

## TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILE **USER MANUAL-2022**

### **Center for Health Statistics Texas Health Care Information Collection**

BACKGROUND	
TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES	2
PATIENT/PHYSICIAN CONFIDENTIALITY	
RESTRICTIONS ON DATA USE	
DATA LIMITATIONS	
HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE.	8
CITATION	8
Emergency Department Data Dictionary	. 10
INPATIENT BASE DATA FILE	
INPATIENT CHARGES DATA FILE	. 45
INPATIENT FACILITY TYPE INDICATOR FILE	. 51
INPATIENT GROUPER DATA FILE	
OUTPATIENT BASE FILE	
DUTPATIENT CHARGES FILE	. 86
OUTPATIENT FACILITY TYPE INDICATOR FILE	
OUTPATIENT GROUPER FILE	
INPATIENT BASE DATA FILE	
INPATIENT CHARGES FILE	
INPATIENT FACILITY TYPE INDICATOR FILE	
INPATIENT GROUPER FILE	
OUTPATIENT BASE DATA FILE	
OUTPATIENT CHARGES DATA FILE	
OUTPATIENT FACILITY TYPE INDICATOR FILE	
OUTPATIENT GROUPER FILE	121

#### **BACKGROUND**

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC). DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals in January 1, 2015 per the rules established in 25 Texas Administrative Code (TAC), Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

#### TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES

<u>THSC Section 108.0135(a)</u> permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files (PUDF) if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under <u>HSC Section 108.0135</u>.

THSC Section 108.013(k) permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under THSC Section 108.0135. These data are provided as Research Data Files (RDF) containing protected patient-level information and shall be used only for the benefit of the public subject to specific limitations defined by THSC Section 108.0135.

The ED RDF includes all the variables in the ED (PUDF) and the additional patient sensitive or confidential data variables only available to DSHS and HHSC programs under <a href="https://dx.ncbi.nlm.nih.gov/THSC-Section-108.013">THSC Section 108.013(k)</a>. 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 ED RDF contains:

- Inpatient (IP) Base Data File This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics. Other elements in the Base Data file include Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC; Clinical Classification Software codes; and Clinical Risk Group codes, status and severity.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains 3M™ Enhanced Ambulatory Patient Grouping (EAPG) codes and Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classification information.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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

- Inpatient Comments File This PDF file contains any comments that hospitals, ASCs and FEMCFs included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document This document provides information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low numbers and their identification was masked in the data, reported no discharges or if they closed or were out of compliance, and whether they submitted any comments about their data.

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

Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

### PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED RDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. THSC Section 108.013(c) stipulates that DSHS may not release, and a person or entity may not gain access to, any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates THSC Section 108.013 and may incur penalties as stated in THSC Sections 108.014 and 108.0141. In addition, under THSC Sections 108.013(e) and (f), patient and/or physician information in the ED 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 <u>THSC Sections 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  $3M^{TM}$  All-Payer Refined Diagnosis Related Group (DRG) code for a hospital, ASC or FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. ED 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 HSC Chapter 108 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, physician, hospital, ASC or FEMCF for the purpose of verifying information supplied in the DSHS ED RDF.

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

<u>THSC Section 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, ASC or FEMCF 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 ED RDF:

- 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, ASC or FEMCF 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 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 Emergency Department Research Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are 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 THSC Sections 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 ED RDF user (i.e., the licensee) 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.)

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected in the THCIC 837 format.
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M™. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnoses present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
- 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.
- 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.
- The data are a snapshot in time. Hospitals, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter.

- Depending on hospital, ASC and FEMCFs' 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.
- Updates to the ED RDF manual, if any, are available through the THCIC website, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals, ASCs and FEMCFs in the state not specifically exempted. Some hospitals, ASCs, and FEMCFs may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods. This hospital, ASC and FEMCF 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 facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

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

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

Included with the ED RDF are two separate files ("Hospital Comments File" and Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals and FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, and FEMCFs (or physicians or healthcare practitioners within those hospitals and FEMCFs) and are not necessarily the views of the DSHS. Hospitals and FEMCFs that submitted comments are identified in two separate files called the "Hospital Comments" (for inpatient data) and "Outpatient Facility Comments" (for outpatient data).

#### **CITATION**

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

Texas Emergency Department Research Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health

Statistics, Austin, Texas. [date of publication].

2022

### **Emergency Department Data Dictionary**

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Hospital Emergency Department (ED) Research Data File (RDF).

The following information is provided:

Field	Unique, abbreviated name of the data element.
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals
Data Source	Provided by the health care facility on the claim form (Claim)
	Provided to THCIC by the healthcare facility (Provider)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
_	Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted following the Data Source.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the value `(Backtick, Back quote, Grave accent mark).

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

#### **INPATIENT BASE DATA 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 (Public Use Data File) Record ID. Each claim associated with a									
	atient's visit generates a unique Record ID. Does match with RECORD_ID in other Inpatient									
	DF files.									
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned									
Field 2:	AT_UNIQUE_INDEX									
	PUI) Unique identifier assigned to the patient by THCIC.A patient unique index is assigned for									
	ach uniquely identifiable patient in the data set. There can be multiple Record IDs associated with									
	ne PUI (see Field # 1).									
Length:	0 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned									
Field 3:	THCIC_ID									
	rovider ID. Unique identifier assigned to the provider by THCIC.									
Length:	Type: Alphanumeric Data Source: Assigned									
Field 4:	PEC UNIT 1									
riciu 4.										
	pecialty Unit in which most days stay occurred based on number of days by Type of Bill or									
a 11 a 1	Revenue Code.									
<b>Coding Scheme:</b>										
	Detoxification Unit Y Psychiatric Unit									
	Intensive Care Unit R Rehabilitation Unit Hospice Unit U Sub-acute Care Unit									
	r · · · · · · · · · · · · · · · · · · ·									
	Nursery S Skilled Nursing Unit Obstetric Unit Blank Acute Care									
	Oncology Unit									
Length:	Type: Alphanumeric Data Source: Calculated									
Field 5:	PEC_UNIT_2									
2022										

	Specialty Unit in what Revenue Code.	nich 2 <sup>nd</sup> most da	ys stay occurred b	pased on number of days by Type of Bill or
Coding Scheme:	Same as SPEC_UN	T 1.		
Length:			ata Source:	Calculated
Field 6:	SPEC_UNIT_3			
	Specialty Unit in what Revenue Code.	nich 3 <sup>rd</sup> most da	ys stay occurred b	pased on number of days by Type of Bill or
<b>Coding Scheme:</b>	Same as SPEC_UN	T_1.		
Length:	1 <b>Type:</b> Alph	anumeric <b>D</b>	ata Source:	Calculated
Field 7:	SPEC_UNIT_4			
	Revenue Code.		ys stay occurred b	pased on number of days by Type of Bill or
<b>Coding Scheme:</b>	Same as SPEC_UN	IT_1.		
Length:	1 <b>Type:</b> Alph	anumeric <b>D</b>	ata Source:	Calculated
Field 8:	Revenue Code.		ys stay occurred b	pased on number of days by Type of Bill or
<b>Coding Scheme:</b>	Same as SPEC_UN	T_1.		
Length:	· · · · ·		ata Source:	Calculated
Field 9:	ENCOUNTER_IN			
				ounter. The encounter refers to an electronic
				ered for a patient episode of care (admission ting. Some non-acute care patients may have
	0 ,	• 1		rd, such as patients in rehabilitation hospitals,
	long term care hosp			ed, such as patients in rendomenton nospitais,
Length:			ata Source:	Calculated
Field 10:	SEX_CODE			
11010 100	Gender of the patier	it as recorded at	t date of admission	n or start of care.
<b>Coding Scheme:</b>	M Male			
G	F Female			
÷	U Unknown			GL :
Length:	<u> </u>	anumeric <b>D</b>	ata Source:	Claim
Field 11:	BIRTH_DATE		1 . 4 . 1 . 4 6 1	Yana an akamba Caama
Length:	Birth date of the pat		i at date of admiss Pata Source:	Claim
Field 12:	8 Type: Alph PAT AGE GROU		ata Source:	Cialili
riciu 12.	Code indicating age		ovs or vears on dat	te of discharge
<b>Coding Scheme:</b>	00 1-28 days	10 35-39		85-89
coung seneme.	01 29-365 days	11 40-44	21	90+
	02 1-4 years	12 45-49		and drug/alcohol use patients:
	03 5-9 04 10-14	13 50-54 14 55-59		0-17 18-44
	05 15-17	15 60-64		45-64
	06 18-19	16 65-69		65-74
	07 20-24 08 25-29	17 70-74 18 75-79		75+ Invalid
	09 30-34	19 80-84		invand
Length:		anumeric <b>D</b>	ata Source:	Assigned
Field 13:	PAT_AGE_YEAR	S		
	Age of patient in ye	ars on date of di	ischarge.	
Length:	3 <b>Type:</b> Alph	anumeric <b>D</b>	ata Source:	Claim
Field 14:	PAT_AGE_DAYS			
	Age of patient in da	ys on date of dis	scharge.	
2022				
www.dshs.texas	s.gov/THCIC		<b>Page 11</b>	Last Updated: April 2024
	J - · ·			× F F ×

Length:	5	Type:	Alphanuı	neric	Data Source	:	Claim			
Field 15:	RAC	CE								
	Cod	Code indicating the patient's race.								
<b>Coding Scheme:</b>	1	American I	ndian/Eskim	o/Aleut						
	2		cific Islande	r						
	3 4	Black White								
	5	Other								
Length:	1	Type:	Alphanuı	neric	<b>Data Source</b>	:	Claim			
Field 16:	ETH	INICITY								
	Code	e indicatin	g the Hisp	anic orig	gin of the patie	ent.				
<b>Coding Scheme:</b>	1	Hispanic O	rigin							
_	2	_	oanic Origin	_						
Length:	1	Type:	Alphanuı		Data Source	:	Claim			
Field 17:					K_GROUP					
		-			eet address.					
Length:	14	Type:	Alphanuı		Data Source	:	Calculated			
Field 18:		T_ADDR_								
		sus block o	-							
Length:	5	Type:	Alphanuı	neric	Data Source	:	Calculated			
Field 19:		CITY	_							
					by the patient.		<b>.</b>			
Length:	30	Type:	Alphanuı	neric	Data Source	:	Provider			
Field 20:		Γ_STATE								
·			-		by the patient.		<b>.</b>			
Length:	2	Type:	Alphanuı	neric	Data Source	<u>:                                    </u>	Provider			
Field 21:		T_ZIP	- T							
T (1				-	ided by the pa		D '1			
Length:	9	Type:	Alphanui	neric	Data Source	<u>:                                    </u>	Provider			
Field 22:		COUNT		J4:-1 -	11 T:	_:	1 1 41 T4			
		ntry of pat dardizatio		dentiai a	adress. List m	aintainec	i by the interna	ational Organization for		
Coding scheme:		www.ISO.		mnlete li	st					
Length:	2	<b>Type:</b>	Alphanui	-	Data Source	•	Provider			
Field 23:	PAT	COUNT		110110	Data Source	•	110 (1001			
11010 25.		S code of p		ounty.						
Coding scheme:	001	Anderson		Donley	257	Kaufman	385	Real		
<b>9</b>	003	Andrews	131	Duval	259	Kendall	387	Red River		
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves		
	007	Aransas	135	Ector	263	Kent	391	Refugio		
	009	Archer	137	Edwards	265	Kerr	393	Roberts		
	011 013	Armstron Atascosa	g 139 141	Ellis El Paso	267 269	Kimble King	395 397	Robertson Rockwall		
	015	Austin	141	Erath	271	Kinney	399	Runnels		
	017	Bailey	145	Falls	273	Kleberg	401	Rusk		
	019	Bandera	147	Fannin	275	Knox	403	Sabine		
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine		
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto		
	025	Bee	153	Floyd	279	Lamb	409	San Patricio		
	027	Bell	155	Foard	281	Lampasa		San Saba		
	029	Bexar	157	Fort Ben	d 285	Lavaca	413	Schleicher		
	031	Blanco	159	Franklin	287	Lee	415	Scurry		
	033	Borden	161	Freeston		Leon	417	Shackelford		
	035	Bosque	163	Frio	291	Liberty	419	Shelby		
	037	Bowie	165	Gaines	293	Limeston	ie 421	Sherman		
2022					D 10					
www.dshs.texas	s.gov	/THCIC			— Page 12		Last	Updated: April 2024		

125	Dickens	253	Jones	381	Randall		Invalid
123	Dewitt	251	Johnson	379	Rains	507	Zavala
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
119	Delta	247	Jim Hogg	375	Potter	503	Young
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
113	Dallas	241	Jasper	369	Parmer	497	Wise
111	Dallam	239	Jackson	367	Parker	495	Winkler
109	Culberson	237	Jack	365	Panola	493	Wilson
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
105	Crockett	233	Hutchinsor	a 361	Orange	489	Willacy
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
099	Coryell	227	Howard	355	Nueces	483	Wheeler
097	Cooke	225	Houston	353	Nolan	481	Wharton
095	Concho	223	Hopkins	351	Newton	479	Webb
093	Comanche	221	Hood	349	Navarro	477	Washington
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
089	Colorado	217	Hill	345	Motley	473	Waller
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
085	Collin	213	Henderson	341	Moore	469	Victoria
							Van Zandt
			•		_		Val Verde
							Uvalde
	•		•				Upton
							Upshur
							Tyler
							Trinity
							Travis
							Tom Green
					0		Titus
							Throckmorton
							Terry
			1				Terrell
057							Taylor
							Tarrant
	Burnet		•				Swisher
			•				Sutton
	Brown				Lynn		Stonewall
	Brooks				Lubbock		Sterling
					_		Stephens
043	Brewster	171	Gillespie	299	Llano	427	Starr
041	Brazos	169	Garza	297	Live Oak	425	Somervell
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041 043 045 047 049 051 053 055 057 059 061 063 065 067 069 071 073 075 077 079 081 083 085 087 089 091 103 105 107 109 111 113 115 117 119 121 123	041         Brazos           043         Brewster           045         Briscoe           047         Brooks           049         Brown           051         Burleson           053         Burnet           055         Caldwell           057         Calhoun           059         Callahan           061         Cameron           063         Camp           065         Carson           067         Cass           069         Castro           071         Chambers           072         Cherokee           073         Cherokee           075         Childress           077         Clay           079         Cochran           081         Coke           083         Coleman           085         Collin           087         Collingsworth           088         Colorado           091         Comal           092         Coryell           101         Cottle           103         Crane           105         Crockett           107	043         Brewster         171           045         Briscoe         173           047         Brooks         175           049         Brown         177           051         Burleson         179           053         Burnet         181           055         Caldwell         183           057         Calhoun         185           059         Callahan         187           061         Cameron         189           063         Camp         191           065         Carson         193           067         Cass         195           069         Castro         197           071         Chambers         199           073         Cherokee         201           075         Childress         203           077         Clay         205           079         Cochran         207           081         Coke         209           083         Coleman         211           085         Collingsworth         215           089         Colorado         217           091         Comal         219<	041         Brazos         169         Garza           043         Brewster         171         Gillespie           045         Briscoe         173         Glasscock           047         Brooks         175         Goliad           049         Brown         177         Gonzales           051         Burleson         179         Gray           051         Burleson         189         Gray           055         Caldwell         183         Gregg           057         Calhoun         185         Grimes           059         Callahan         187         Guadalupe           061         Cameron         189         Hale           063         Camp         191         Hall           065         Carson         193         Hamilton           067         Cass         195         Hanfle           069         Castro         197 </td <td>041         Brazos         169         Garza         297           043         Brewster         171         Gillespie         299           045         Briscoe         173         Glasscock         301           047         Brooks         175         Goliad         303           049         Brown         177         Gonzales         305           051         Burleson         179         Gray         307           053         Burnet         181         Grayson         309           055         Caldwell         183         Gregg         311           057         Calhoun         185         Grimes         313           059         Callahan         187         Guadalupe         315           061         Cameron         189         Hale         317           063         Camp         191         Hall         319           065         Carson         193         Hamilton         321           067         Cass         195         Hansford         323           069         Castro         197         Hardeman         325           071         Charokee         201</td> <td>041         Brazos         169         Garza         297         Live Oak           043         Brewster         171         Gillespie         299         Llano           045         Briscoe         173         Glasscock         301         Loving           047         Brooks         175         Goliad         303         Lubbock           049         Brown         177         Gonzales         305         Lynn           051         Burleson         179         Gray         307         McCulloch           053         Burnet         181         Grayson         309         McLennan           055         Caldwell         183         Gregg         311         McMullen           057         Caldoul         185         Grimes         313         Madison           057         Callahan         187         Guadalupe         315         Marion           067         Cas         191         Hall         319         Maarion           061         Cameron         189         Hamilton         321         Matagorda           067         Cas         195         Hansford         323         Maverick</td> <td>041         Brazos         169         Garza         297         Live Oak         425           043         Brewster         171         Gillespie         299         Llano         427           045         Briscoe         173         Glasscock         301         Loving         429           047         Brooks         175         Goliad         303         Lubbock         431           049         Brown         177         Gonzales         305         Lynn         433           051         Burleson         179         Gray         307         McCulloch         435           053         Burnet         181         Grayson         309         McLennan         437           055         Caldwell         183         Gregg         311         McMullen         439           057         Calhoun         185         Grimes         313         Madison         441           059         Callaban         187         Guadalupe         315         Marion         441           059         Callaban         187         Hall         317         Martin         445           061         Carson         193         Hamilto</td>	041         Brazos         169         Garza         297           043         Brewster         171         Gillespie         299           045         Briscoe         173         Glasscock         301           047         Brooks         175         Goliad         303           049         Brown         177         Gonzales         305           051         Burleson         179         Gray         307           053         Burnet         181         Grayson         309           055         Caldwell         183         Gregg         311           057         Calhoun         185         Grimes         313           059         Callahan         187         Guadalupe         315           061         Cameron         189         Hale         317           063         Camp         191         Hall         319           065         Carson         193         Hamilton         321           067         Cass         195         Hansford         323           069         Castro         197         Hardeman         325           071         Charokee         201	041         Brazos         169         Garza         297         Live Oak           043         Brewster         171         Gillespie         299         Llano           045         Briscoe         173         Glasscock         301         Loving           047         Brooks         175         Goliad         303         Lubbock           049         Brown         177         Gonzales         305         Lynn           051         Burleson         179         Gray         307         McCulloch           053         Burnet         181         Grayson         309         McLennan           055         Caldwell         183         Gregg         311         McMullen           057         Caldoul         185         Grimes         313         Madison           057         Callahan         187         Guadalupe         315         Marion           067         Cas         191         Hall         319         Maarion           061         Cameron         189         Hamilton         321         Matagorda           067         Cas         195         Hansford         323         Maverick	041         Brazos         169         Garza         297         Live Oak         425           043         Brewster         171         Gillespie         299         Llano         427           045         Briscoe         173         Glasscock         301         Loving         429           047         Brooks         175         Goliad         303         Lubbock         431           049         Brown         177         Gonzales         305         Lynn         433           051         Burleson         179         Gray         307         McCulloch         435           053         Burnet         181         Grayson         309         McLennan         437           055         Caldwell         183         Gregg         311         McMullen         439           057         Calhoun         185         Grimes         313         Madison         441           059         Callaban         187         Guadalupe         315         Marion         441           059         Callaban         187         Hall         317         Martin         445           061         Carson         193         Hamilto

