22 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birthweight (AP & APR only) 24 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid discharge age in days (AP & APR 25 Only DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid direnripal						
Length: Field 11: Coding Scheme: Length: Field 12:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 D1 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or exprincipal diagnosis 02 Record does not meet criteria for any DRG 20 DisableHac is invalid and at least one HAC POA is invalid or exprincipal diagnosis 03 Invalid Age 21 DisableHac = 0 and tleast one HAC POA is exempt 05 Invalid Sex 22 DisableHac = 0 and there are multiple HAC is that have dift not Y, W, N, U 04 Invalid discharge age in days (AP & APR only) 24 DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 O and there are multiple HACs that have d						
Length: Field 11: Coding Scheme: Length:	VERSION_NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned FROZEN_APR_GRP_ERROR_C ODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 01 Diagnosis code cannot be used as principal diagnosis 19 DisableHac = 0 and at least one HAC POA is invalid or enprincipal diagnosis 02 Record does not meet criteria for any DRG DisableHac is invalid and at least one HAC POA is invalid 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid 04 Invalid Sex 22 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid birthweight (AP & APR only) 24 DisableHac is invalid and at least one HAC POA is exempt 05 Invalid discharge age in days (AP & APR 25 Only DisableHac is invalid and there are multiple HACs that have dift not Y, W, N, U 09 Invalid direnripal						