Length: 3 Type: Alphanumeric Data Source:

Assigned, based o patient ZIP code

#### Field 24: PUBLIC\_HEALTH\_REGION

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker,									
	7	Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes,									
	,	Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties									
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe,									
		Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties									
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving,									
		McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green,									
	10	Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties									
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen,									
Length:	2	Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties  Type: Alphanumeric Data Source: Assigned									
Field 25:		Type: Alphanumeric Data Source: Assigned PE_OF_ADMISSION									
ricia 23.		e indicating the type of admission									
<b>Coding Scheme:</b>	1	Emergency									
couring continue	2	Urgent									
	3	Elective									
	4	Newborn									
	5	Trauma Center									
	9	Information not available									
Length:	1	Type: Alphanumeric Data Source: Claim									
Field 26:		TRCE_OF_ADMISSION									
	Code	e indicating source of the admission.									
<b>Coding Scheme:</b>	1	Non-Healthcare Facility Point of Origin (Beginning July 1,									
coung seneme.		2010)									
	2	Clinic or Physician's Office Transfer from a hospital									
	4	Transfer from a skilled nursing facility, intermediate care									
	5	facility or assisted living facility									
	6	Transfer from another health care facility									
	8	Court/Law Enforcement									
	9	Information not available									
	_	Transfer from One distinct Unit of the Hospital to another									
	D	Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer									
	E	Transfer from Ambulatory Surgery Center									
	F	Transfer from a Hospice Facility									
		If Type of Admission=4 (Newborn)									
	G	Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)									
	5	Born inside this hospital									
	6	Born outside this hospital									
Length:	1	Type: Alphanumeric Data Source: Claim									
Field 27:	FIR	ST_PAYMENT_SRC									
	Code	e indicating the expected primary source of payment.									
<b>Coding Scheme:</b>	09	Self-pay (Removed from 5010 format, use "ZZ"  HM Health Maintenance Organization									
<b>8</b>	10	beginning 2Q2012 data)									
	11	Central Certification LI Liability Other Non-federal Programs LM Liability Medical									
	12	Preferred Provider Organization (PPO)  MA  Medicare Part A									
	13	Point of Service (POS)  MB Medicare Part B									
	14	Exclusive Provider Organization (EPO) MC Medicaid									
	15	Indemnity Insurance TV Title V									
	16	Health Maintenance Organization (HMO) Medicare Risk  OF Other Federal Program									
	AM	Automobile Medical VA Veteran Administration Plan									
	BL	Blue Cross/Blue Shield WC Workers Compensation Health Claim									
	CH	CHAMPUS ZZ Charity, Indigent or Unknown									
2022											
2022											

	CI	Commerci	al Insurance		**	Codes 09 and ZZ, combined for 2004 & 2005				
	DS	Disability	Insurance		`	Invalid				
Length:	2	Type:	Alphanumeric	Data	a Source:	Claim				
Field 28:	FIR	ST_PAY	ER_ID							
	Nati	onal Plan	Identifier (when in	nplen	nented by federal	government).				
Length:	10	Type:	Alphanumeric	Data	a Source:	Claim				
Field 29:	FIR	ST_PAY	ER_NAME							
	Nan	ne of prim	ary source of payn	nent.						
Length:	35	Type:	Alphanumeric	Data	a Source:	Claim				
Field 30:	SEC	CONDAR	Y_PAYMENT_S	RC						
	Cod	e indicatir	ng the expected sec	conda	ry source of payn	nent.				
<b>Coding Scheme:</b>	Sam	e as FIRS	T_PAYMENT_SF	RC						
Length:	2	Type:	Alphanumeric	Data	a Source:	Claim				
Field 31:	SEC	CONDAR	Y_PAYER_ID							
	Nati	onal Plan	Identifier (when in	-	•	government).				
Length:	10	Type:	Alphanumeric	Data	a Source:	Claim				
Field 32:			Y_PAYER_NAM							
	Nan	ne of secon	ndary source of pa	•						
Length:	35	Type:	Alphanumeric	Data	a Source:	Claim				
Field 33:			ART_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	a Source:	Claim				
Field 34:	ADI	MIT_WE	EKDAY							
	Cod	e indicatir	ng day of week pat	ient is	admitted					
<b>Coding Scheme:</b>	1	Monday		5	Friday					
	2	Tuesday		6	Saturday					
	3 4	Wednesday Thursday	y	7	Sunday					
Length:	1	Type:	Alphanumeric	Data	a Source:	Claim				
Field 35:	ADI	MIT_HO		240		C.W.I.I.				
11014 001				ch the	e patient was adm	nitted for inpatient care				
<b>Coding Scheme:</b>	00		nt-12:59 a.m.	13	1:00 – 1:59 p.m.					
ð	01	1:00 - 1:59		14	2:00 – 2:59 p.m.					
	02	2:00 - 2:59		15	3:00 – 3:59 p.m.					
	03 04	3:00 - 3:59 4:00 - 4:59		16 17	4:00 – 4:59 p.m. 5:00 – 5:59 p.m.					
	05	5:00 - 5:59		18	6:00 – 6:59 p.m.					
	06	6:00 - 6:59		19	7:00 – 7:59 p.m.					
	07	7:00 – 7:59		20	8:00 – 8:59 p.m.					
	08 09	8:00 - 8:59 9:00 - 9:59		21 22	9:00 – 9:59 p.m. 10:00 – 10:59 p.m.					
	10	10:00 - 10		23	11:00 – 10:59 p.m.					
	11	11:00 - 11		99	Hour unknown					
	12	12 noon –			~	~~.				
Length:	2	Type:	Alphanumeric	Data	a Source:	Claim				
Field 36:			OD_FROM		Cl 1					
T 41	_	_				atement. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric OD TUDI	Data	a Source:	Claim				
Field 37:			OD_THRU	1	oted on the state	mont Entered as VVVVMMDD				
Longth		_	Alphanumeric		ected on the states a Source:	ment. Entered as YYYYMMDD.  Claim				
Length:	8 1 EN	Type:	*	Data	a Source:	Ciaiiii				
Field 38:	LEN	NGTH_O	r_SIAI							

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	ype: Alphanumeric Data Source: Calculated											
Field 39:	PAT	TATUS											
	Code	dicating patient status as of the ending date of service for the period of care reported											
<b>Coding Scheme:</b>	01	Discharged to home or self-care (routine discharge)											
	02	Discharged/transferred to a short term general hospital for inpatient care											
	03	scharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care											
	04	scharged/transferred to a facility that provides custodial or supportive care											
	05	scharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) scharged/transferred to home under care of an organized home health service organization in anticipation of covered											
	06	illed care											
	07	ft against medical advice											
	09	lmitted as inpatient to this hospital											
	20	pired											
	21	scharged/transferred to Court/Law Enforcement											
	30 40	Il patient pired at home											
	41	pired in a medical facility											
	42	pired, place unknown											
	43	scharged/transferred to federal government operated health facility											
	50	ospice-home											
	51	ospice—medical facility (Certified) providing hospice level of care											
	61 62	scharged/transferred within this institution to Medicare-approved swing bed scharged/transferred to inpatient rehabilitation facility											
	63	scharged/transferred to Medicare-certified long term care hospital											
	64	scharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare											
	65	scharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital											
	66	scharged/transferred to Critical Access Hospital (CAH)											
	69	scharged/Transferred to a designated disaster alternate care (effective 10-1-2013)											
	70	scharge/transfer to another type of health care institution not defined elsewhere in the code list											
	81	scharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) scharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital											
	82	patient Readmission (effective 10-1-2013)											
	83	scharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care											
	03	ospital Inpatient Readmission (effective 10-1-2013)											
	84	scharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital patient Readmission (effective 10-1-2013)											
		scharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital											
	85	patient Readmission (effective 10-1-2013)											
	86	scharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute											
		re Hospital Inpatient Readmission (effective 10-1-2013)											
	87	scharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission fective 10-1-2013)											
	88	scharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission											
	00	fective 10-1-2013)											
	89	scharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital											
		patient Readmission (effective 10-1-2013) scharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a											
	90	ospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)											
	91	scharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital											
	71	patient Readmission (effective 10-1-2013)											
	92	scharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a named Acute Care Hospital Inpatient Readmission (effective 10-1-2013)											
		scharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute											
	93	re Hospital Inpatient Readmission (effective 10-1-2013)											
	94	scharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission											
		fective 10-1-2013)											
	95	scharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a named Acute Care Hospital Inpatient Readmission (effective 10-1-2013)											
Length:	2	ype: Alphanumeric <b>Data Source:</b> Claim											
·8	_	/ <u>F </u>											

Field 40:			E_HOUR				_	
			ng hour during wh			scharged fron	n inj	patient care
<b>Coding Scheme:</b>	00	Ü	ht-12:59 a.m.	13	1:00 – 1:59 p.m.			
	01	1:00 – 1:5		14	2:00 – 2:59 p.m.			
	02	2:00 – 2:5		15	3:00 – 3:59 p.m.			
	03 04	3:00 - 3:5 4:00 - 4:5		16 17	4:00 – 4:59 p.m. 5:00 – 5:59 p.m.			
	05	5:00 - 5:5		18	6:00 – 6:59 p.m.			
	06	6:00 – 6:5		19	7:00 – 7:59 p.m.			
	07	7:00 - 7:5		20	8:00 – 8:59 p.m.			
	08	8:00 - 8:5	9 a.m.	21	9:00 – 9:59 p.m.			
	09	9:00 - 9:5	9 a.m.	22	10:00 – 10:59 p.1			
	10	10:00 – 10		23	11:00 – 11:59 p.1	n.		
	11	11:00 - 11		99	Hour unknown			
Longth	12 2		12:59 p.m.	Dot	a Source:	Claim		
Length:		Type:	Alphanumeric	Data	a Source:	Ciallii		
Field 41:		PE_OF_E		1	1 . 1 .	1 1		
							dig	it = type of facility. Second
~ ~ .	_	• 1	f care. Third digit			ım.		
<b>Coding Scheme:</b>			Facility		git–Type of Care			digit–Sequence of claim
	1	Hospital			npatient, including			Non-payment/Zero claim
	2	Skilled nu	_		npatient, Medicare	Part B only	1	Admit through discharge claim
	3	Home hea	non-medical health		Outpatient Outpatient Other, M	ladicara Part R	2	Interim–first claim Interim–continuing claim
	4	care-Hosp			nly	ledicale I alt B	3	internii–continuing ciaim
	5		non-medical health		ntermediate Care–l	Level I	4	Interim-last claim
		care-Exte						
	6	Intermedia	ate care		ntermediate Care-l		5	Late charge(s) only claim
	7	Clinic		7 S	ub-acute inpatient	– Level III	6	Adjustment of prior claim (Not used by Medicare)
	8	Special fa	cility	8 8	wing bed		7	Replacement of prior claim
					8		8	Void/cancel of prior claim
Length:	3	Type:	Alphanumeric	Data	a Source:	Claim		
Field 42:	ADI	MITTING	G_DIAGNOSIS					
	ICD	-10-CM (	International Clas	sificat	ion of Diseases	- Revision 10-	- Cl	inical Modification) diagnosis
	code	that indi	cates the patient's	diagn	osis on admissi	on, including	the	4th, 5th, 6th and 7th digits if
	appl	icable. De	ecimal is implied f	ollow	ing the third ch	aracter.		_
Length:	7	Type:	Alphanumeric	Data	a Source:	Claim		
Field 43:	PRI	NC DIA	G_CODE					
				sificat	ion of Diseases	– Revision 10	) – (	Clinical Modification)
								established after study to be
								th, 6th and 7th digits if
			ecimal is implied f				,	,
Length:	7	Type:	Alphanumeric		a Source:	Claim		
Field 44:	POA		C_DIAG_CODE					
110100 111				nde ide	entifying wheth	er Principal D	iaoı	nosis code was present at the
			nt was admitted to			er i imeipui B	145	nosis code was present at the
<b>Coding Scheme:</b>	Y	Yes	iii was admitted to	tile ii	ээргиг			
couning benefite.	N	No						
	U	Unknown						
	W	Clinically	Undetermined					
Length:	1	Type:	Alphanumeric	Data	a Source:	Claim		
Field 45:	OTI	H_DIAG	_CODE_1				-	
				sificat	ion of Diseases	– Revision 10	) – (	Clinical Modification)
		,						s or develops subsequently
								f applicable. Decimal is
			wing the third char			C		
	-							
2022								
2022 www.dshs.texas		/ТИСТС			Page 17	Ť	not.	Updated: April 2024

Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 46:	POA_OTH_	DIAG_CODE_1							
	POA – Preser	nt on Admission co	ode identifying whe	ether Oth_Diag_Code_1 code was present at the					
	time the patie	nt was admitted to	the hospital.						
Coding Scheme:	Same as field	POA_PRINC_DI							
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 47:	OTH_DIAG	_CODE_2							
				es – Revision 10 – Clinical Modification)					
				ndition that coexists with the principal diagnosis					
				ent including the 4th, 5th, 6th and 7th digits if					
[ amath.		_	following the third of <b>Data Source:</b>						
ength:	7 Type:	Alphanumeric	Data Source:	Claim					
Field 48:		DIAG_CODE_2	da idantifyina yyba	than Oth Diag Code 2 and a vice massent at the					
		nt was admitted to		ther Oth_Diag_Code_2 code was present at the					
Coding Scheme:	-	A_PRINC_DIAG_CO	-						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 49:	OTH_DIAG		Data Source.	Cidini					
1CIU 47.			sification of Diseas	es – 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							
			following the third						
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
ield 50:	POA_OTH_	DIAG_CODE_3							
	POA – Preser	nt on Admission co	ode identifying whe	ther Oth_Diag_Code_3 code was present at the					
		nt was admitted to							
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CO	DE						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 51:	OTH_DIAG								
				es – Revision 10 – Clinical Modification)					
				ondition that coexists with the principal diagnosis					
			g a patient's treatme	ent, including the 4th, 5th, 6th and 7th digits if					
anath.		Alphanumeric	Data Source:	Claim					
Length: Field 52:	7 Type:	DIAG_CODE_4	Data Source:	Ciaiiii					
riela 52:			da idantifying who	ther Oth Dieg Code A gode was present at the					
		nt was admitted to		ther Oth_Diag_Code_4 code was present at the					
Coding Scheme:		A_PRINC_DIAG_CO							
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 53:	OTH DIAG	•	Data Source:	Citim					
iciu 55.			sification of Diseas	es – 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								
	_			ent, including the 4th, 5th, 6th and 7th digits if					
			following the third						
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
ield 54:	POA_OTH_	DIAG_CODE_5							
	POA – Preser	nt on Admission co	ode identifying whe	ther Oth_Diag_Code_5 code was present at the					
	time the patie	nt was admitted to	the hospital						
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CO	DE						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim					
Field 55:	OTH_DIAG	_CODE_6							
2022			<b>T</b> 40						
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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:** Field 56: POA\_OTH\_DIAG\_CODE\_6 POA - Present on Admission code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Claim Length: Type: Alphanumeric **Data Source:** 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 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 Field 58: POA OTH DIAG CODE 7 POA - Present on Admission code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 59: OTH DIAG CODE 8 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 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: Type: Alphanumeric **Data Source:** Claim Field 61: OTH DIAG CODE 9 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 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 hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Alphanumeric **Data Source:** Claim Length: Type: Field 63: OTH DIAG CODE 10 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 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 hospital 2022 Page 19

Last Updated: April 2024

Coding Scheme: Same as field POA_PRINC_DIAG_CODE	
Length: 1 Type: Alphanumeric Data Source: Claim	
Field 65: OTH_DIAG_CODE_11	
ICD-10-CM (International Classification of Diseases – Revision 10 – Clin	ical Modification)
diagnosis code, that corresponds to an additional condition that coexists with	ith the principal diagnosis
or develops subsequently during a patient's treatment, including the 4th, 5th	th, 6th and 7th digits if
applicable. Decimal is implied following the third character.	
Length: 7 Type: Alphanumeric Data Source: Claim	
Field 66: POA_OTH_DIAG_CODE_11	
POA – Present on Admission code identifying whether Oth_Diag_Code_1	1 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 67: OTH_DIAG_CODE_12	. 136 116
ICD-10-CM (International Classification of Diseases – Revision 10 – Clin	
diagnosis code, that corresponds to an additional condition that coexists we or develops subsequently during a patient's treatment, including the 4th, 5th	
applicable. Decimal is implied following the third character.	in, our and /in digits if
Length: 7 Type: Alphanumeric Data Source: Claim	
Field 68: POA_OTH_DIAG_CODE_12	
POA – Present on Admission code identifying whether Oth_Diag_Code_1	2 code was present at the
time the patient was admitted to the hospital	2 code was present at the
Coding Scheme: Same as field POA_PRINC_DIAG_CODE	
Length: 1 Type: Alphanumeric Data Source: Claim	
Field 69: OTH_DIAG_CODE_13	
ICD-10-CM (International Classification of Diseases – Revision 10 – Clin	ical Modification)
diagnosis code, that corresponds to an additional condition that coexists wi	
or develops subsequently during a patient's treatment, including the 4th, 5th	
applicable. Decimal is implied following the third character.	
Length: 7 Type: Alphanumeric Data Source: Claim	
Field 70: POA_OTH_DIAG_CODE_13	
POA – Present on Admission code identifying whether Oth_Diag_Code_1	3 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 71: OTH_DIAG_CODE_14	. 136 116
ICD-10-CM (International Classification of Diseases – Revision 10 – Clin	,
diagnosis code, that corresponds to an additional condition that coexists we or develops subsequently during a patient's treatment, including the 4th, 5th	
applicable. Decimal is implied following the third character.	in, our and 7th digits if
Length: 7 Type: Alphanumeric Data Source: Claim	
Field 72: POA_OTH_DIAG_CODE_14	
POA – Present on Admission code identifying whether Oth_Diag_Code_1	4 code was present at the
time the patient was admitted to the hospital	r
Coding Scheme: Same as field POA_PRINC_DIAG_CODE	
Length: 1 Type: Alphanumeric Data Source: Claim	
Field 73: OTH_DIAG_CODE_15	
ICD-10-CM (International Classification of Diseases – Revision 10 – Clin	ical Modification)
diagnosis code, that corresponds to an additional condition that coexists wi	ith the principal diagnosis
or develops subsequently during a patient's treatment, including the 4th, 5th	th, 6th and 7th digits if
applicable. Decimal is implied following the third character.	
Length: 7 Type: Alphanumeric Data Source: Claim	
Length: 7 Type: Alphanumeric Data Source: Claim  2022  Page 20  Lest Und	

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: 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. **Data Source:** Length: Type: Alphanumeric 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: Same as field POA\_PRINC\_DIAG\_CODE Length: Alphanumeric Type: **Data Source:** Claim Field 77: OTH DIAG\_CODE\_17 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 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. **Type:** Alphanumeric **Data Source:** Length: Claim 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 Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: **Data Source:** Claim Type: Alphanumeric 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 POA OTH DIAG CODE 19 Field 82: 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 Page 21

Last Updated: April 2024

		's treatment, including the 4th, 5th, 6th and 7th digits if
T	applicable. Decimal is implied following	
Length:	7 Type: Alphanumeric Data Se	ource: Claim
Field 84:	POA_OTH_DIAG_CODE_20	Fring whather Oth Dies Code 20 and was present at the
	time the patient was admitted to the hospi	Fying whether Oth_Diag_Code_20 code was present at the
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE	tai
Length:	1 <b>Type:</b> Alphanumeric <b>Data So</b>	ource: Claim
Field 85:	OTH_DIAG_CODE_21	Ciumi
riciu os.		of Diseases – Revision 10 – Clinical Modification)
	diagnosis code, that corresponds to an add or develops subsequently during a patient	ditional condition that coexists with the principal diagnosis 's treatment, including the 4th, 5th, 6th and 7th digits if
Length:	<ul><li>applicable. Decimal is implied following</li><li>7 Type: Alphanumeric Data Se</li></ul>	
Field 86:	POA_OTH_DIAG_CODE_21	ource. Ciaiiii
riciu ou.		Tying whether Oth_Diag_Code_21 code was present at the
	time the patient was admitted to the hospi	
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE	
Length:	1 Type: Alphanumeric Data Se	ource: Claim
Field 87:	OTH_DIAG_CODE_22	
		of Diseases – Revision 10 – Clinical Modification)
		litional condition that coexists with the principal diagnosis
		's treatment, including the 4th, 5th, 6th and 7th digits if
T 41	applicable. Decimal is implied following	
Length:	7 Type: Alphanumeric Data So	ource: Claim
Field 88:	POA_OTH_DIAG_CODE_22	
	time the patient was admitted to the hospi	Tying whether Oth_Diag_Code_22 code was present at the
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE	tai
Length:	1 <b>Type:</b> Alphanumeric <b>Data So</b>	ource: Claim
Field 89:	OTH_DIAG_CODE_23	- CMIII
		of Diseases – Revision 10 – Clinical Modification)
	· ·	litional condition that coexists with the principal diagnosis
		's treatment, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied following	
Length:	7 <b>Type:</b> Alphanumeric <b>Data So</b>	ource: Claim
Field 90:	POA_OTH_DIAG_CODE_23	
		Sying whether Oth_Diag_Code_23 code was present at the
C. P. G.L.	time the patient was admitted to the hospi	tal
Coding Scheme: Length:	Same as field POA_PRINC_DIAG_CODE  1 <b>Type:</b> Alphanumeric <b>Data So</b>	ource: Claim
Field 91:	OTH_DIAG_CODE_24	ource. Ciaiiii
rieiu 91;		of Diseases – Revision 10 – Clinical Modification)
		litional condition that coexists with the principal diagnosis
		's treatment, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied following	the third character.
Length:	7 Type: Alphanumeric Data Se	ource: Claim
Field 92:	POA_OTH_DIAG_CODE_24	
		fying whether Oth_Diag_Code_24 code was present at the
	time the patient was admitted to the hospi	tal
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	GI.
Length:	1 Type: Alphanumeric Data So	ource: Claim
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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			
Length:	an additional external cause of morbidity. Decimal is implied following the third character  7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 94:	POA_E_CODE_1			
riciu 54.	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.			
<b>Coding Scheme:</b>				
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> 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			
T (1	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			
	POA – Present on Admission code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital			
<b>Coding Scheme:</b>				
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 97:	E_CODE_3			
11014 > 11	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:	POA_E_CODE_3			
	POA – Present on Admission code identifying whether E_Code_3 code was present at the time the			
Coding Schomer	patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE			
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 99:	E CODE 4			
ricia //.	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 100:	POA_E_CODE_4			
	POA – Present on Admission code identifying whether E_Code_4 code was present at the time the			
Cadina Cahama	patient was admitted to the hospital			
_	Same as field POA_PRINC_DIAG_CODE  1			
Length:	1 Type: Alphanumeric Data Source: Claim			
Field 101:	E_CODE_5  E_CodeExternal Cause of Marhidity/Injury Code is an ICD_10 CM (International Classification			
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 102:	POA_E_CODE_5			

Page 23 -

Last Updated: April 2024

	POA – Present on Admission code identifying whether E_Code_5 code was present at the time the			
	patient was admitted to the hospital			
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE			
Length:	1 Type: Alphanumeric Data Source: Claim			
<b>Field 103:</b>	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			
Length:	an additional external cause of morbidity. Decimal is implied following the third character  7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 104:	POA_E_CODE_6			
ricia 104.	POA – Present on Admission code identifying whether E_Code_6 code was present at the time the			
	patient was admitted to the hospital			
<b>Coding Scheme:</b>	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			
T 43	an additional external cause of morbidity. Decimal is implied following the third character			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 106:	POA_E_CODE_7			
	POA – Present on Admission code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital			
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE			
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 107:	E_CODE_8			
Tield 107.	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 108:	POA_E_CODE_8			
	POA – Present on Admission code identifying whether E_Code_8 code was present at the time the			
Coding Schomo	patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE			
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 109:	E_CODE_9			
Ticia 10%.	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 110:	POA_E_CODE_9			
	POA – Present on Admission code identifying whether E_Code_9 code was present at the time the			
C. P C.L	patient was admitted to the hospital			
_	Same as field POA_PRINC_DIAG_CODE  1. Types Alphanymaria Data Sources Claim			
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 (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			

				e 4th, 5th, 6th and 7th digits if applicable, of
T am adh a			-	nplied following the third character
Length:			Data Source:	Claim
Field 112:	POA_E_CODE_		le identifying whether	E_Code_10 code was present at the time the
	patient was admitt		• •	E_Code_10 code was present at the time the
<b>Coding Scheme:</b>	Same as field POA_PF			
Length:			<b>Data Source:</b>	Claim
Field 113:	PRINC_SURG_I	PROC_CODE		
				rision 10 - Procedure Coding System) code
			procedure performed.	
Length:		•	Data Source:	Claim
Field 114:	PRINC_SURG_I			
T am adh .			-	intered as YYYYMMDD.
Length: Field 115:	8 Type: Alp	•	Data Source:	Claim
rieia 115:			re was performed. Da	te minus Admission/Start of Care Date
Length:			Data Source:	Calculated
Field 116:	OTH_SURG_PR	1	Data Source.	Carculated
Ticiu 110.		or other procedu		cipal procedure performed during the period
Length:	•		Data Source:	Claim
Field 117:	OTH_SURG_PR	•		
			are other than the prin	cipal procedure was performed. Entered as
Length:	8 <b>Type:</b> Alp	lphanumeric	<b>Data Source:</b>	Claim
Field 118:	OTH_SURG_PR	ROC_DAY_1		
	Day of surgical or			
			e other than the princi Imission/Start of Care	pal procedure was performed. Date of the Date
Length:	surgical was perfo 4 <b>Type:</b> Al	ormed <i>minus</i> Ad Iphanumeric		
Length: Field 119:	surgical was performed 4 Type: Ali	ormed <i>minus</i> Ad lphanumeric ROC_CODE_2	Imission/Start of Care  Data Source:	Date Calculated
Field 119:	surgical was performance 4 Type: Algorithms OTH_SURG_PR Code for surgical covered by the bill	primed minus Adaphanumeric  ROC_CODE_2  or other procedul. ICD-10-PCS	Imission/Start of Care  Data Source:  ure other than the princode.	Date Calculated cipal procedure performed during the period
Field 119: Length:	surgical was performance 4 Type: Algorithms	primed minus Ad lphanumeric ROC_CODE_2 or other procedul. ICD-10-PCS lphanumeric	Imission/Start of Care  Data Source:  ure other than the prin	Date Calculated
Field 119:	surgical was performance of the surgical was performed at the surgical of the	primed minus Adaphanumeric ROC_CODE_2 or other procedul. ICD-10-PCS lphanumeric ROC_DATE_2	Imission/Start of Care  Data Source:  ure other than the princode.  Data Source:	Date Calculated cipal procedure performed during the period Claim
Field 119: Length:	surgical was performance of the surgical was performance of the surgical covered by the biling of the surgical covered by the surgical covered b	primed minus Adaphanumeric ROC_CODE_2 or other procedul. ICD-10-PCS lphanumeric ROC_DATE_2	Imission/Start of Care  Data Source:  ure other than the princode.  Data Source:	Date Calculated cipal procedure performed during the period
Field 119:  Length: Field 120:	surgical was performance of the surgical was performance of the surgical of th	primed minus Adaphanumeric ROC_CODE_2 or other procedul. ICD-10-PCS Iphanumeric ROC_DATE_2 or other procedu	Imission/Start of Care  Data Source:  ure other than the princode.  Data Source:  ure other than the princode.	Date Calculated  cipal procedure performed during the period  Claim  cipal procedure was performed. Entered as
Field 119:  Length: Field 120:  Length:	Surgical was performance of the surgical was performance of the surgical covered by the biling of the biling of the surgical covered by the biling of the surgical covered by the biling of the bili	primed minus Adaphanumeric  ROC_CODE_2 or other procedul. ICD-10-PCS Iphanumeric  ROC_DATE_2 or other procedulphanumeric	Imission/Start of Care  Data Source:  ure other than the princode.  Data Source:	Date Calculated cipal procedure performed during the period Claim
Field 119:  Length: Field 120:	surgical was performance of the surgical was performance of the surgical of th	primed minus Adaphanumeric ROC_CODE_2 or other procedul. ICD-10-PCS liphanumeric ROC_DATE_2 or other procedulphanumeric ROC_DAY_2	Imission/Start of Care Data Source:  ure other than the princode. Data Source:  ure other than the princode. Data Source:	Date Calculated cipal procedure performed during the period Claim cipal procedure was performed. Entered as Claim
Field 119:  Length: Field 120:  Length:	surgical was performance of the surgical was performance of the surgical of th	primed minus Adaphanumeric ROC_CODE_2 or other procedult. ICD-10-PCS Iphanumeric ROC_DATE_2 or other procedult Iphanumeric ROC_DAY_2 r other procedure	Imission/Start of Care  Data Source:  ure other than the prince ot	Date Calculated  cipal procedure performed during the period  Claim  cipal procedure was performed. Entered as  Claim  pal procedure was performed. Date of the
Field 119:  Length: Field 120:  Length:	surgical was performance of the surgical was performance of the surgical of surgical was performance of the su	primed minus Adaphanumeric ROC_CODE_2 or other procedult. ICD-10-PCS Iphanumeric ROC_DATE_2 or other procedult Iphanumeric ROC_DAY_2 r other procedure ormed minus Adaptive Ad	Imission/Start of Care Data Source:  ure other than the princode. Data Source:  ure other than the princode. Data Source:	Date Calculated  cipal procedure performed during the period  Claim  cipal procedure was performed. Entered as  Claim  pal procedure was performed. Date of the
Field 119:  Length: Field 120:  Length: Field 121:	surgical was performance of the surgical was performance of the surgical of surgical was performance of the su	primed minus Adaphanumeric ROC_CODE_2 or other procedult. ICD-10-PCS Iphanumeric ROC_DATE_2 or other procedult Iphanumeric ROC_DAY_2 r other procedure ormed minus Adaphanumeric	Imission/Start of Care  Data Source:  ure other than the princode.  Data Source:  ure other than the principle of the princip	Date Calculated  cipal procedure performed during the period  Claim  cipal procedure was performed. Entered as  Claim  pal procedure was performed. Date of the  Date
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	Day of surgical or other procedure	e other than the princi	pal procedure was performed. Date of the	
	surgical was performed minus Adı			
Length:	1	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			
T41	covered by the bill. ICD-10-PCS of		Claire	
Length:		Data Source:	Claim	
Field 126:	OTH_SURG_PROC_DATE_4  Date the surgical or other procedure other than the principal procedure was performed. Entered as			
	YYYYMMDD.	re outer than the print	cipal procedure was performed. Emered as	
Length:		Data Source:	Claim	
Field 127:	OTH_SURG_PROC_DAY_4			
	Day of surgical or other procedure	other than the princi	pal procedure was performed. Date of the	
	surgical was performed minus Adı	mission/Start of Care	Date	
Length:	<u> </u>	Data Source:	Calculated	
Field 128:	OTH_SURG_PROC_CODE_5			
	•	-	cipal procedure performed during the period	
Lanatha	covered by the bill. ICD-10-PCS of		Claim	
Length: Field 129:	* * * * * * * * * * * * * * * * * * * *	Data Source:	Claim	
rieia 129:	OTH_SURG_PROC_DATE_5  Date the surgical or other procedure	re other than the princ	cipal procedure was performed. Entered as	
	YYYYMMDD.	re other than the print	cipal procedure was performed. Efficied as	
Length:		Data Source:	Claim	
Field 130:	OTH_SURG_PROC_DAY_5			
		other than the princi	pal procedure was performed. Date of the	
	surgical was performed minus Adı	mission/Start of Care	Date	
Length:	¥ <b>1</b>	Data Source:	Calculated	
Field 131:	OTH_SURG_PROC_CODE_6			
			cipal procedure performed during the period	
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Field 132:	OTH SURG PROC DATE 6	Data Bource.	Clum	
Ficia 132.		ocedure other than the	e principal procedure was performed. Entered	
	as <i>YYYYMMDD</i> .		r rr r	
Length:	8 <b>Type:</b> Alphanumeric I	Data Source:	Claim	
Field 133:	OTH_SURG_PROC_DAY_6			
			pal procedure was performed. Date of the	
	surgical was performed minus Adı		Date	
Length:		Data Source:	Calculated	
Field 134:	OTH_SURG_PROC_CODE_7			
			cipal procedure performed during the period	
T41	covered by the bill. ICD-10-PCS c		Claire	
Length:		Data Source:	Claim	
Field 135:	OTH_SURG_PROC_DATE_7	no other than the main	ainal musaaduus yyss marfammad. Entanad as	
	YYYYMMDD.	re other than the princ	cipal procedure was performed. Entered as	
Length:		Data Source:	Claim	
Field 136:	OTH_SURG_PROC_DAY_7	Data Douite.	Cimili	
F1010 130;		other than the princi	pal procedure was performed. Date of the	
	surgical was performed <i>minus</i> Adı			

Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 137:	OTH_SURG_PROC_CODE_8				
	Code for surgical or other procedure other than the principal procedure performed during the period				
		e bill. ICD-10-PC			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 138:	OTH_SURG	PROC_DATE_8	8		
	Date the surgi	cal or other proceed	dure other than the pr	rincipal procedure was performed. Entered as	
	YYYYMMDD.				
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 139:		_PROC_DAY_8			
				ncipal procedure was performed. Date of the	
T 41	-		Admission/Start of Ca		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 140:		PROC_CODE_		win aimal mus as duras monformas d durains the monied	
		e bill. ICD-10-PC:		principal procedure performed during the period	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 141:		PROC_DATE_9		Claim	
				rincipal procedure was performed. Entered as	
	YYYYMMDD.		F		
Length:	<b>8 Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim	
Field 142:	OTH_SURG	PROC_DAY_9			
				ncipal procedure was performed. Date of the	
			Admission/Start of Ca	are Date	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 143:		_PROC_CODE_			
				principal procedure performed during the period	
Longth	•	e bill. ICD-10-PC		Claim	
Length: Field 144:	7 Type:	Alphanumeric PROC_DATE_	Data Source:	Claim	
ricia 144:				rincipal procedure was performed. Entered as	
	YYYYMMDD.	car or other proces	dure other than the pr	imerpar procedure was performed. Entered as	
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 145:		PROC DAY 10			
				ncipal procedure was performed. Date of the	
			Admission/Start of Ca		
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated	
Field 146:	OTH_SURG	_PROC_CODE_	11		
				principal procedure performed during the period	
	•	e bill. ICD-10-PC			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 147:		_PROC_DATE_:			
	_	cal or other proce	dure other than the p	rincipal procedure was performed. Entered as	
T amoth.	YYYYMMDD.	A 11	Data Source:	Claim	
Length:	8 Type:	Alphanumeric		Claim	
Field 148:		_PROC_DAY_11			
			are other than the print discountries of Ca	ncipal procedure was performed. Date of the	
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated	
Field 149:		PROC_CODE_		Carculated	
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T am adh .	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 150:	OTH_SURG_PROC_DATE_12  Date the consider or other proceedure other than the principal proceedure was performed. Fire	stand of			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
Length:	YYYYMMDD. 8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 151:	OTH_SURG_PROC_DAY_12				
rieiu 151:	Day of surgical or other procedure other than the principal procedure was performed. Date	o of the			
	surgical was performed <i>minus</i> Admission/Start of Care Date	c of the			
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated				
Field 152:	OTH_SURG_PROC_CODE_13				
11010 1020	Code for surgical or other procedure other than the principal procedure performed during	the period			
	covered by the bill. ICD-10-PCS code.	are period			
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 153:	OTH_SURG_PROC_DATE_13				
	Date the surgical or other procedure other than the principal procedure was performed. Er	ntered 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	e of the			
	surgical was performed minus Admission/Start of Care Date				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated				
<b>Field 155:</b>	OTH_SURG_PROC_CODE_14				
	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:					
ricia 150.	OTH_SURG_PROC_DATE_14				
riciu 150.	Date the surgical or other procedure other than the principal procedure was performed. Er	ntered as			
	Date the surgical or other procedure other than the principal procedure was performed. Er <i>YYYYMMDD</i> .	ntered as			
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Field 162:	OTH_SURG_PROC_DATE_16  Date the surgical or other procedure other than the principal procedure was performed. Entered as		
	YYYYMMDD.	if the principal procedure was performed. Emered as	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
Field 163:	OTH_SURG_PROC_DAY_16	C. Claim	
Ticia 103.		the principal procedure was performed. Date of the	
	surgical was performed <i>minus</i> Admission/Star		
Length:	4 <b>Type:</b> Alphanumeric <b>Data Sourc</b>		
Field 164:	OTH SURG PROC CODE 17		
	Code for surgical or other procedure other tha	n the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.		
Length:	7 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
<b>Field 165:</b>	OTH_SURG_PROC_DATE_17		
	Date the surgical or other procedure other tha	n the principal procedure was performed. Entered as	
	YYYYMMDD.		
Length:	8 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
Field 166:	OTH_SURG_PROC_DAY_17		
		the principal procedure was performed. Date of the	
T 41	surgical was performed <i>minus</i> Admission/Star		
Length:	4 Type: Alphanumeric Data Source	e: Calculated	
Field 167:	OTH_SURG_PROC_CODE_18	n the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.	in the principal procedure performed during the period	
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source</b>	e: Claim	
Field 168:	OTH_SURG_PROC_DATE_18	C. Clum	
Ticia Too.		n the principal procedure was performed. Entered as	
	YYYYMMDD.	a die printipui protessite mus periorintes Zinores as	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
Field 169:	OTH_SURG_PROC_DAY_18		
	Day of surgical or other procedure other than	the principal procedure was performed. Date of the	
	surgical was performed minus Admission/Star	rt of Care Date	
Length:	4 Type: Alphanumeric Data Source	e: Calculated	
Field 170:	OTH_SURG_PROC_CODE_19		
		n the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.		
Length:	7 Type: Alphanumeric Data Source	e: Claim	
Field 171:	OTH_SURG_PROC_DATE_19		
	<u>.</u>	n the principal procedure was performed. Entered as	
Longth	YYYYMMDD. 8 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
Length: Field 172:	8 Type: Alphanumeric Data Source OTH SURG PROC DAY 19	e. Claim	
ricia 1/2:		the principal procedure was performed. Date of the	
	surgical was performed <i>minus</i> Admission/Star		
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source</b>		
Field 173:	OTH_SURG_PROC_CODE_20		
		n the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.	F F F	
Length:	7 <b>Type:</b> Alphanumeric <b>Data Sourc</b>	e: Claim	
Field 174:	OTH_SURG_PROC_DATE_20		
		n the principal procedure was performed. Entered as	
	YYYYMMDD.	<del>-</del>	
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Length:	8 Type: Alphanumeric Data Source: Claim				
Field 175:	OTH_SURG_PROC_DAY_20				
	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 176:	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.				
Length:	7 Type: Alphanumeric Data Source: Claim				
Field 177:	OTH_SURG_PROC_DATE_21				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source: Claim				
Field 178:	OTH_SURG_PROC_DAY_21				
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated				
Length: Field 179:	4 Type: Alphanumeric Data Source: Calculated OTH_SURG_PROC_CODE_22				
rieia 179:	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 180:	OTH SURG PROC DATE 22				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 181:	OTH_SURG_PROC_DAY_22				
	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 182:	OTH_SURG_PROC_CODE_23				
	Code for surgical or other procedure other than the principal procedure performed during the period				
Longth	covered by the bill. ICD-10-PCS code.  7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Length: Field 183:					
rieia 183:	OTH_SURG_PROC_DATE_23  Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 184:	OTH SURG PROC DAY 23				
21010 10 17	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 185:	OTH_SURG_PROC_CODE_24				
	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 186:	OTH_SURG_PROC_DATE_24				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source: 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 minus Admission/Start of Care Date **Type:** Alphanumeric **Data Source:** Calculated Length: **Field 188:** ATTENDING PHYSICIAN UNIF ID Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. 999999999 Temporary license or license number could not be matched **Coding Scheme:** Length: Type: Alphanumeric **Data Source:** Assigned **Field 189:** OPERATING PHYSICIAN UNIF ID Operating or other Physician Uniform Identifier (if applicable). 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 by the hospital to admit or treat patients Coding Scheme: 999999999 Temporary license or license number could not be matched **Type:** Alphanumeric **Data Source:** Length: Assigned **Field 190:** OCCUR\_CODE\_1 Code describing a significant event relating to the claim. **Coding Scheme:** Scheduled date of admission Auto accident No Fault Insurance Involved - Including 41 Date of first test of pre-admission testing Auto Accident/Other 03 Accident/ Tort Liability 42 Date of discharge (hospice only) 04 Accident/ Employment Related 43 Scheduled date of canceled surgery 05 44 Other accident Date treatment started - OT 06 Crime Victim 45 Date treatment started - ST 09 Start of Infertility Treatment Cycle 46 Date treatment started - Cardiac rehabilitation Date cost outlier status begins 10 Last Menstrual Period 47 11 Onset of Symptoms/ Illness A1 Birthdate - Insured A 12 Date of Onset for a Chronically A2 Effective Date - Insured A Policy Dependent Individual 16 Date of Last Therapy A3 Payer A benefits exhausted 17 Date Outpatient OT Plan Established or A4 Split Bill Date Last Reviewed 18 Date of Retirement - Patient/Beneficiary B1 Birthdate - Insured B 19 Date of Retirement - Spouse B2 Effective date - Insured B Policy 20 Date Guarantee of Payment Began **B**3 Payer B benefits exhausted 2.1 Date UR Notice Received C1Birthdate - Insured C 22 Date Active Care Ended C2 Effective date - Insured C Policy C3 Payer C benefits exhausted Date Insurance Denied 25 Date Benefits Terminated by Primary DR Katrina disaster related Paver 26 Date SNF Bed Became Available E1 Birthdate - Insured D 27 Date Home Health Plan Established or E2 Effective date - Insured D Policy Last Reviewed Date Comprehensive Outpatient E3 28 Rehabilitation Plan Established or Last Payer D benefits exhausted 29 Date Outpatient PT Plan established or F1 Birthdate - Insured E last reviewed Date Outpatient ST Plan established or F2 30 Effective date - Insured E Policy last reviewed

	Date beneficiary notified of intent to bill F3	Payer E benefits exhausted
	(accommodations) 32 Date beneficiary notified of intent to bill G1	Pidle I IF
	(procedures or treatments)	Birthdate - Insured F
	37 Date of inpatient hospital discharge for G2 non-covered transplant patients	Effective date - Insured F Policy
	38 Date treatment started for home IV G3	Payer F benefits exhausted
	therapy 39 Date discharged on a continuous course	
	if IV therapy	~ .
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 191:	OCCUR_DATE_1 Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 192:	OCCUR_DAY_1	Cidilli
riciu 192.	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	sion/Start of Care Date
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated
Field 193:	OCCUR CODE 2	Calculated
riciu 193.	Code describing a significant event relating to the clair	n
<b>Coding Scheme:</b>	Same as OCCUR CODE 1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 194:	OCCUR_DATE_2	
11010 17 17	Date of occurrence, as <i>YYYYMMDD</i> .	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 195:	OCCUR_DAY_2	
11010 1500	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	sion/Start of Care Date.
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated
Field 196:	OCCUR_CODE_3	
	Code describing a significant event relating to the clair	n.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 197:	OCCUR_DATE_3	
	Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 198:	OCCUR_DAY_3	
	Occurrence Day equals Occurrence Date minus Admis	
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated
Field 199:	OCCUR_CODE_4	
~ ~ .	Code describing a significant event relating to the clair	n.
Coding Scheme:	Same as OCCUR_CODE_1.	Cl. '
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 200:	OCCUR_DATE_4	
Longth	Date of occurrence, as <i>YYYYMMDD</i> .  8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Length: Field 201:	8 Type: Alphanumeric Data Source: OCCUR_DAY_4	Claim
riela 201:	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	sion/Start of Cara Data
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated
Field 202:	OCCUR_CODE_5	Calculated
riciu 202.	Code describing a significant event relating to the clair	n
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 203:	OCCUR_DATE_5	
	~	

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Date of occurrence, as YYYYMMDD.		Data of a service		ADD.			
Field 204: OCCUR_DAY_5 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 205: OCCUR_CODE_6 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 206: DOCUR_DATE_6 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 207: OCCUR_DAY_6 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 208: OCCUR_CODE_7 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DAY_6 OCCUR_DAY_7 Date of occurrence, as YYYYMMDD.  Length: 3 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 9 Date of occurrence, as YYYYMMDD.  Length: 9 Date of occurrence, as YYYYMMDD.  Length: 9 Date of occurrence Date minus Admission/Start of Care Date.  Length: 9 Date of occurrence Date and Mainumeric Data Source: Claim  Field 215: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 9 Date of occurrence, as YYYYMMDD.  Length: 9 Date of occurrence Date minus Admiss	I anath.				Claim		
Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date.		**		Data Source:	Ciaini		
Length: 4   Type: Alphanumeric   Data Source:   Calculated	rieia 204:						
Field 205: OCCUR_CODE_6 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 206: OCCUR_DAY_6 Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 207: OCCUR_CODE_7 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 8 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DAY_6  Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DATE_7  Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_1  Length: 2 Type: Alphanumeric Data Source: Calculated  Field 212: OCCUR_DAY_8  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8  Occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_DAY_8  OCCUR_DAY_8  OCCUR_DAY_8  OCCUR_DAY_8  OCCUR_DAY_9  OCCUR_CODE_10  Length: 2 Type: Alphanumeric Data Source: Calculated  Field 215: OCCUR_DAY_8  OCCUR_DAY_8  OCCUR_CODE_1  Length: 2 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_CODE_1  Length: 2 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_CODE_1  Length: 3 Type: Alphanumeric Data Source: Claim  Field 217: OCCUR_CODE_1  Length: 4 Type: Alphanumeric Data Source: Claim  Coding Scheme: Same as OCCUR_CODE_1  Length: 4 Type: Alphanumeric Data Source: Claim  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1  Code describing a significant event relating to th	I ength:						
Coding Scheme:  Same as OCCUR_CODE_1.  Length:  2			_	Data Source.	Calculated		
Coding Scheme   Same as OCCUR_CODE_1	riela 205:						
Field 206: OCCUR_DATE_6   Date of occurrence, as YYYYMMDD.   Length: 8 Type: Alphanumeric   Data Source:   Claim   Field 207: OCCUR_DAY_6   Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4 Type: Alphanumeric   Data Source:   Calculated   Field 208: OCCUR_CODE_7   Code describing a significant event relating to the claim.   Coding Scheme: Same as OCCUR_CODE_1   Length: 2 Type: Alphanumeric   Data Source:   Claim   Field 210: OCCUR_DATE_7   Date of occurrence, as YYYYMMDD.   Length: 8 Type: Alphanumeric   Data Source:   Claim   Field 210: OCCUR_DAY_7   Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4 Type: Alphanumeric   Data Source:   Claim   Field 211: OCCUR_DAY_8   Code describing a significant event relating to the claim.   Coding Scheme: Same as OCCUR_CODE_1   Length: 2 Type: Alphanumeric   Data Source:   Claim   Field 212: OCCUR_DATE_8   Date of occurrence, as YYYYMMDD.   Length: 8 Type: Alphanumeric   Data Source:   Claim   Field 212: OCCUR_DATE_8   Date of occurrence, as YYYYMMDD.   Length: 8 Type: Alphanumeric   Data Source:   Claim   Field 213: OCCUR_DATE_8   Date of occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4 Type: Alphanumeric   Data Source:   Claim   Field 214: OCCUR_DATE_8   Date of occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 2 Type: Alphanumeric   Data Source:   Claim   Field 215: OCCUR_DATE_9   Data of occurrence, as YYYYMMDD.   Length: 2 Type: Alphanumeric   Data Source:   Claim   Field 216: OCCUR_DATE_9   Date of occurrence, as YYYYMMDD.   Length: 4 Type: Alphanumeric   Data Source:   Claim   Field 217: OCCUR_DATE_9   Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4 Type: Alphanumeric   Data Source:   Claim   Field 216: OCCUR_DATE_9   Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4 Type: Alphanumeric   Data Source:   Claim	Coding Scheme			ent relating to the cr	ann.		
Field 206: OCCUR_DATE_6 Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 207: OCCUR_DAY_6 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Calculated  Field 208: OCCUR_CODE_7 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DATE_7 Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DAY_8 Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Date of occurrence, as YYYYMMDD. Length: 8 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Calculated  Field 216: OCCUR_CODE_9 Data of occurrence, as YYYYMDD. Length: 2 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_CODE_1 Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: 4 Type: Alphanumeric Data Source: Claim	_			Data Source	Claim		
Date of occurrence, as YYYYMMDD.				Data Source.	Clum		
Length: 8   Type: Alphanumeric   Data Source: Claim	ricia 200.			MDD.			
Field 207: OCCUR_DAY_6 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 208: OCCUR_CODE_7 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DATE_7 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_CODE_9 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DAY_8 OCCUR_DAY_B OC	Length:				Claim		
Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date.			_	2444 5042 601	- Cimin		
Length: 4   Type:   Alphanumeric   Data Source:   Calculated	11010 2071			ence Date <i>minus</i> Adn	nission/Start of Care Date.		
Field 208: OCCUR_CODE_7 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DAYE_7 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_CODE_9  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Calculated  Field 215: OCCUR_ODAT_8  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 217: OCCUR_CODE_10  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim	Length:		• •				
Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 209: OCCUR_DATE_7 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 210: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 214: OCCUR_DAY_8 OCCUR_CODE_9 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DATE_9  Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DATE_9  OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_10 Code describing a significant event relating to the claim.			_	2444 5042 601			
Coding Scheme:       Same as OCCUR_CODE_1.       Length:       2 Type: Alphanumeric       Data Source:       Claim         Field 209:       OCCUR_DATE_7 Date of occurrence, as YYYYMMDD.       Date of occurrence, as YYYYMMDD.       Date of OCCUR_DAY_7         Field 210:       OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.       Date Occurrence Date minus Admission/Start of Care Date.         Length:       4 Type: Alphanumeric Data Source: Calculated         Field 211:       OCCUR_CODE_8 Code describing a significant event relating to the claim.         Coding Scheme:       Same as OCCUR_CODE_1.         Length:       2 Type: Alphanumeric Data Source: Claim         Field 212:       OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.         Length:       8 Type: Alphanumeric Data Source: Claim         Field 213:       OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.         Length:       4 Type: Alphanumeric Data Source: Calculated         Field 214:       OCCUR_CODE_9 Occurrence Data Source: Claim         Coding Scheme:       Same as OCCUR_CODE_1.         Length:       2 Type: Alphanumeric Data Source: Claim         Field 215:       OCCUR_DAY_9 Occurrence, as YYYYMMDD.         Length:       8 Type: Alphanumeric Data Source: Claim         Field 216:       OCCUR_DAY_9 Occurrence, as YYYYMMDD. <th>11014 2001</th> <th></th> <th></th> <th>ent relating to the cl</th> <th>aim.</th>	11014 2001			ent relating to the cl	aim.		
Length:   2   Type:   Alphanumeric   Data Source:   Claim	Coding Scheme:		0	one remaining to the ex			
Field 209: OCCUR_DATE_7	_			Data Source:	Claim		
Date   Source   Claim					_		
Field 210: OCCUR_DAY_T Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 214: OCCUR_CODE_9 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 217: OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Calculated  Field 217: OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim				MDD.			
Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date.   Length: 4	Length:				Claim		
Courrence   Day   equals   Occurrence   Data   Source   Calculated			•				
Field 211: OCCUR_CODE_8 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 214: OCCUR_CODE_9 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 217: OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.		Occurrence I	Day <i>equals</i> Occurre	nce Date minus Adn	nission/Start of Care Date.		
Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 212: OCCUR_DATE_8  Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 213: OCCUR_DAY_8  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 214: OCCUR_CODE_9  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim  Field 215: OCCUR_DATE_9  Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 217: OCCUR_CODE_10  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.	Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated		
Coding Scheme:       Same as OCCUR_CODE_1.       Length:       2 Type:       Alphanumeric       Data Source:       Claim         Field 212:       OCCUR_DATE_8       Date of occurrence, as YYYYMMDD.       Claim         Length:       8 Type:       Alphanumeric       Data Source:       Claim         Field 213:       OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.         Length:       4 Type:       Alphanumeric       Data Source:       Calculated         Field 214:       OCCUR_CODE_9       Code describing a significant event relating to the claim.         Coding Scheme:       Same as OCCUR_CODE_1.       Length:       2 Type:       Alphanumeric       Data Source:       Claim         Field 215:       OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.       Data Source:       Claim         Field 216:       OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.         Length:       4 Type:       Alphanumeric       Data Source:       Calculated         Field 217:       OCCUR_CODE_10       Code describing a significant event relating to the claim.         Coding Scheme:       Same as OCCUR_CODE_1.         Length:       2 Type:       Alphanumeric       Data Source:       Claim	Field 211:	OCCUR_CO	DDE_8				
Length: 2   Type:   Alphanumeric   Data Source:   Claim		Code describ	ing a significant ev	ent relating to the cl	aim.		
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Length: 8   Type:   Alphanumeric   Data Source:   Claim	<b>Field 212:</b>						
Field 213: OCCUR_DAY_8		Date of occur	rrence, as YYYYMM	IDD.			
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Length: 4   Type: Alphanumeric   Data Source:   Calculated	<b>Field 213:</b>						
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Field 215:  OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.  Length:  8    Type: Alphanumeric	_			<b>T</b>	GI .		
Date of occurrence, as YYYYMMDD.  Length: 8 Type: Alphanumeric Data Source: Claim  Field 216: OCCUR_DAY_9  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 217: OCCUR_CODE_10  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim				Data Source:	Claim		
Length:8Type:AlphanumericData Source:ClaimField 216:OCCUR_DAY_9Cength:4Type:AlphanumericData Source:CalculatedField 217:OCCUR_CODE_10Code describing a significant event relating to the claim.Coding Scheme:Same as OCCUR_CODE_1.Length:2Type:AlphanumericData Source:Claim	Field 215:	_	<del>_</del>	(D.D.			
Field 216: OCCUR_DAY_9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Length: 4 Type: Alphanumeric Data Source: Calculated  Field 217: OCCUR_CODE_10 Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim	T 41		· · · · · · · · · · · · · · · · · · ·				
Coding Scheme:  Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  Data Source: Calculated  Data Source: Calculated  Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim				Data Source:	Claim		
Length:4Type: AlphanumericData Source: CalculatedField 217:OCCUR_CODE_10Code describing a significant event relating to the claim.Coding Scheme:Same as OCCUR_CODE_1.Length:2Type: AlphanumericData Source: Claim	Field 216:			D			
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Code describing a significant event relating to the claim.  Coding Scheme: Same as OCCUR_CODE_1.  Length: 2 Type: Alphanumeric Data Source: Claim			<u> </u>	Data Source:	Calculated		
Coding Scheme:Same as OCCUR_CODE_1.Length:2Type:AlphanumericData Source:Claim	riela 217:						
Length: 2 Type: Alphanumeric Data Source: Claim	G- 12 G-1			ent relating to the cl	aim.		
	_			Data Commerce	Claim		
FICIU 210: OCCUR_DATE_IV				Data Source:	Ciailli		
	riciu 418;	OCCUK_DA	71E_10				
2022	2022						
www.dshs.texas.gov/THCIC Page 33 Last Updated: April 2024		s.gov/THCIC		— Page 33 —	Last Updated: April 2024		