Field 13:	MS_MDC							
	Medicare Sev	erity (MS) Major Diag	nostic Category M	DC) is a three-digit numeric code that				
	groups beneficiary diagnosis codes into broad categories based on condition type and body							
	region ¹³ as assigned by software developed for the Centers for Medicare and Medicaid							
	Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates							
	hospital payment for Medicare beneficiaries. First available 2004. The calculation for this							
	field is update	ed quarterly.						
Length:	2 Type:	Alphanumeric	Data Source:	Assigned				
Field 14:		PER_VERSION_NBR						
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and							
				_NBR) version used to assign MS				
	DRG and, MS MDC codes The calculation for this field is updated quarterly.							
Coding Scheme:								
		o treat children						
Length:	5 Type:	Alphanumeric	Data Source:	Assigned				
Field 15:		PER_ERROR_CODE						
		• 1	ons with MS DRG	code assignment. The calculation for				
		odated quarterly.						
Coding Scheme:		s. DRG successfully	19 DisableHac =	0 and at least one HAC POA is invalid or exempt				
	assigned.	s code cannot be used as		-				
		diagnosis	20 DisableHac is	invalid and at least one HAC POA is N or U				
	0/	oes not meet criteria for any	21 DisableHac is	invalid and at least one HAC POA is invalid or ex-				
	02 DRG 03 Invalid A		22 DisableHac =	0 and at least one HAC POA is exempt				
	04 Invalid S	0		invalid and at least one HAC POA is exempt				
			DisableHac - (0 and there are multiple HACs that have different 1				
		Discharge Status	24 W, N, U	-				
	10 Illogical only)	Principal Diagnosis (CMS	25 DisableHac is not Y or W	invalid and there are multiple HACs that have diff				
		rincipal Diagnosis						
Length:	2 Type:	Alphanumeric	Data Source:	Assigned				
Field 16:	APR_DRG							
				DRG) as assigned by 3M APR-DRG				
				roups inpatient grouper). Incorporates				
		ity (ROM) and severity	· · · · ·					
Length:	<u>4 Type:</u>	Alphanumeric	Data Source:	Assigned				
Field 17:	RISK_MOR							
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient							
		Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four						
	Refined Diag		npatient grouper).	A patient is assigned to one of four				
	Refined Diag risk-of-mortal	lity levels for their spec	inpatient grouper). ific base 3M APR	A patient is assigned to one of four DRG. Often correlated with the risk				
	Refined Diag risk-of-mortal of mortality, h	lity levels for their spec nowever it is possible to	inpatient grouper). ific base 3M APR b have an illness of	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk.				
	Refined Diag risk-of-mortal of mortality, h The risk of mortality	lity levels for their spec nowever it is possible to ortality score indicates	inpatient grouper). ific base 3M APR b have an illness of	A patient is assigned to one of four DRG. Often correlated with the risk				
Coding Scheme	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart	lity levels for their spec nowever it is possible to ortality score indicates	npatient grouper). ific base 3M APR b have an illness of the likelihood of d	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk.				
Coding Scheme:	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart	lity levels for their spec nowever it is possible to ortality score indicates	inpatient grouper). ific base 3M APR b have an illness of	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk.				
Coding Scheme:	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart	lity levels for their spec nowever it is possible to ortality score indicates	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk.				
C	Refined Diag risk-of-mortal of mortality, H The risk of mou updated quart 1 2 3 4	lity levels for their spec nowever it is possible to ortality score indicates erly.	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is				
Length:	Refined Diag risk-of-mortal of mortality, H The risk of mou updated quart 1 2 3 4 1 Type:	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk.				
C	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart 1 2 3 4 1 Type: ILLNESS_SI	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source:	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is Asigned				
Length:	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY f a severity of illness so	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is Asigned Patient Refined (APR) Diagnosis				
Length:	Refined Diag risk-of-mortal of mortality, H The risk of mo updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M 4	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is Asigned Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic				
Length:	Refined Diag risk-of-mortal of mortality, H The risk of mou updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group	lity levels for their spectors of their spectors of the spectors of the spectors of the spectors of the spector	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe patient is assigned	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels				
Length:	Refined Diag risk-of-mortal of mortality, H The risk of mu updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group dependent upo	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M A ps inpatient grouper). A on the number and inter	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe patient is assigned raction of complica	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Length:	Refined Diagn risk-of-mortal of mortality, H The risk of me updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment of Related Group Related Group dependent up specific base 2	lity levels for their spector nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M A ps inpatient grouper). A on the number and inter 3M APR DRG. Indicate	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe a patient is assigned raction of complicates es the extent of physical and a state of physical and an	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels				
Length: Field 18:	Refined Diag risk-of-mortal of mortality, H The risk of mu updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group dependent upo specific base 3 calculation fo	lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M A ps inpatient grouper). A on the number and inter	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe patient is assigned raction of complicates es the extent of phy- uarterly.	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Length:	Refined Diagn risk-of-mortal of mortality, H The risk of me updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment of Related Group Related Group dependent up specific base 2	lity levels for their spector nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M A ps inpatient grouper). A on the number and inter 3M APR DRG. Indicate	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe a patient is assigned raction of complicates es the extent of physical and a state of physical and an	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Length: Field 18: Coding Scheme:	Refined Diag risk-of-mortal of mortality, H The risk of mu updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group dependent upo specific base 3 calculation fo	lity levels for their spectors of their spectors of the spectors of the spector o	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: core from the All P APR-DRG Groupe patient is assigned raction of complica es the extent of phy uarterly. Minor	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Length: Field 18:	Refined Diag risk-of-mortal of mortality, H The risk of mu updated quart 1 2 3 4 1 Type: ILLNESS_SI Assignment of Related Group Related Group dependent up specific base 1 calculation fo 1	lity levels for their spector nowever it is possible to ortality score indicates erly. Alphanumeric EVERITY of a severity of illness so p (DRG) from the 3M A ps inpatient grouper). A on the number and inter 3M APR DRG. Indicate	inpatient grouper). ific base 3M APR b have an illness of the likelihood of d Minor Moderate Major Extreme Data Source: Core from the All P APR-DRG Groupe Apatient is assigned raction of complicates the extent of phy uarterly. Minor	A patient is assigned to one of four DRG. Often correlated with the risk high severity, but low mortality risk. ying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis r (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				