<b>T</b> 4	Date of occurrence, as <i>YYYYMMDD</i> .	a	CI.:
Length:	,1	a Source:	Claim
Field 219:	OCCUR_DAY_10		. 10
T41	Occurrence Day <i>equals</i> Occurrence Day		
Length:	* 1	a Source:	Calculated
Field 220:	OCCUR_CODE_11	latina ta 41a a alai	
<b>Coding Scheme:</b>	Code describing a significant event rel Same as OCCUR_CODE_1.	iating to the ciai	m.
Length:		a Source:	Claim
Field 221:	OCCUR_DATE_11	a Source.	Ciaiii
ricia 221.	Date of occurrence, as YYYYMMDD.		
Length:		a Source:	Claim
Field 222:	OCCUR_DAY_11	a gource.	Cidini
Ticia 222.	Occurrence Day <i>equals</i> Occurrence Day	ate <i>minus</i> Admi	ssion/Start of Care Date
Length:	• •	a Source:	Calculated
Field 223:	OCCUR_CODE_12		
	Code describing a significant event rel	lating to the clai	m.
<b>Coding Scheme:</b>		8	
Length:		a Source:	Claim
Field 224:	OCCUR_DATE_12		
	Date of occurrence, as YYYYMMDD.		
Length:	8 <b>Type:</b> Alphanumeric <b>Data</b>	a Source:	Claim
Field 225:	OCCUR_DAY_12		
	Occurrence Day equals Occurrence Day	ate <i>minus</i> Admi	ssion/Start of Care Date.
Length:	4 <b>Type:</b> Alphanumeric <b>Data</b>	a Source:	Calculated
Field 226:	OCCUR_SPAN_CODE_1		
	Code describing a significant event rel	-	
<b>Coding Scheme:</b>	Qualifying stay dates (for SNF use only)		SNF prior stay dates
	71 Prior stay dates		Prior Same SNF prior stay dates for Payment Ban Purposes
	72 First/Last Visit 73 Benefit eligibility period		Antepartum Days at Reduced Level of Care QIO/UR approved stay dates
	Noncovered level of care/Leave of absen		Provider liability - no utilization
	75 SNF level of care		Inpatient respite dates
	<ul><li>76 Patient Liability Period</li><li>77 Provider Liability - Utilization Charged</li></ul>		ICF level of care Residential level of care
Length:		a Source:	Claim
Field 227:	OCCUR_SPAN_FROM_1		
	Occurrence Span From is the Beginnin	ng Date of Occu	rrence Event.
Length:		a Source:	Claim
Field 228:	OCCUR_SPAN_THRU_1		
	Occurrence Span Thru is the Ending D	Date of Occurrer	ice Event.
Length:	8 Type: Alphanumeric Data	a Source:	Claim
Field 229:	OCCUR_SPAN_CODE_2		
	Code describing a significant event rel	lating to the clai	m that may affect payer processing.
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric <b>Data</b>	a Source:	Claim
Field 230:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Beginnin	ng Date of Occu	rrence Event.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data</b>	a Source:	Claim
Field 231:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru is the Ending D		
Length:	8 <b>Type:</b> Alphanumeric <b>Data</b>	a Source:	Claim
2022		D 24	
www.dshs.texa	s.gov/THCIC	Page 34 ——	Last Updated: April 2024
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Field 232:	OCCUR_SPAN_CODE_3								
	Code describing a significant event relating to the claim that may affect payer processing.								
Coding Scheme:	_	Same as OCCUR_SPAN_CODE_1.							
Length:	2	Type:	Alphanumeric	Data Sour	ce:	Claim			
Field 233:		_	AN_FROM_3			_			
			pan From is the Be						
Length:	8	Type:	Alphanumeric	Data Sour	ce:	Claim			
Field 234:		OCCUR_SPAN_THRU_3							
T 4	Occurrence Span Thru is the Ending Date of Occurrence Event.								
Length:	8								
Field 235:		OCCUR_SPAN_CODE_4							
0 P 0 I		Code describing a significant event relating to the claim that may affect payer processing.							
Coding Scheme:	_	me as OCCUR_SPAN_CODE_1.							
Length:	2	Type:	Alphanumeric Data Source: Claim						
Field 236:		OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event.							
T 41.			•						
Length:	8	Type:	Alphanumeric	Data Sour	ce:	Claim			
Field 237:			AN_THRU_4	1' D.4C	0	F			
Lanath			pan Thru is the End	-					
Length: Field 238:	8	Type:	Alphanumeric CODE 1	Data Sour	ce:	Claim			
Field 238:			N_CODE_1	ting to the o	loim				
Cading Sahama			ng a condition related	ung to the c		C section/Inductions 20 weeks or greater			
<b>Coding Scheme:</b>	01 02	-	is employment related		83 84	C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI)			
			vered by insurance not						
	03	reflected l	nere		85	Delayed Recertification of Hospice Terminal Illness			
	04	Information	on only bill.		86	Additional Hemodialysis Treatment with Medical Justification			
	05	Lien has b	een filed		A0	TRICARE external partnership program			
	06		ient in first 18 months o	f	A1	EPSDT/CHAP			
			nt covered by EGHP of non-terminal conditi	on for					
	07	hospice pa		on for	A2	Physically handicapped children's program			
			y would not provide						
	08	information coverage	on concerning other insu	rance	A3	Special Federal Funding			
	09	_	tient or spouse is emplo	yed	A4	Family planning			
	10		d/or spouse is employed	but no	A5	Disability			
		EGHP exi	sts beneficiary but no LGH	D		,			
	11	coverage		L	A6	Vaccines/Medicare 100% payment			
	17	Patient is			A9	Second opinion surgery			
	18		ame retained		AA	Abortion performed due to rape			
	19		ins mother's name		AB	Abortion performed due to incest Abortion performed due to serious fatal genetic defect,			
	20	Beneficia	y requested billing		AC	deformity, or abnormality			
	21	Billing for	denial notice		AD	Abortion performed due to life endangering physical			
						condition  Abortion performed due to physical health of mother that			
	22	Patient on	multiple drug regimen		AE	is not life endangering			
	23	Home car	e giver available		AF	Abortion performed due to emotional/psychological health of mother			
	24	Home IV	patient also receiving H	HA	AG	Abortion performed due to social or economic reasons			
		services	non IIC modidt			*			
	25		non-US resident le patient chooses to rec	eive	AH	Elective abortion			
	26		a Medicare certified fa		AI	Sterilization			

27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient 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
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
	Terminated Medicare+Choice		
58	organization enrollee	НЗ	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors

	71 Full care	in unit		R5	Request for reopening Reason Code - Incorrectly
	72 Self care	in unit		R6	Identified Duplicate Claim Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in
	73 Self care	training		R7	R1-R5 above Request for reopening Reason Code - Corrections other than clerical errors
	74 Home			R8	Request for reopening Reason Code - New and Material Evidence
	75 Home - 1	00% reimbursement		R9	Request for reopening Reason Code - Faulty Evidence
	76 Back-up	in facility dialysis		WO	United Mine Workers of America (UMWA)
	•	accepts or is obligated/r	required		Demonstration Indicator
	due to a c	contractual arrangement payment by a primary p	or law	W2	Duplicate of Original Bill
	78 New cove	erage not implemented l	by HMO	W3	Level I Appeal
		ervices provided offsite		W4	Level II Appeal
	C-section	alysis - nursing facility 1/Inductions <39 Weeks	<b>:</b> -	W5	Level III Appeal
	81 Medical I				
	82 C-section Elective	n/Inductions <39 Weeks	<b>3</b> -		
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 239:	CONDITIO				<del></del>
		oing a condition rela	ating to the cl	aim.	
<b>Coding Scheme:</b>		NDITION_CODE_	_		
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 240:	CONDITIO	N_CODE_3			
	Code describ	oing a condition rela	ating to the cl	aim.	
<b>Coding Scheme:</b>	Same as CO	NDITION_CODE_	_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 241:	CONDITIO				
		oing a condition rela	-	aim.	
Coding Scheme:		NDITION_CODE_			CI.
Length:	2 Type:	Alphanumeric	Data Sour	ce:	Claim
Field 242:	Condition				
Cadina Sahama		oing a condition related NDITION_CODE_	-	aım.	
Coding Scheme: Length:	2 <b>Type:</b>		_1. Data Sour	00.	Claim
Field 243:	CONDITIO:		Data Sour		Cidilli
riciu 243.		oing a condition rela	ating to the cl	aim	
<b>Coding Scheme:</b>		NDITION_CODE_	_	<b>a</b> 1111.	
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 244:	CONDITIO				D - 17
		oing a condition rela	ating to the cl	aim.	
<b>Coding Scheme:</b>		NDITION_CODE_			
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 245:	CONDITIO	N_CODE_8			
	Code describ	oing a condition rela	ating to the cl	aim.	
<b>Coding Scheme:</b>	Same as CO	NDITION_CODE_	_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Sour	ce:	Claim
Field 246:	VALUE_CC				
			. 4	naver pro	
a a .		oing information that	at may affect		•
<b>Coding Scheme:</b>	01 Most con	nmon semi-private rate	•	58	Arterial blood gas
<b>Coding Scheme:</b>	01 Most con	•	•		•
Coding Scheme:  2022 www.dshs.texa	01 Most con 02 Hospital	nmon semi-private rate	•	58 59	Arterial blood gas

04	Inpatient professional component	60	HHA branch MSA
04	charges which are combined billed	00	THE Cordicii MON
0.5	Professional component included in	<i>C</i> 1	Place of Residence where service is furnished (HHA and
05	charges and also billed separately to carrier	61	hospice)
06	Blood deductible	66	Medicaid spend down amount
	Life time reserve amount in the first		•
08	calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar	<b>C</b> 0	EDO desse
09	year	68	EPO-drug
10	Lifetime reserve amount in the second	69	State charity care percentage
10	calendar year	0)	State charty care percentage
11	Coinsurance amount in the second	80	Covered Days
	calendar year Working aged beneficiary/spouse with		
12	employer group health plan	81	Non-covered Days
	ESRD beneficiary in a Medicare		
13	coordination period with an employer	82	Co-insurance Days
	group health plan		·
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or other	A0	Special zip code reporting
	federal agency		
21	Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
	Offset to the patient - payment amount -		Covered self-administrable drugs - diagnostic study and
26	hearing and ear services	A6	other
	Offset to the patient - payment amount -		
27	vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount -	A8	Dationt weight
20	dental services	Ao	Patient weight
29	Offset to the patient - payment amount -	A9	Patient height
	chiropractic services		Ç
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or
			health care related taxes - payer A Other assessments or allowances (e.g., medical
31	Patient Liability Amount	AB	education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
	Offset to the patient - payment amount -	D.O.	• •
33	podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount -	В3	Estimated responsibility payer B
34	other medical services	ВЭ	Estimated responsibility payer B
35	Offset to the patient - payment amount -	В7	Co-payment payer B
	health insurance premiums		
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
			Other assessments or allowances (e.g., medical
38	Blood deductible units	BB	education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with	CA	Regulatory surcharges, assessments, allowances or
43	LGHP	CA	health care related taxes - payer C
	Amount provider agreed to accept from		
44	primary payer when this amount is less	CB	Other assessments or allowances (e.g., medical
	than charges but higher than payment		education) - payer C
45	received Accident hour	D3	Patient estimated responsibility
46	Number of grace days	D3 D4	Clinical Trial Number Assigned by NLM/NIH
47	Any liability insurance	D5	Last Kt/V Reading
• •	,	20	

	48 Hemoglobir	n reading	FC	Patient Paid Amount Credit Received from the Manufacturer for a Medical
	49 Hematocrit	reading	FD	Device
	50 Physical Th		G8	Facility where Inpatient Hospice Service is Delivered
		al Therapy visits	Y1	Part A Demonstration Payment
	<ul><li>52 Speech The</li><li>53 Cardiac reha</li></ul>	1.0	Y2 Y3	Part B Demonstration Payment Part B Coinsurance
		rth weight in grams	Y4	Conventional Provider Payment
		hreshold for charity ca	are Y5	Part B Deductible
		se - home visit hours		
I amadh.		h aide - home visit ho		Claim
Length:	**	Alphanumeric	Data Source:	Claim
Field 247:	VALUE_AMO		int in aluded) that may	, he offeeted
Longth		Numeric	oint included) that may  Data Source:	Claim
Length: Field 248:	9 <b>Type:</b> VALUE_COD		Data Source:	Ciaiii
rielu 240:			t may affect payer pro	gassing
<b>Coding Scheme:</b>	Same as VALU	_	t may affect payer pro	ecssing.
Length:		Alphanumeric	Data Source:	Claim
Field 249:	VALUE_AM(		Data Source.	Ciami
riciu 24).			oint included) that may	he affected
Length:	,	Numeric	Data Source:	Claim
Field 250:	VALUE_COD		2 5 0 2 0	O.M.I.I.
Ticiu 250.			t may affect payer pro	cessing
<b>Coding Scheme:</b>		_	t may arreet payer pro	cossing.
Length:		Alphanumeric	Data Source:	Claim
Field 251:	VALUE_AM(	_		
	Amount (in cer	nts) that may be at	ffected.	
Length:	,	nts) that may be at Numeric	ffected. <b>Data Source:</b>	Claim
Length: Field 252:	,	Numeric		Claim
	9 Type: VALUE_COD	Numeric DE_4		
	9 Type: VALUE_COD Code describin	Numeric DE_4 g information that	Data Source:	
Field 252:	9 <b>Type: VALUE_COD</b> Code describin  Same as VALU	Numeric DE_4 g information that	Data Source:	
Field 252: Coding Scheme:	9 <b>Type: VALUE_COD</b> Code describin  Same as VALU	Numeric DE_4 g information that JE_CODE_1. Alphanumeric	Data Source: t may affect payer pro	ocessing.
Field 252: Coding Scheme: Length:	9 Type: VALUE_COD Code describin Same as VALU 2 Type: VALUE_AMO	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4	Data Source: t may affect payer pro	ocessing. Claim
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Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254: Coding Scheme:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1.	Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro	Claim  be affected. Claim  ccessing.
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Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254: Coding Scheme:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  AMOUNT (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5	Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  be affected. Claim  ccessing.  Claim
Field 252: Coding Scheme: Length: Field 253: Length: Field 254: Coding Scheme: Length: Field 255:	9 Type:  VALUE_COD  Code describin  Same as VALUE  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  Amount (in cer	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po	Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  be affected. Claim  ccessing.  Claim  ccessing.  Claim
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Field 252: Coding Scheme: Length: Field 253: Length: Field 254: Coding Scheme: Length: Field 255:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DUNT_5 nts, no decimal po Numeric DE_6	Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:	Claim  be affected. Claim  ccessing.  Claim  be affected. Claim  be affected. Claim
Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254:  Coding Scheme: Length: Field 255:  Length: Field 256:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Code describin	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DUNT_5 g information that DUNT_5 nts, no decimal po Numeric DE_6 g information that	Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  be affected. Claim  ccessing.  Claim  be affected. Claim  be affected. Claim
Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254:  Coding Scheme: Length: Field 255:  Length: Field 256:  Coding Scheme:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  Same as VALUE_COD  Code describin  Same as VALUE	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DE_6 g information that JE_CODE_1.	Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro  Data Source:  bint included) that may  Data Source:  t may affect payer pro  t may affect payer pro	Claim  The affected. Claim
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Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254:  Coding Scheme: Length: Field 255:  Length: Field 256:  Coding Scheme:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMO  AMOUNT (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DE_6 g information that JE_CODE_1. Alphanumeric DE_1 Alphanumeric DUNT_5 nts, no decimal po Numeric DE_1 Alphanumeric DUNT_6	Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  be affected. Claim  cessing.  Claim  be affected. Claim  cessing.  Claim  cessing.  Claim  cessing.
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Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254:  Coding Scheme: Length: Field 255:  Length: Field 256:  Coding Scheme: Length: Field 257: Length:	9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMC  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMC  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_COD  Code describin  Same as VALU  2 Type:  VALUE_AMC  Amount (in cer  9 Type:	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DE_6 g information that JE_CODE_1. Alphanumeric DUNT_6 nts, no decimal po Numeric DUNT_6 nts, no decimal po Numeric	Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  be affected. Claim  cessing.  Claim  be affected. Claim  cessing.  Claim  cessing.  Claim  cessing.
Field 252:  Coding Scheme: Length: Field 253:  Length: Field 254:  Coding Scheme: Length: Field 255:  Length: Field 256:  Coding Scheme: Length: Field 256:	9 Type:  VALUE_COD  Code describin  Same as VALUE  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALUE  Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_COD  Code describin  Same as VALUE  YALUE_COD  Code describin  Same as VALUE  VALUE_COD  Code describin  Same as VALUE  Type:  VALUE_AMO  Amount (in cer  9 Type:  VALUE_AMO  Amount (in cer  9 Type:	Numeric DE_4 g information that JE_CODE_1. Alphanumeric DUNT_4 nts, no decimal po Numeric DE_5 g information that JE_CODE_1. Alphanumeric DUNT_5 nts, no decimal po Numeric DE_6 g information that JE_CODE_1. Alphanumeric DE_6 nts, no decimal po Numeric DUNT_6 nts, no decimal po Numeric DE_7	Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:  int included) that may  Data Source:  t may affect payer pro  Data Source:	Claim  The affected. Claim