	2				Moderate		
	3				Major		
	4				Extreme		
	0				No class speci		
Length:	1	Type:	Alphanumeric	Data	Source:	Assigned	
Field 19:		R_MDC					
	All	Patient R	efined (APR) Major Diag	gnostic	Category (MDC) is a three-digit numeric code	
	that	groups b	eneficiary diagnosis code	es into	broad categ	ories based on condition type and	
	body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined –						
						dology that classifies hospital	
						of illness and risk of mortality. It is a	
	-		e		i, severity u	of filless and fisk of mortanty. It is a	
			roduct of the company 31		. 1		
	A grouper refers to software or methodology to classify patients into groups for						
						nt Groupers (3M APR DRG	
						tory Patient Groups – EAPGs) and	
	Pop	ulation H	ealth Groupers (Clinical	Risk G	iroups), am	ong others. The calculation for this	
	field	l is update	ed quarterly.				
Length:	2	Type:	Alphanumeric	Data	Source:	Assigned	
Field 20:	API	R_GROU	PER_VERSION_NBR	2			
	Ver	sion num	ber of the 3M APR-DRG	Group	per used. Th	ne calculation for this field is updated	
		rterly.		1		L	
Length:	5	Type:	Alphanumeric	Data	Source:	Assigned	
Field 21:	API	R GROU	PER ERROR CODE				
				DRG G	rouper. The	e calculation for this field is updated	
		rterly.					
			tal Acquired Condition				
		1	t on Admission				
~ . ~ .			ostic Related Group	10	G i i i		
Coding Scheme:	00 01		s. DRG successfully assigned	12		l age/birth weight conflict (APR only)	
	01	0	is code cannot be used as l diagnosis	19	DisableHa	c = 0 and at least one HAC POA is invalid or exe	
	02	1 1	does not meet criteria for any	20	DisableHa	c is invalid and at least one HAC POA is N or U	
	02	DRG	abes not meet enterna for any	20	Disubicita		
	03	Invalid A	Age	21	DisableHa	c is invalid and at least one HAC POA is invalid (
	04	Invalid S	Sex	22	DisableHa	c = 0 and at least one HAC POA is exempt	
	05		Discharge Status	23		c is invalid and at least one HAC POA is exempt	
	06	Invalid l	oirthweight (AP & APR only)	24		c = 0 and there are multiple HACs that have diffe	
	00	Invol: 1	licahanaa aga in dawa (AD 6 A)	DD 25	not Y, W,		
	09	only)	discharge age in days (AP & Al	FK 23	are not Y of	c is invalid and there are multiple HACs that have or W	
	11		Principal Diagnosis			22 11	
Length:	2	Type:	Alphanumeric	Data	Source:	Assigned	
nenem.	4	T J PC.	7 ipitalianene	Data	Source.	1100151100	

DATA ELEMENT

BASE DATA FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	12	Alphanumeric
2	PAT_UNIQUE_INDEX	10	Alphanumeric
3	THCIC_ID	6	Alphanumeric
4	SPEC_UNIT_1	1	Alphanumeric
5	SPEC_UNIT_2	1	Alphanumeric
6	SPEC_UNIT_3	1	Alphanumeric
7	SPEC_UNIT_4	1	Alphanumeric
8	SPEC_UNIT_5	1	Alphanumeric
9	ENCOUNTER_INDICATOR	2	Alphanumeric
10	SEX_CODE	1	Alphanumeric
11	BIRTH_DATE	8	Alphanumeric
12	PAT_AGE_GROUP	2	Alphanumeric
13	PAT AGE YEARS	3	Alphanumeric
14	PAT AGE DAYS	5	Alphanumeric
15	RACE	1	Alphanumeric
16	ETHNICITY	1	Alphanumeric
17	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
18	PAT ADDR CENSUS BLOCK	5	Alphanumeric
19	PAT_CITY	30	Alphanumeric
20	PAT_STATE	2	Alphanumeric
21	PAT ZIP	9	Alphanumeric
22	PAT_COUNTRY	2	Alphanumeric
23	PAT_COUNTY	3	Alphanumeric
24	PUBLIC_HEALTH_REGION	2	Alphanumeric
25	TYPE_OF_ADMISSION	1	Alphanumeric
26	SOURCE_OF_ADMISSION	1	Alphanumeric
27	FIRST_PAYMENT_SRC	2	Alphanumeric
28	FIRST_PAYER_ID	10	Alphanumeric
29	FIRST PAYER NAME	35	Alphanumeric
30	SECONDARY_PAYMENT_SRC	2	Alphanumeric
31	SECONDARY_PAYER_ID	10	Alphanumeric
32	SECONDARY_PAYER_NAME	35	Alphanumeric
33	ADMIT_START_OF_CARE	8	Alphanumeric
34	ADMIT WEEKDAY	1	Alphanumeric
35	ADMIT_HOUR	2	Alphanumeric
36	STMT_PERIOD_FROM	8	Alphanumeric
37	STMT_PERIOD_THRU	8	Alphanumeric
38	LENGTH_OF_STAY	4	Alphanumeric
39	PAT_STATUS	2	Alphanumeric
40	DISCHARGE_HOUR	2	Alphanumeric
41	TYPE_OF_BILL	3	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
42	ADMITTING_DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH_DIAG_CODE_1	7	Alphanumeric
46	POA_OTH_DIAG_CODE_1	1	Alphanumeric
47	OTH_DIAG_CODE_2	7	Alphanumeric
48	POA_OTH_DIAG_CODE_2	1	Alphanumeric
49	OTH_DIAG_CODE_3	7	Alphanumeric
50	POA_OTH_DIAG_CODE_3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA_OTH_DIAG_CODE_5	1	Alphanumeric
55	OTH_DIAG_CODE_6	7	Alphanumeric
56	POA_OTH_DIAG_CODE_6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA_OTH_DIAG_CODE_7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA_OTH_DIAG_CODE_9	1	Alphanumeric
63	OTH_DIAG_CODE_10	7	Alphanumeric
64	POA_OTH_DIAG_CODE_10	1	Alphanumeric
65	OTH_DIAG_CODE_11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA_OTH_DIAG_CODE_12	1	Alphanumeric
69	OTH_DIAG_CODE_13	7	Alphanumeric
70	POA_OTH_DIAG_CODE_13	1	Alphanumeric
71	OTH_DIAG_CODE_14	7	Alphanumeric
72	POA_OTH_DIAG_CODE_14	1	Alphanumeric
73	OTH_DIAG_CODE_15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA_OTH_DIAG_CODE_16	1	Alphanumeric
77	OTH_DIAG_CODE_17	7	Alphanumeric
78	POA_OTH_DIAG_CODE_17	1	Alphanumeric
79	OTH_DIAG_CODE_18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric
85	OTH_DIAG_CODE_21	7	Alphanumeric
86	POA_OTH_DIAG_CODE_21	1	Alphanumeric
87	OTH_DIAG_CODE_22	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
88	POA_OTH_DIAG_CODE_22	1	Alphanumeric
89	OTH_DIAG_CODE_23	7	Alphanumeric
90	POA_OTH_DIAG_CODE_23	1	Alphanumeric
91	OTH_DIAG_CODE_24	7	Alphanumeric
92	POA_OTH_DIAG_CODE_24	1	Alphanumeric
93	E_CODE_1	7	Alphanumeric
94	POA_E_CODE_1	1	Alphanumeric
95	E_CODE_2	7	Alphanumeric
96	POA_E_CODE_2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA_E_CODE_4	1	Alphanumeric
101	E_CODE_5	7	Alphanumeric
102	POA_E_CODE_5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA_E_CODE_6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA_E_CODE_8	1	Alphanumeric
109	E_CODE_9	7	Alphanumeric