Cadina Sahama	Come on MAI	HE CODE 1		
Coding Scheme:			Data Source:	Claim
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 259:	VALUE_AM		oint included) that may	, he affected
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 260:	VALUE_CO		Data Source.	Ciaini
ricia 200.			t may affect payer pro	cessing
<b>Coding Scheme:</b>		UE CODE 1.	t may affect payer pro	eessing.
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 261:	VALUE_AM		Dutu Source.	Cium
1100 201.			oint included) that may	be affected.
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 262:	VALUE_CO			
			t may affect payer pro	cessing.
<b>Coding Scheme:</b>		-	, , , ,	
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 263:	VALUE_AM	IOUNT_9		
	Amount (in co	ents, no decimal po	oint included) that may	be affected
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 264:	VALUE_CO	DE_10		
	Code describi	ng information tha	t may affect payer pro	cessing.
<b>Coding Scheme:</b>	Same as VAL	UE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
<b>Field 265:</b>	VALUE_AM			
			oint included) that may	
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 266:	VALUE_CO	_		
a 11 a 1		-	t may affect payer pro	cessing.
Coding Scheme:		UE_CODE_1.	<b>D</b> 4 G	
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 267:	VALUE_AM		sint in aludad) that may	he offected
Longth	9 <b>Type:</b>	Numeric	oint included) that may  Data Source:	Claim
Length: Field 268:	VALUE_CO		Data Source:	Ciaiiii
riciu 200.			t may affect payer pro	cassing
<b>Coding Scheme:</b>			t may affect payer pro	ecssing.
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 269:	VALUE AM			
	_	<del>-</del>	oint included) that may	be affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 270:	PRIVATE_A	MOUNT		
	Accommodat	ion Charge, Private	Room Charge Amou	nt. Calculated using MEDPAR algorithm.
	Sum (in cents	) of charges associ	ated with revenue cod	es 0100-0219, revenue center 011X, 014X
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 271:		ATE_AMOUNT		
				Amount. Calculated using MEDPAR
				evenue codes 0100-0219, revenue center
T 41		013X, 016X-019X		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 272:	WARD_AM	OUNI		
2022				
2022	a gov/TUCIC		— Page 40 ——	Lost Undeted: April 2024
www.dshs.texa	s.gov/1HCIC		<u> </u>	Last Updated: April 2024

				lculated using MEDPAR algorithm. Sum (in
Length:	cents) of char 12 <b>Type:</b>	ges associated Numeric	Data Source:	0-0219, revenue center 015X. Calculated
Field 273:	ICU_AMOU		Data Source.	Calculated
rieu 2/3.	Accommodat	ion Charge, Int		e Amount. Calculated using MEDPAR revenue codes 0100-0219, revenue center
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 274:		ion Charge, Co	charges associated with	ge Amount. Calculated using MEDPAR in revenue codes 0100-0219, revenue center
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 275:	cents) of char 022X-024X,	vice Charge, O ges associated 052X-053X, 05	with revenue codes others. 55X-060X, 064X-070X,	alculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 0002-0099, 076X-078X, 090X-095X, 099X.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 276:	(in cents) of o 026X, 063X.	vice Charge, Pl charges associa	ted with revenue codes	nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,
Length: Field 277:	12 Type: MEDSURG	Numeric	Data Source:	Calculated
Length:		m (in cents) of		Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue Calculated
Field 278:	DME AMO			=
Longth	Ancillary Ser algorithm. Su centers 0290-	vice Charge, D m (in cents) of 0292, 0294-02	charges associated with	ent Charge Amount. Calculated using MEDPAR in revenue codes other than 0100-0219, revenue  Calculated
Length: Field 279:	12 Type: USED_DME	Numeric	Data Source:	Calculated
Field 2/9:	Ancillary Ser MEDPAR alg	– vice Charge, U		quipment Charge Amount. Calculated using ociated with revenue codes other than 0100-
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 280:		vice Charge, Pl		Amount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 281:	algorithm. Su center 043X.	vice Charge, O m (in cents) of	charges associated with	narge Amount. Calculated using MEDPAR n revenue codes other than 0100-0219, revenue
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 282:		vice Charge, Some (in cents) of		e Amount. Calculated using MEDPAR is revenue codes other than 0100-0219, revenue
2022			D 41 -	
	exas.gov/THCIC		——— Page 41 —	Last Updated: April 2024

	12 <b>Type:</b> Numeric	Data Source:	Calculated
<b>Field 283:</b>	IT_AMOUNT		
			ge Amount. Calculated using MEDPAR
		harges associated with	revenue codes other than 0100-0219, revenue
	center 041X, 046X.		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 284:	BLOOD_AMOUNT		
			e patient's stay. Calculated using MEDPAR
		harges associated with	revenue codes other than 0100-0219, revenue
Longth	center 038X.  12 <b>Type:</b> Numeric	Data Source:	Calculated
Length: Field 285:	12 <b>Type:</b> Numeric <b>BLOOD ADM AMOUNT</b>	Data Source:	Calculated
rieiu 205:		od storage and process	sing related to the patient's stay. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 039X.	cents) of charges asse	sciated with revenue codes offici than 0100
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 286:	OR AMOUNT		
	_	erating Room Charge	Amount. Calculated using MEDPAR algorithm.
			odes other than 0100-0219, revenue center
	036X, 071X-072X.		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 287:	LITH_AMOUNT		
			int. Calculated using MEDPAR algorithm. Sum
_			other than 0100-0219, revenue center 079X.
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 288:	CARD_AMOUNT		
			unt. Calculated using MEDPAR algorithm. Sum
		d with revenue codes	other than 0100-0219, revenue center 048X,
Longth	073X. 12 <b>Type:</b> Numeric	Data Source:	Calculated
Length:	12 <b>Type:</b> Numeric	Data Source.	Calculated
Field 280.			
Field 289:	ANES_AMOUNT	asthasia Charga Amor	
Field 289:	ANES_AMOUNT Ancillary Service Charge, And	<u> </u>	unt. Calculated using MEDPAR algorithm. Sum
	ANES_AMOUNT Ancillary Service Charge, Ancillary of charges associate	d with revenue codes	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.
Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge associate 12 Type: Numeric	<u> </u>	unt. Calculated using MEDPAR algorithm. Sum
	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT	d with revenue codes  Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated
Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lab	d with revenue codes  Data Source:  poratory Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated unt. Calculated using MEDPAR algorithm. Sum
Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lab	d with revenue codes  Data Source:  poratory Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated
Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lab (in cents) of charges associate	d with revenue codes  Data Source:  poratory Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated unt. Calculated using MEDPAR algorithm. Sum
Length: Field 290:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lat (in cents) of charges associate 031X, 074X-075X.	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-
Length: Field 290: Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lat (in cents) of charges associate 031X, 074X-075X. 12 Type: Numeric RAD_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-
Length: Field 290: Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X. 12 Type: Numeric RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate	d with revenue codes  Data Source:  coratory Charge Amoud with revenue codes  Data Source:  diology Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated
Length: Field 290:  Length: Field 291:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X. 12 Type: Numeric RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.	d with revenue codes  Data Source:  coratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes	ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
Length: Field 290: Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Rad (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric	d with revenue codes  Data Source:  coratory Charge Amoud with revenue codes  Data Source:  diology Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum
Length: Field 290:  Length: Field 291:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charge, Lat (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Rac (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
Length: Field 290:  Length: Field 291:  Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charge, Lat (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Rac (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT Ancillary Service Charge, MRI_AMOUNT Ancillary Service Charge, MRI_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Ca	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  lculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
Length: Field 290:  Length: Field 291:  Length: Field 292:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charge, Lab (in cents) of charges associate 031X, 074X-075X. 12 Type: Numeric RAD_AMOUNT Ancillary Service Charge, Rac (in cents) of charges associate 032X-035X, 040X. 12 Type: Numeric MRI_AMOUNT Ancillary Service Charge, MRI_AMOUNT Ancillary Service Charge, MRI_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Carith revenue codes other	ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  cliculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  cliculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 061X.
Length: Field 290:  Length: Field 291:  Length: Field 292:  Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charges associate 12 Type: Numeric LAB_AMOUNT Ancillary Service Charges, Late (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric MRI_AMOUNT Ancillary Service Charge, MRI_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Ca	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  lculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
Length: Field 290:  Length: Field 291:  Length: Field 292:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charge associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT Ancillary Service Charge, MR cents) of charges associated was 12 Type: Numeric  OP_AMOUNT	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Carith revenue codes other than the codes of the	ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  calculated  calculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 061X.  Calculated
Length: Field 290:  Length: Field 291:  Length: Field 292:  Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charge associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT Ancillary Service Charge, MR cents) of charges associated we 12 Type: Numeric  OP_AMOUNT Ancillary Service Charge, Our Company Com	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Carith revenue codes other than the codes of the	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  calculated  calculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 061X.  Calculated  ge Amount. Calculated using MEDPAR
Length: Field 290:  Length: Field 291:  Length: Field 292:  Length:	ANES_AMOUNT  Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charge associate 12 Type: Numeric  LAB_AMOUNT  Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT  Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT  Ancillary Service Charge, MR cents) of charges associated we 12 Type: Numeric  OP_AMOUNT  Ancillary Service Charge, Our algorithm. Sum (in cents) of charges	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Carith revenue codes other than the codes of the	ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  calculated  calculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 061X.  Calculated
Length: Field 290:  Length: Field 291:  Length: Field 292:  Length:	ANES_AMOUNT Ancillary Service Charge, Ancillary Service Charge, Ancillary Service Charge associate 12 Type: Numeric  LAB_AMOUNT Ancillary Service Charge, Late (in cents) of charges associate 031X, 074X-075X.  12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Race (in cents) of charges associate 032X-035X, 040X.  12 Type: Numeric  MRI_AMOUNT Ancillary Service Charge, MR cents) of charges associated we 12 Type: Numeric  OP_AMOUNT Ancillary Service Charge, Our Company Com	d with revenue codes  Data Source:  Doratory Charge Amoud with revenue codes  Data Source:  diology Charge Amoud with revenue codes  Data Source:  RI Charge Amount. Carith revenue codes other than the codes of the	ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.  Calculated  ant. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-  Calculated  nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,  Calculated  calculated  calculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 061X.  Calculated  ge Amount. Calculated using MEDPAR

Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 294:	ER_AMOU	NT		
				e Amount. Calculated using MEDPAR
		ım (in cents) of o	charges associated with	h revenue codes other than 0100-0219, revenue
	center 045X.		<b>5</b>	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
<b>Field 295:</b>		CE_AMOUNT	1 1 (1)	CILILI MEDDAD I M
				unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 054X.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 296:	PRO FEE		Data Source.	Calculated
riciu 290.			ofessional Fee Charge	Amount. Calculated using MEDPAR algorithm.
				odes other than 0100-0219, revenue center
	096X-098X.	s) of charges ass	sciaced with to vehice e	odes outer than 0100 0215, revenue center
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 297:	ORGAN AN	MOUNT		
	Ancillary Ser	vice Charge, Or	gan Acquisition Charg	ge Amount. Calculated using MEDPAR
	algorithm. Su	ım (in cents) of d	charges associated with	n revenue codes other than 0100-0219, revenue
	center 081X,	089X.		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 298:	ESRD_AMO	OUNT		
				s Charge Amount. Calculated using MEDPAR
				h revenue codes other than 0100-0219, revenue
		082X-085X, 08		~
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated
Field 299:	CLINIC_AN			
				unt. Calculated using MEDPAR algorithm. Sum
I amadla.			Data Source:	other than 0100-0219, revenue center 051X.
Length:	12 Type:	Numeric	Data Source:	Calculated
<b>Field 300:</b>	TOTAL_CH		ition aharaas non aay	ered accommodation charges, ancillary charges,
			s. Replaces TOTAL_C	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 301:		N_COV_CHA		Cimin
Ticia 501.				ges, non-covered ancillary charges.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 302:		IARGES_ACC		
			I non-covered accomm	nodation charges.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 303:			RGES_ACCOMM	
11010000			d accommodations cha	arges.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 304:		IARGES_ANC		
			I non-covered ancillar	y charges.
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 305:		N_COV_CHA		
11010 0 00 0			d ancillary charges.	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 306:		INDICATOR		
		format of data as	s submitted.	
<b>Coding Scheme:</b>				
2022			—— Page 43 —	
www.dshs.texa	s.gov/THCIC		I age 43	Last Updated: April 2024

www.dshs.texas.gov/THCIC

	D	Data entry			
	U	UB-04			
	C	format			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
<b>Field 307:</b>	$\mathbf{E}\mathbf{M}$	ERGENO	CY_DEPT_FLAG	·	
	Indi	icator of e	mergency departm	ent visit	
<b>Coding Scheme:</b>	Y	visit was e	mergency related		
	N	Visit was i	not emergency related		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned
<b>Field 308:</b>	DIS	<b>CHARG</b>	E		
	Dis	charge Qu	arter. Year and qua	arter of discharge. yy	yyQn.
	1st	Quarter (Y	YYYQ1): 1st Jan	uary-31st March of th	nat corresponding year
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year				
	3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year				
	4th	Quarter (Y	YYYYQ4); 1st Oct	tober-31st December	of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

## **INPATIENT CHARGES DATA FILE**

Field 1:	RECO	ORD_ID		
Ticiu I.			her to identif	y the record within the research data file. Does
		-		RECORD_ID in other Inpatient RDF files
Length:	12		ata Source:	Assigned
Field 2:		ENUE CODE	ata source.	rissigned
riciu 2.		<del>-</del>	modation an	cillary service or billing calculation related to the
		es being billed.	modation, an	emary service of binning calculation related to the
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
Coung Scheme:	0100	7 th merusive room enarges plus aliemary	0327	Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to
	0110		0.520	Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatri		Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms -	0542	Ambulance service - medical transport
	0117	detoxification	05.42	A 1 1
	0117 0118	Room charges for private rooms - oncology	0543 tion 0544	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitat Room charges for private rooms - other	0545	Ambulance service - oxygen Ambulance service - air ambulance
	0119	Room charges for semi-private rooms - gene		Ambulance service - neonatal
	0120	Room charges for semi-private rooms -	0547	Ambulance service - pharmacy
		medical/surgical/GYN		F,
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hosp	oice 0551	Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - othe		Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
	0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment

0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA - other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience- charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)

Last Updated: April 2024

2022

0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201 0202	Room charges for intensive care - surgical Room charges for intensive care - medical	0658 0659	Hospice services - room and board - nursing facility Hospice services - other
0202	Room charges for intensive care - medicar	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242 0243	All-inclusive ancillary - comprehensive All-inclusive ancillary - specialty	0723 0724	Labor/Delivery Room services - circumcision Labor/Delivery Room services - birthing center
0243	All-inclusive ancillary - other	0724	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269 0270	IV Therapy - other  Medical surgical supplies and devices - general	0801 0802	Inpatient renal dialysis services - hemodialysis Inpatient renal dialysis services - peritoneal (non-CAPD)
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - perioneal (non-CAFD)  Inpatient renal dialysis services - continuous ambulatory
0271	nonsterile Medical surgical supplies and devices - sterile	0804	peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling
			peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take- home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general

0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hemotology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0344	radiopharmaceuticals Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0903	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 hospitalization - less intensive

0362	Operating room services - organ transplant	0913	Behavior health treatment/services - partial hospitalization -
	other than kidney		intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370 0371	Anesthesia - general Anesthesia - incident to radiology	0916 0917	Behavior health treatment/services - family therapy Behavior health treatment/services - biofeedback
0371	Anesthesia - incident to radiology  Anesthesia - incident to other diagnostic	0917	Behavior health treatment/services - bioleedback  Behavior health treatment/services - testing
0372	services	0916	Denavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382 0383	Blood - whole blood	0923 0924	Other diagnostic services - pap smear
0384	Blood - plasma Blood - platelets	0924	Other diagnostic services - allergy test Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - pregnancy test  Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration,	0941	Other therapeutic services - recreational therapy
	storage and processing - general		
0391	Blood and blood component administration,	0942	Other therapeutic services - education/training
0202	storage and processing - administration	00.42	
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac rehabilitation
0399	storage and processing – processing and storage Blood and blood component administration,	0944	Other therapeutic services - drug rehabilitation
0399	storage and processing - other	0944	Other therapeutic services - drug renaomitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment -
0.01	mammography	07.0	routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment -
			ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
	mammography		
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410 0412	Respiratory services - general Respiratory services - inhalation	0952 0953	Other therapeutic services - kinesiotherapy Other therapeutic services - chemical dependency (drug and
0412	Respiratory services - illitatation	0733	alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
	therapy		
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429 0430	Physical therapy - other Occupational therapy - general	0972 0973	Professional fees - radiology - diagnostic Professional fees - radiology - therapeutic
0430	Occupational therapy - visit charge	0973	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
	reevaluation		1 7 17
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443 0444	Speech-language pathology - group rate	0983	Professional fees - clinic Professional fees - medical social services
V <del>111</del>	Speech-language pathology - evaluation or reevaluation	0984	i foressional fees - inculcal social scrvices
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency	0987	Professional fees - hospital visit
	medical screening services		-
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460 0469	Pulmonary function - general Pulmonary function - other	0991 0992	Patient convenience items - cafeteria/guest tray Patient convenience items - private linen service
0409	i annonary runcuon - omer	ロクラム	1 attent convenience nems - private inten service

Field 6: Coding Scheme:	Identii 22 23 24 25	fies special circumstances related Increased procedural services  Unusual Anesthesia  Unrelated Evaluation and Management the Same Physician or Other Qualified I Professional during a Postoperative Per Significant, Separately Identifiable Eval Management Service by the Same Phys Qualified Health Care Professional on to of the Procedure or Other Service Professional Component  Multiple Outpatient Hospital E/M Enco	Service by P Health Care iod luation and E sician or Other he Same Day	nance 24 25 26 E1 E2 E3	e of the service 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 Upper right eyelid
Field 6:	Identif 22 23 24 25	Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management the Same Physician or Other Qualified I Professional during a Postoperative Per Significant, Separately Identifiable Eva	P Service by P Health Care iod luation and E	P4 P5 P6	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
Field 6:	Identif 22 23 24	Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management	P P P Service by P	P4 P5	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
Field 6:	Identii 22	Increased procedural services	P	P4	A patient with severe systemic disease that is a constant threat to life
Field 6:	Identif		_		
		IFIER 1	Duta Source	<del></del>	Cium
Coding Scheme: Length:	See <i>ht</i> 5	ttp://www.cms.hhs.gov/HCPCSR <b>Type:</b> Alphanumeric	eleaseCodeSets <b>Data Sour</b> c		HCPCS/list.asp for complete list. Claim
	accom	nmodations.			
			stem (HCPCS)	code	e applicable to ancillary services or
Field 5:		CS_PROCEDURE_CODE	Duta Source		Cium
Length:	2	<b>Type:</b> Alphanumeric	Data Sourc		Claim
Field 4:		CS_QUALIFIER A Common Procedure Coding Sy	zetom (HCDCS)	Cod	as Indicator
Length:	3	Type: Alphanumeric	Data Source	ce:	Assigned
	Assign	nment of numbers to indicate the	e order of submi		
Field 3:		ENUE_CODE_SEQUENCE_N	UMBER		
Length:	0526 4	Covered Part A Stay) or NF or ICF N Other Residential Facility Freestanding Clinic - urgent care <b>Type:</b> Alphanumeric	Data Sourc	ce:	Claim
	Stay at SNF  Freestanding Clinic - Visit by RHC/FQHC  Practitioner to a Member in a SNF (not				
	0523 0524	Freestanding Clinic - family practice Freestanding Clinic - Visit by RHC/F Practitioner to a Member in a Covere	FQHC 3109		Adult foster care - daily Adult foster care - other
	0522	to RHC/FQHC Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	1 .	Adult day care, social - daily
	0521	Freestanding Clinic - Clinic Visit by			Adult day care, medical and social - daily
	0519	Freestanding Clinic - general	3101 3102		Adult day care, medical and social - nourly Adult day care, social - hourly
	0517 0519	Clinic - family practice Clinic - other	2109		Alternative therapy services - other Adult day care, medical and social - hourly
	0516	Clinic - urgent care	2106		Alternative therapy services - hypnosis
	0514 0515	Clinic - OB/GYN Clinic - pediatric	2104 2105		Alternative therapy services - reflexology Alternative therapy services - biofeedback
	0513	Clinic - psychiatric	2103		Alternative therapy services - massage
	0512	Clinic - dental	2102		Alternative therapy services - acupressure
	0510 0511	Clinic - general Clinic - chronic pain	2100 2101		Alternative therapy services - general Alternative therapy services - acupuncture
	0509	Outpatient services - other	1005		Behavior health accommodations - group home
	0499 0500	Ambulatory surgical care - other Outpatient services - general	1003 1004	1	Behavior health accommodations - supervised living Behavior health accommodations - halfway house
	0490	Ambulatory surgical care - general	1002	2	psychiatric Behavior health accommodations - residential treatment - chemical dependency
	0489	Cardiology - other	1001		Behavior health accommodations - residential treatment -
	0482 0483	Cardiology - stress test Cardiology - echocardiology	0999 1000		Patient convenience items - other Behavior health accommodations - general
	0481	Cardiology - cardiac cath lab	0998		Patient convenience items - beauty shop/barber
	0480	Cardiology - general	0997		Patient convenience items - admission kits
	0472 0479	Audiology - treatment Audiology - other	0995 0996		Patient convenience items - nonpatient room rentals Patient convenience items - late discharge charge
	0471	Audiology - diagnostic	0994		Patient convenience items - TV/radio
		Audiology - general	0993		

	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51	Multiple Procedures	F4	Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54 55	Surgical Care Only Postoperative Management Only	F7 F8	Right hand, third digit Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the S	Same GG	Performance and payment of a screening mammography
		Physician or Other Qualified Health Care Professional During the Postoperative Period		and diagnostic mammography on same patient, same day.
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory	LT	Left side of the body procedure
		Surgery Center (ASC) Procedure prior to the		
	74	Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory	QM	Ambulance service provided under arrangement by a
	74	Surgery Center (ASC) Procedure after Adminis of Anesthesia		provider of services
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	77	Repeat Procedure by Another Physician or Oth Qualified Health Care Professional	er RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure I	Room RI	Ramus intermedius coronary artery
	, 0	by the Same Physician or Other Qualified Heal Care Professional Following Initial Procedure f	th for a	Tamas moments coronary areas
	70	Related Procedure During the Postoperative Pe		Disk side of the hadrones down
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered V Real-Time Interactive Audio and Video Telecommunications System	Via a T7	Right foot, third digit
	99	Multiple Modifiers	Т8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due Medical Reasons		Right foot, fifth digit
	2P	Performance Measure Exclusion Modifier due Patient Reasons	to TA	Left foot, great toe
	3P	Performance Measure Exclusion Modifier due System Reasons	to XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Act not performed, reason not otherwise specified	tion XS	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		11 0
Length:	2	Type: Alphanumeric Da	ata Source:	Claim
Field 7:		DIFIER 2		
ricia /.		tifies special circumstances related to th	a parformana	ea of the sarvice
Coding Scheme:		e as MODIFIER 1	e periorilano	te of the service.
Length:	2	<del>-</del>	ata Source:	Claim
Field 8:		DIFIER_3		
riciu 0.		tifies special circumstances related to th	a parformer	ea of the corrige
			e performanc	ce of the service.
Coding Scheme:		e as MODIFIER_1		CI.:
Length:	2	<u> </u>	ata Source:	Claim
Field 9:	MO	DIFIER_4		
2022				
	TILO	Page 51		Lost Undeted, Arril 2024
www.dshs.texas.gov	/ I HCIO			Last Updated: April 2024

	Identifies special circumstances related to the performance of the service.									
Coding Scheme:	Same	Same as MODIFIER_1								
Length:	2	Type:	Alphanumeric	<b>Data Source:</b>	Claim					
Field 10:	UNI	T_MEASU	REMENT_CODE							
	Code	specifying	the units in which a va	alue is being express	sed.					
Coding Scheme:	DA	Days								
C .	F2	Internation	nal unit							
T an adh.	UN	Unit	A 11	Data Carrage	Claim					
Length:	2	Type:	Alphanumeric	Data Source:	Claim					
Field 11:		TS_OF_SE								
	Num	eric value o	f quantity							
Length:	7	Type:	Numeric	<b>Data Source:</b>	Claim					
Field 12:	UNI	T_RATE								
	Rate	per unit								
Length:	12	Type:	Numeric	<b>Data Source:</b>	Claim					
Field 13:	CHR	RGS_LINE	_ITEM							
	Total	l amount of	the charge							
Length:	14	Type:	Numeric	<b>Data Source:</b>	Assigned					
Field 14:	CHR	RGS_NON_	COV							
	Total	non-cover	ed amount of the charg	ge						
Length:	14	Type:	Alphanumeric	Data Source:	Assigned					

#### INPATIENT FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID		
	Provider ID. Unique identifier assi	igned to the provider by	THCIC.
Length:	6 <b>Type:</b> Alphanumeric	Data Source:	Assigned
Field 2:	PROVIDER_NAME		
	Hospital name provided by the hos	spital.	
Length:	55 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 3:	PROVIDER_ADDR		
	Hospital address provided by the h	nospital.	
Length:	50 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_CITY		
	Hospital city provided by the hosp	ital.	
Length:	20 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 5:	PROVIDER_STATE		
	Hospital state provided by the hos	pital.	
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 6:	PROVIDER_ZIP		
	Hospital ZIP code provided by the	hospital.	
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 7:	FAC_TEACHING_IND		
	Teaching Facility Indicator.		
<b>Coding Scheme:</b>	A Member, Council of Teaching I	Hospitals	
	X Other Teaching facility		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 8:	FAC_PSYCH_IND		
	Psychiatric Facility Indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 9:	FAC_REHAB_IND		
·	Rehabilitation Facility Indicator.	<b>T</b>	5
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 10:	FAC_ACUTE_CARE_IND		
T 41	Acute Care Facility Indicator.	D + G	D 11
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 11:	FAC_SNF_IND	TT '- 1 C '11' '	P
T amodh.	Skilled Nursing Facility Indicator.		
Length: Field 12:	1 Type: Alphanumeric	Data Source:	Provider
rieid 12:	FAC_LONG_TERM_AC_IND Long Term Acute Care Facility In	diantor	
Length:	1 <b>Type:</b> Alphanumeric		Provider
Field 13:	FAC_OTHER_LTC_IND	Data Source.	Tiovidei
riciu 13.	Other Long Term Care Facility Inc	dicator	
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 14:	FAC_PEDS_IND	Duta Source.	Tiovidei
riciu 14.	Pediatric Facility Indicator.		
Coding Scheme:	C Member, Council of Teaching F	Iospitals	
coming benefite.	X Facility also treat children	100piuio	
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 15:	POA PROVIDER INDICATO		
- 1010 101			Diagnosis Present on Admission (POA) codes.
			types as exempt from reporting $PO\Delta$ to the

Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the

department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals,

Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals.

Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

R Required X Exempt Invalid

Length: 1 Type: Alphanumeric Data Source: Assigned

Field 16: PROVIDER\_COUNTY

Hospital COUNTY provided by the hospital.

Length: 3 Type: Alphanumeric Data Source: Provider

## **INPATIENT GROUPER DATA FILE**

Field 1:	RECORD_ID							
	Provider ID. Unique identifier assigned to the provider by THCIC.							
Length:	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> 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 <b>Type:</b> Alphanumeric <b>Data Source:</b> 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 <sup>13</sup> as assigned b							
	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 updated annually.							
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
Field 4:	FROZEN_ MS_GROUPER_VERSION_NBR							
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE							
	Error codes identify potential variations with MS DRG code assignment. The calculation for this field is							
Coding Scheme:	updated annually.							
	No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or exempt							
	Diagnosis code cannot be used as							
	01 Principal diagnosis Code camor be used as 20 DisableHac is invalid and at least one HAC POA is N or U							
	Record does not meet criteria for 21 DisableHac is invalid and at least one HAC POA is invalid or exempt							
	any 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 exempt							
	O5 Invalid Discharge Status  DisableHac = 0 and there are multiple HACs that have different HAC POA							
	values that are not Y, W, N, U							
	Illogical Principal Diagnosis (CMS only)  DisableHac is invalid and there are multiple HACs that have different HAC POur values that are not Y or W							
	11 Invalid Principal Diagnosis							
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
Field 6:	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.							
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
Field 7:	FROZEN_RISK_MORTALITY							
ricia /.	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 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.							
	1 Minor							
Coding Scheme:	2 Moderate							
<i>-</i>	3 Major							
Length:	4 Extreme 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
	FROZEN_ILLNESS_SEVERITY							
Field 8:								

Page 53

Last Updated: April 2024

www.dshs.texas.gov/THCIC

	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.								
	1 Minor								
<b>Coding Scheme:</b>	2 Moderate								
8	3 Major								
	4 Extreme 0 No class specified								
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> 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:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned								
Field 10:	FROZEN_ APR_GROUPER_								
	VERSION_NBR  Version number of the 2M ADD DDC Crowner used. The calculation for this field is undeted annually.								
Length:	Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.  5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned								
Field 11:	FROZEN_APR_GRP_ERROR_CODE								
11010 110	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								
C - 12 C -1	No errors. DRG successfully 12 Gestational age/birth weight conflict (APR only) assigned								
Coding Scheme:	01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exempt principal 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 is invalid and at least one HAC POA is invalid or exempt 04 Invalid Sex 22 DisableHac = 0 and at least one HAC POA is exempt								
	05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt								
	Of Invalid birthweight (AP & APR 24 DisableHac = 0 and there are multiple HACs that have different HAC POA values								
	only) that are not Y, W, N, U  109 Invalid discharge age in days (AP & 25 DisableHac is invalid and there are multiple HACs that have different HAC POA								
	APR only) values that are not Y or W								
Length:	11 Invalid Principal Diagnosis 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned								
Field 12:	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 quarterly.								
Length:	3 Type: Alphanumeric Data Source: Assigned								
Field 13:	MS_MDC  Medicana Sevenity (MS) Meior Discrepatio Cotegory MDC) is a three digit numeric and that groups								
	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 <sup>13</sup> 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 updated quarterly.								
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned								
Field 14:	MS_GROUPER_VERSION_NBR								
2022									
www.dshs.texas.go	v/THCIC Page 54 Last Updated: April 2024								
	Lust Opuned. April 2027								

	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously							
	-					I to assign MS DRG and, MS MDC codes.		
Coding Scheme:	The calculation for this field is updated quarterly. C Member, Council of Teaching Hospitals							
Coung Scheme:			reat children	, nos	pitais			
Length:	5	Type:	Alphanumeric		Data Source:	Assigned		
Field 15:			R_ERROR_CC		Data Source.	rissigned		
riciu 13.					ons with MS DRG code ass	signment. The calculation for this field is		
		ited quarter		iriutio	ins with this bitte code as	signment. The edicatation for this field is		
<b>Coding Scheme:</b>	00		RG successfully	19	DisableHac = 0 and at least one	e HAC POA is invalid or exempt		
	01	Diagnosis co	de cannot be used as	s 20	DisableHac is invalid and at lea	ast one HAC POA is N or U		
	02		not meet criteria for	21	DisableHac is invalid and at lea	ast one HAC POA is invalid or exempt		
	03	Invalid Age		22	DisableHac = 0 and at least one	e HAC POA is exempt		
	04	Invalid Sex		23	DisableHac is invalid and at lea	*		
	05	Invalid Disch	narge Status	24	DisableHac = 0 and there are n are not Y, W, N, U	nultiple HACs that have different HAC POA values that		
	10	Illogical Prin (CMS only)	cipal Diagnosis	25	DisableHac is invalid and there values that are not Y or W	e are multiple HACs that have different HAC POA		
T 4	11		ipal Diagnosis		<b>T</b>			
Length:	2 A DD	Type:	Alphanumeric		Data Source:	Assigned		
Field 16:		R_DRG	1 (ADD) D:	: .	Dalata d Cassas (DDC) as	and her 2M ADD DDC Commen (2M		
						assigned by 3M APR-DRG Grouper (3M		
			llness (SOI) sco			er). Incorporates risk of mortality (ROM)		
Length:	4	Type:	Alphanumeric		Data Source:	Assigned		
Field 17:		K_MORTA			Data Source.	rissigned		
Ticia 17.				v sco	re from the 3M APR-DRO	G Grouper (3M All Patient Refined		
						gned to one of four risk-of-mortality levels		
						risk of mortality, however it is possible to		
						of mortality score indicates the likelihood		
					d is updated quarterly.	•		
	1				Minor			
Coding Scheme:	2				Moderate			
	3 4				Major Extreme			
Length:	1	Type:	Alphanumeric		Data Source:	Asigned		
Field 18:	II.I.	NESS_SEV			2444 5041 664	110-8-10-0		
11010 101				ess sc	ore from the All Patient R	efined (APR) Diagnosis Related Group		
						ed Diagnostic Related Groups inpatient		
		*				pendent upon the number and interaction of		
						R DRG. Indicates the extent of physiologic		
					this field is updated quarte	- · · · · · · · · · · · · · · · · · · ·		
	1				Minor			
Coding Scheme:								
	2				Moderate			
	3 4				Major Extreme			
	0				No class specified			
Length:	1	Type:	Alphanumeric		Data Source:	Assigned		
Field 19:	APR	R_MDC						
			ned (APR) Majo	r Dia	gnostic Category (MDC) i	is a three-digit numeric code that groups		
	hono	ficiery dies	nosis codos into	hron	d entagories based on cons	dition type and body region as assigned by		

and risk of mortality. It is a proprietary product of the company 3M.