110	POA_E_CODE_9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC_SURG_PROC_DATE	8	Alphanumeric
115	PRINC_SURG_PROC_DAY	4	Alphanumeric
116	OTH_SURG_PROC_CODE_1	7	Alphanumeric
117	OTH_SURG_PROC_DATE_1	8	Alphanumeric
118	OTH_SURG_PROC_DAY_1	4	Alphanumeric
119	OTH_SURG_PROC_CODE_2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH_SURG_PROC_CODE_3	7	Alphanumeric
123	OTH_SURG_PROC_DATE_3	8	Alphanumeric
124	OTH_SURG_PROC_DAY_3	4	Alphanumeric
125	OTH_SURG_PROC_CODE_4	7	Alphanumeric
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH_SURG_PROC_CODE_6	7	Alphanumeric
132	OTH_SURG_PROC_DATE_6	8	Alphanumeric
133	OTH_SURG_PROC_DAY_6	4	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
134	OTH_SURG_PROC_CODE_7	7	Alphanumeric
135	OTH_SURG_PROC_DATE_7	8	Alphanumeric
136	OTH_SURG_PROC_DAY_7	4	Alphanumeric
137	OTH_SURG_PROC_CODE_8	7	Alphanumeric
138	OTH_SURG_PROC_DATE_8	8	Alphanumeric
139	OTH_SURG_PROC_DAY_8	4	Alphanumeric
140	OTH_SURG_PROC_CODE_9	7	Alphanumeric
141	OTH_SURG_PROC_DATE_9	8	Alphanumeric
142	OTH_SURG_PROC_DAY_9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH_SURG_PROC_DATE_10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH_SURG_PROC_CODE_11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH_SURG_PROC_DATE_12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH_SURG_PROC_DATE_13	8	Alphanumeric
154	OTH_SURG_PROC_DAY_13	4	Alphanumeric
155	OTH_SURG_PROC_CODE_14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH_SURG_PROC_DAY_15	4	Alphanumeric
161	OTH_SURG_PROC_CODE_16	7	Alphanumeric
162	OTH_SURG_PROC_DATE_16	8	Alphanumeric
163	OTH_SURG_PROC_DAY_16	4	Alphanumeric
164	OTH_SURG_PROC_CODE_17	7	Alphanumeric
165	OTH_SURG_PROC_DATE_17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH_SURG_PROC_DATE_18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric
170	OTH_SURG_PROC_CODE_19	7	Alphanumeric
171	OTH_SURG_PROC_DATE_19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH_SURG_PROC_DATE_21	8	Alphanumeric
178	OTH_SURG_PROC_DAY_21	4	Alphanumeric
179	OTH_SURG_PROC_CODE_22	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH_SURG_PROC_DATE_23	8	Alphanumeric
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH_SURG_PROC_DATE_24	8	Alphanumeric
187	OTH_SURG_PROC_DAY_24	4	Alphanumeric
188	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR_CODE_3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR_DATE_4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR_CODE_5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR_DATE_6	8	Alphanumeric
207	OCCUR_DAY_6	4	Alphanumeric
208	OCCUR_CODE_7	2	Alphanumeric
209	OCCUR_DATE_7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR_CODE_8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR_CODE_9	2	Alphanumeric
215	OCCUR_DATE_9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR_CODE_10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR_CODE_12	2	Alphanumeric
224	OCCUR_DATE_12	8	Alphanumeric
225	OCCUR_DAY_12	4	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR_SPAN_CODE_2	2	Alphanumeric
230	OCCUR_SPAN_FROM_2	8	Alphanumeric
231	OCCUR_SPAN_THRU_2	8	Alphanumeric
232	OCCUR_SPAN_CODE_3	2	Alphanumeric
233	OCCUR_SPAN_FROM_3	8	Alphanumeric
234	OCCUR_SPAN_THRU_3	8	Alphanumeric
235	OCCUR_SPAN_CODE_4	2	Alphanumeric
236	OCCUR_SPAN_FROM_4	8	Alphanumeric
237	OCCUR_SPAN_THRU_4	8	Alphanumeric
238	CONDITION_CODE_1	2	Alphanumeric
239	CONDITION_CODE_2	2	Alphanumeric
240	CONDITION_CODE_3	2	Alphanumeric
241	CONDITION_CODE_4	2	Alphanumeric
242	CONDITION_CODE_5	2	Alphanumeric
243	CONDITION_CODE_6	2	Alphanumeric
244	CONDITION_CODE_7	2	Alphanumeric
245	CONDITION_CODE_8	2	Alphanumeric
246	VALUE_CODE_1	2	Alphanumeric
247	VALUE_AMOUNT_1	9	Numeric
248	VALUE_CODE_2	2	Alphanumeric
249	VALUE_AMOUNT_2	9	Numeric
250	VALUE_CODE_3	2	Alphanumeric
251	VALUE_AMOUNT_3	9	Numeric
252	VALUE_CODE_4	2	Alphanumeric
253	VALUE_AMOUNT_4	9	Numeric
254	VALUE_CODE_5	2	Alphanumeric
255	VALUE_AMOUNT_5	9	Numeric
256	VALUE_CODE_6	2	Alphanumeric
257	VALUE_AMOUNT_6	9	Numeric
258	VALUE_CODE_7	2	Alphanumeric
259	VALUE_AMOUNT_7	9	Numeric
260	VALUE_CODE_8	2	Alphanumeric
261	VALUE_AMOUNT_8	9	Numeric
262	VALUE_CODE_9	2	Alphanumeric
263	VALUE_AMOUNT_9	9	Numeric
264	VALUE_CODE_10	2	Alphanumeric
265	VALUE_AMOUNT_10	9	Numeric
266	VALUE_CODE_11	2	Alphanumeric
267	VALUE_AMOUNT_11	9	Numeric
268	VALUE_CODE_12	2	Alphanumeric
269	VALUE_AMOUNT_12	9	Numeric
270	PRIVATE_AMOUNT	12	Numeric
271	SEMI_PRIVATE_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER_AMOUNT	12	Numeric
276	PHARM_AMOUNT	12	Numeric
277	MEDSURG_AMOUNT	12	Numeric
278	DME_AMOUNT	12	Numeric
279	USED_DME_AMOUNT	12	Numeric
280	PT_AMOUNT	12	Numeric
281	OT_AMOUNT	12	Numeric
282	SPEECH_AMOUNT	12	Numeric
283	IT_AMOUNT	12	Numeric
284	BLOOD_AMOUNT	12	Numeric
285	BLOOD_ADM_AMOUNT	12	Numeric
286	OR_AMOUNT	12	Numeric
287	LITH_AMOUNT	12	Numeric
288	CARD_AMOUNT	12	Numeric
289	ANES_AMOUNT	12	Numeric
290	LAB AMOUNT	12	Numeric
291	 RAD_AMOUNT	12	Numeric
292	 MRI_AMOUNT	12	Numeric
293	OP_AMOUNT	12	Numeric
294	ER_AMOUNT	12	Numeric
295	AMBULANCE_AMOUNT	12	Numeric
296	PRO_FEE_AMOUNT	12	Numeric
297	ORGAN_AMOUNT	12	Numeric
298	ESRD_AMOUNT	12	Numeric
299	CLINIC_AMOUNT	12	Numeric
300	TOTAL CHARGES	12	Numeric
301	TOTAL_NON_COV_CHARGES	12	Numeric
302	TOTAL CHARGES ACCOMM	12	Numeric
303	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
304	TOTAL CHARGES ANCIL	12	Numeric
305	TOTAL NON COV CHARGES ANCIL	12	Numeric
306	INBOUND_INDICATOR	1	Alphanumeric
307	EMERGENCY_DEPT_FLAG	1	Alphanumeric
308	DISCHARGE	6	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Alphanumeric

CHARGES FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric
16	PROVIDER_COUNTY	3	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_ APR_GROUPER_ VERSION_NBR	5	Alphanumeric
11	FROZEN_ APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

GROUPER FILE

APPENDIX

History of Changes

2022 Revisions

Field 318: DISCHARGE: Additional information regarding the breakdown of months into quarters added Added Fields: Fields 1-21 in the grouper data file.

External Code Sources

https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4 https://www.cms.gov/glossary?term=National+Payer&items_per_page=10 https://www.cms.gov/glossary?term=Admitting+Diagnosis+Code&items_per_page=30&viewmode=grid https://www.cms.gov/glossary?term=Diagnosis+Code&items_per_page=30&viewmode=grid https://www.3m.com/3M/en_US/health-information-systems-us/drive-value-based-care/patient-classificationmethodologies/apr-drgs/_ttps://resdac.org/cms-data/variables/principal-procedure-code https://www.ahrq.gov/hai/hac/tools.html#:~:text=Hospital%2DAcquired%20Conditions%20(HACs),conditions%20 cause%20harm%20to%20patients