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

	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										
	Enha	Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),									
		among others. The calculation for this field is updated quarterly.									
Length:	2	Type:	Alphanumeric		Data Source:	Assigned					
Field 20:	APR	PR_GROUPER_ VERSION_NBR									
					er used. The calcu	lation for this field is updated quarterly.					
Length:	5	Type:	Alphanumeric		Data Source:	Assigned					
Field 21:	APR	APR_GROUPER_ERROR_CODE									
				RG G	rouper. The calcula	ation for this field is updated quarterly.					
	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated quarterly. 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)										
	00 01	No errors. DRG successfully assigned				•					
Coding Scheme:	01	Diagnosis code cannot be used as principal diagnosis		19	DisableHac = 0 and at least one HAC POA is invalid or exempt						
	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 Ag		21		d and at least one HAC POA is invalid or exempt					
	04	Invalid Sex		22	DisableHac = $0$ and at least one HAC POA is exempt						
	05		charge Status	23		d and at least one HAC POA is exempt					
	06	Invalid birt	hweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA v not Y, W, N, U						
	O9 Invalid discharge age in days (AP & APR 25 DisableHac is invalid and there are multiple HA only)  are not Y or W										
	11		ncipal Diagnosis		are not 1 of W						
Length:	2	Type:	Alphanumeric		Data Source:	Assigned					

# **OUTPATIENT BASE FILE**

Field 1:	SERVICE_QUA	RTER							
	Quarter during which service occurred. Year and quarter of service. $yyyyQn$ .								
		(YYYYQ1): 1st January-31st March of that corresponding year.							
	2nd Quarter (YY	YYQ2): 1st April – 30	th June of that corre	sponding year.					
	3rd Quarter (YYY	YQ3): 1st July- 30th	September of that co	orresponding year.					
	4th Quarter (YYY	YQ4): 1st October-3	1st December of that	corresponding year.					
Length:	6 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned					
Field 2:	RECORD_ID								
	Record Identificat	tion Number. Unique	number to identify th	ne record within the research data file.					
	There will be a Ro	ecord Identification N	umber for each clain	n associated with a patient's visit. Does					
	not match or link	to Public Use Data Fi	le (PUDF) Record II	D. Does match with RECORD_ID in					
	other Inpatient an	d Outpatient RDFs (R	esearch Data Files).						
Length:	12 <b>Type:</b>	Alphanumeric	Data Source:	Assigned					
ield 3:	PAT_UNIQUE_	INDEX							
	(PUI) Unique idea	ntifier assigned to the	patient by THCIC. A	A patient unique index is assigned for					
	each uniquely ide	ntifiable patient in the	data set. There can	be multiple Record IDs associated with					
	a one PUI (see Fig	eld # 2).							
Length:	10 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned					
Field 4:	THCIC_ID								
	Provider ID. Unic	ue identifier assigned	to the provider by T	HCIC.					
Length:	<b>6 Type:</b>	Alphanumeric	Data Source:	Assigned					
Field 5:	SPEC_UNIT_1								
	Specialty Unit in which most days' stay occurred based on number of days by Type of Bill (See								
	Field # 38) or Revenue Code. For revenue code list see this document, section titled "Charges Data								
	File" (Field # 2).			,					
Coding Scheme:	C Coronary Car	e Unit	P Pediatric I	Unit					
	D Detoxification	n Unit	Y Psychiatri						
	I Intensive Care	e Unit	R Rehabilita						
	H Hospice Unit N Nursery			Care Unit ursing Unit					
	B Obstetric Unit	t	Blank Acute Car						
	O Oncology Uni	it							
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated					
Field 6:	SPEC_UNIT_2								
				on number of days by Type of Bill					
	(Field # 38) or Revenue Code (See Field # 5).								
Coding Scheme:	Same as SPEC_U								
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated					
Field 7:	SPEC_UNIT_3								
	Specialty Unit in	which 3rd most days	stay occurred based	on number of days by Type of Bill					
	(Field # 38) or Re	venue Code (See Fiel	d # 5).						
Coding Scheme:	Same as SPEC_U								
∡ength:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated					
Tield 8:	SPEC_UNIT_4								
	Specialty Unit in	which 4th most days'	stay occurred based	on number of days by Type of Bill					
		venue Code (See Fiel							
Coding Scheme:	Same as SPEC_U								
ength:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated					
ield 9:	SPEC_UNIT_5								
		which 5th most days'	stay occurred based o	on number of days by Type of Bill					
		venue Code (See Fiel							
Coding Scheme:	Same as SPEC_U		•						
Length:	1 <b>Type:</b>	_ Alphanumeric	<b>Data Source:</b>	Calculated					
		•		-					
2022		n <sub>a</sub> ,	50 57						
	gov/THCIC	raş	ge 57	Last Updated: April 2024					

Field 10:	ENCOUNTER_	INDICATOR									
	Indicates the number of claims used to create the encounter. The encounter refers to an electronic										
	record that contains information on all services rendered for a patient episode of care (admission										
	through discharge	e) by a provider in a pa	atient care setting. Son	ne non-acute care patients may have							
	more than one cla	aim that is consolidate	d for the record. For ex	xample, patients in rehabilitation							
	hospitals, long-te	rm care hospitals, or p	sychiatric hospitals.	•							
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Calculated							
Field 11:	SEX_CODE										
	Gender of the par	tient as recorded at dat	e of admission or start	of care.							
Coding Scheme:	M Male										
G	F Female										
r 41	U Unknown		<b>D</b> 4 G	CI.:							
Length:	1 Type:	Alphanumeric	Data Source:	Claim							
Field 12:	BIRTH_DATE		1								
		patient as recorded at o									
Length:	8 Type:	Alphanumeric	Data Source:	Claim							
Field 13:	PAT_AGE_GR										
	Code indicating a	age of patient in days o	or years on date of disc	harge.							
~	00 4 50 1			0.5.00							
Coding Scheme:	00 1-28 days	10 35-39		85-89							
	01 29-365 days	11 40-44		90+							
	02 1-4 years 03 5-9	12 45-49 13 50-54		nd drug/alcohol use patients: 0-17							
	04 10-14	14 55-59		18-44							
	05 15-17	15 60-64		45-64							
	06 18-19	16 65-69	25	65-74							
	07 20-24	17 70-74	26	75+							
	08 25-29	18 75-79		Invalid							
41	09 30-34	19 80-84		A 1							
Length: Field 14:	2 Type:	Alphanumeric	Data Source:	Assigned							
r leia 14:	PAT_AGE_YEA										
[ a a4]		years on date of disch		Claim							
Length:	3 Type:	Alphanumeric	Data Source:	Claim							
Field 15:	PAT_AGE_DAY										
[ 4]		days on date of discha		Claire							
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim							
Field 16:	RACE										
	Code indicating t	he patient's race.									
Coding Scheme:		dian/Eskimo/Aleut									
	2 Asian or Paci	ific Islander									
	3 Black										
	4 White 5 Other										
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim							
Field 17:	ETHNICITY	- Inpliantament	Dum Duite.	Cimilii							
riciu 1/.		he Hispanic origin of	the nationt								
Cading Sahama			me panem.								
Coding Scheme:	<ol> <li>Hispanic Ori</li> <li>Not of Hispa</li> </ol>										
Length:	Not of Hispa <b>Type:</b>	Alphanumeric	Data Source:	Claim							
Field 18:		ENSUS_BLOCK_GR		Ciaiiii							
riciu 10;				ongists of alustors of blocks within							
	_		uress. A block group c	onsists of clusters of blocks within							
	the same census t		Data Comme	Calandatad							
41.	1.4	Alphanumeric	Data Source:	Calculated							
	14 Type:		PAT_ADDR_CENSUS_BLOCK								
	PAT_ADDR_Cl	ENSUS_BLOCK									
Length: Field 19:	PAT_ADDR_CI Census block of p	ENSUS_BLOCK patient street address.		tistical area bounded by visible							
	PAT_ADDR_CI Census block of p	ENSUS_BLOCK patient street address.		tistical area bounded by visible s used by the Census Bureau to							
	PAT_ADDR_CI Census block of p	ENSUS_BLOCK patient street address.									
Field 19:	PAT_ADDR_Cl Census block of p features and nonv	ENSUS_BLOCK patient street address.									
Field 19:	PAT_ADDR_CI Census block of p features and nonv tabulate data	ENSUS_BLOCK patient street address. A visible boundaries. It is	s the geographical basi	s used by the Census Bureau to							
Field 19: Length:	PAT_ADDR_CI Census block of p features and nonv tabulate data	ENSUS_BLOCK patient street address. A visible boundaries. It is  Alphanumeric	s the geographical basi  Data Source:	s used by the Census Bureau to							
	PAT_ADDR_CI Census block of platures and nonviabulate data 5 Type:	ENSUS_BLOCK patient street address. A visible boundaries. It is  Alphanumeric	s the geographical basi	s used by the Census Bureau to							

Part									
Field 21:   PAT_STATE   Patient address state as provided by the patient.   Provider   Provider   Patient address state as provided by the patient.   Provider   P	Field 20:	PAT_CITY							
Field 21:		Patient address city as provided by the patient.							
Part	Length:	30	Type:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 22:   PAT	Field 21:	PAT	_STATE						
Field 22:   PAT		Patie	ent address state	e as pro	vided by the	patient.			
Field 22:	Length:				•		rce:	Provider	
Part									
Field 23:	11010 221			code a	s provided by	the nationt			
Field 23:	I anath:						rea.		
Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).   Coding scheme:   See www. ISO.org for complete list.				Атрис	inumente	Data Sou	100.	TTOVIGET	
Coding scheme   See   Werw LSO org for complete list.   Length: 2   Type:   Alphanumeric   Data Source:   Provider	rieiu 25:			: 1.	4:-1 - 44	T :-4:		1.0	
Description   Part   Country   Provider   Provider   Provider   Part   Country   Provider   Part   Provider   Part   Provider   Part   Provider   Provide					nuai address.	List maintai	ned by the into	ernational C	rganization for
Field 24:	G 11 1				1 . 1				
Field 24:	_		-	-		<b>-</b>			
Coding schem:				Alpha	anumeric	Data Sou	rce:	Provider	
Coding scheme:   Ool	Field 24:	PAT	_COUNTY						
003		FIPS	code of patien	t's cou	nty.				
005         Angelina         133         Eastland         261         Kenet         391         Refugio           007         Archer         137         Edwards         265         Kent         391         Refugio           009         Archer         137         Edwards         265         Kerr         393         Roberts           011         Arascova         141         El Paso         269         Kimple         397         Rockwall           015         Austin         143         Erath         271         Kinney         399         Runeels           017         Balley         145         Falls         273         Kleberg         401         Rusk           019         Bandera         147         Fannin         275         Knox         403         Sabine           021         Bastrop         149         Fayette         283         La Salle         405         San Augustine           023         Baylor         151         Fisher         277         Lama         407         San Jacinto           027         Bell         155         Four Bend         281         Lampasas         411         Sachiciber           027 <th>Coding scheme:</th> <th>001</th> <th>Anderson</th> <th>129</th> <th>Donley</th> <th>257</th> <th>Kaufman</th> <th>385</th> <th>Real</th>	Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
Methods	-								
Month							•		
Oli									•
O15   Austin   143   Erath   271   Kinney   397   Rockwall   O15   Austin   143   Erath   271   Kinney   399   Runnels   O17   Bailey   145   Falls   273   Kleberg   401   Rusk   O19   Bandera   147   Fannin   275   Knox   403   Sabine   O21   Bastrop   149   Fayette   283   La Salle   405   San Augustine   O23   Baylor   151   Fisher   277   Lamar   407   San Jacinto   O25   Bee   153   Floyd   279   Lamb   409   San Patricto   O27   Bell   155   Foard   281   Lampasas   411   San Saba   O29   Bexar   157   Fort Bend   285   Lavaca   413   Schleicher   O131   Blanco   159   Franklin   287   Lee   415   Scurry   O133   Borden   161   Freestone   289   Leon   417   Shackelford   O135   Bosque   163   Frio   291   Liberty   419   Shelby   O137   Bowie   165   Gaines   293   Limestone   421   Sherman   O139   Brazoria   167   Galveston   295   Lipscomb   423   Smith   O141   Brazos   169   Garza   297   Live Oak   425   Somervell   O143   Brewster   171   Gillespie   299   Liano   427   Starr   O145   Briscoe   173   Glasscock   301   Loving   429   Stephens   O147   Brooks   175   Goliad   303   Lubbock   431   Sterling   O15   Burleson   179   Gorzales   305   Lynn   433   Stonewall   O15   Calboun   185   Grimes   313   Madison   441   Taylor   Tarrant   015   Calboun   185   Grimes   313   Madison   441   Taylor   Calboun   185   Grimes   314   Marin   445   Terry   O17   Chambers   199   Hardim   327   Menard   455   Trinity   O17   Chambers   199   Hardim   327   Menard									
115									
017									
021         Bastrop         149         Fayette         283         La Salle         405         San Augustine           023         Baylor         151         Fisher         277         Lamb         407         San Jacinto           025         Bee         153         Floyd         279         Lamb         409         San Fatricio           029         Bexar         157         Fort Bend         285         Lavaca         413         Scheicher           031         Blanco         159         Franklin         287         Lee         415         Scurry           033         Borden         161         Freestone         289         Leon         417         Skackelford           035         Bosque         163         Frio         291         Liberty         419         Shelvel           037         Bowie         163         Frio         291         Liberty         419         Shelvel           039         Brazoria         167         Galveston         295         Lipscomb         421         Sherman           039         Brazoria         167         Galveston         295         Lipscomb         425         Somervell							•		
151   Fisher   277   Lamar   407   San Jac.into   025   Bee   153   Floyd   279   Lamb   409   San Patricio   027   Bell   155   Foard   281   Lampasas   411   San Saba   029   Bexar   157   Fort Bend   285   Lavaca   413   Schleicher   031   Blanco   159   Franklin   287   Lee   415   Scurry   033   Borden   161   Freestone   289   Leon   417   Shackelford   035   Bosque   163   Frio   291   Liberty   419   Shelby   037   Bowie   165   Gaines   293   Limestone   421   Sherman   039   Brazoria   167   Galveston   295   Lipscomb   423   Smith   041   Brazos   169   Garza   297   Live Oak   425   Somervell   043   Brewster   171   Gillespie   299   Llano   427   Starr   045   Briscoc   173   Gilasscock   301   Loving   429   Stephens   047   Brooks   175   Goliad   303   Lubbock   431   Sterling   049   Brown   177   Gonzales   305   Lynn   433   Stonewall   051   Burleson   179   Gray   307   McCulloch   433   Sutton   053   Burnet   181   Grayson   309   McLennan   437   Swisher   055   Caldwell   183   Gregg   311   McMullen   439   Tarrant   057   Calhoun   185   Grimes   313   Madison   441   Taylor   Terrell   061   Cameron   189   Hale   317   Martin   445   Terry   063   Carpon   191   Hall   319   Mason   447   Throckmorton   065   Carson   193   Hamilton   321   Matagorda   449   Titus   067   Cass   195   Hansford   323   Mills   461   Upton   079   Cochran   207   Haskell   335   Mills   461   Upton   079   Cochran   207   Haskell   335   Mills   461   Upton   079   Cochran   207   Haskell   335   Mills   461   Upton   085   Collingworth   215   Hidalgo   343   Morris   471   Walker   093   Comanche   221   Hookley   347   Nacogdoches   475   Ward   093   Comanche   221   Hookley   347   Nacogdoches   475   Ward   095   Concho   223   Hopkins   351   Newton   479   Webb			Bandera	147			Knox	403	
025         Bee         153         Floyd         279         Lamb         409         San Patricio           027         Bell         155         Foard         281         Lampasas         411         San Saba           029         Bexar         157         Fort Bend         285         Lavaca         413         Schleicher           031         Balanco         159         Franklin         287         Lee         415         Scurry           033         Borden         161         Freestone         289         Leon         417         Shackelford           035         Bosque         163         Frio         291         Liberty         419         Shelby           037         Bowle         165         Gaines         293         Limestone         421         Shemnan           043         Brewster         171         Gillespie         299         Llano         427         Starr           044         Brazos         173         Glasscock         301         Loving         429         Stephens           047         Brown         177         Goliad         303         Lynn         433         Storling           049					•				_
O27									
O29									
Blanco									
033         Borden         161         Freestone         289         Leon         417         Shackelford           035         Bosque         163         Frio         291         Liberty         419         Shelby           037         Bowie         165         Gaines         293         Limestone         421         Sherman           039         Brazoria         167         Galveston         295         Lipscomb         423         Smith           041         Brazos         169         Garza         297         Live Oak         425         Somervell           043         Brewster         171         Gillespie         299         Llano         427         Starr           045         Briscoe         173         Glasscock         301         Loving         429         Stephens           047         Brooks         175         Goliad         303         Lubbock         431         Sterling           049         Brown         177         Gonzales         305         Lynn         433         Stonewall           051         Burleson         179         Gray         307         McCulloch         435         Sutton <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
165		033	Borden	161	Freestone	289	Leon	417	
039   Brazoria   167   Galveston   295   Lipscomb   423   Smith   041   Brazos   169   Garza   297   Live Oak   425   Somervell   043   Brewster   171   Gillespie   299   Llano   427   Starr   045   Briscoc   173   Glasscock   301   Loving   429   Stephens   047   Brooks   175   Goliad   303   Lubbock   431   Sterling   049   Brown   177   Gonzales   305   Lynn   433   Stonewall   051   Burleson   179   Gray   307   McCulloch   435   Sutton   053   Burnet   181   Grayson   309   McLennan   437   Swisher   055   Caldwell   183   Gregg   311   McMullen   439   Tarrant   057   Callhoun   185   Grimes   313   Madison   441   Taylor   141   Taylor   059   Callahan   187   Guadalupe   315   Marion   443   Terrell   061   Cameron   189   Hale   317   Martin   445   Terry   063   Camp   191   Hall   319   Mason   447   Throckmorton   065   Carson   193   Hamilton   321   Matagorda   449   Titus   067   Cass   195   Hansford   323   Maverick   451   Tom Green   069   Castro   197   Hardeman   325   Medina   453   Travis   071   Chambers   199   Harris   329   Midland   457   Tyler   075   Childress   203   Harrison   331   Milam   459   Upshur   079   Cochran   207   Haskell   335   Mitchell   463   Uvalde   081   Coke   209   Hays   337   Montague   465   Val Verde   083   Collins   213   Henderson   341   Moore   469   Victoria   085   Collin   213   Henderson   341   Moore   469   Victoria   087   Collingsworth   215   Hidalgo   343   Morris   471   Walker   093   Comanche   221   Hood   349   Navarro   477   Washington   095   Concho   223   Hopkins   351   Newton   479   Webb   085   Concho   223   Hopkins   351   Matagode   479   Webb   085   Concho   223   Hopkins							•		•
041         Brazos         169         Garza         297         Live Oak         425         Somervell           043         Brewster         171         Gillespie         299         Llano         427         Starr           045         Briscoe         173         Glasscock         301         Loving         429         Stephens           047         Brooks         175         Goliad         303         Lubbock         431         Sterling           049         Brown         177         Gonzales         305         Lynn         433         Stonewall           051         Burleson         179         Gray         307         McCulloch         435         Sutton           053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           059         Callahan         187         Guadalupe         315         Marion         441         Taylor									
043         Brewster         171         Gillespie         299         Llano         427         Starr           045         Briscoe         173         Glasscock         301         Loving         429         Stephens           047         Brooks         175         Goliad         303         Lubbock         431         Sterling           049         Brown         177         Gonzales         305         Lynn         433         Stonewall           051         Burleson         179         Gray         307         McCulloch         435         Sutton           053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMcullen         439         Tarrant           057         Calboun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           0									
045         Briscoe         173         Glasscock         301         Loving         429         Stephens           047         Brooks         175         Goliad         303         Lubbock         431         Sterling           049         Brown         177         Gorazles         305         Lynn         433         Stonewall           051         Burleson         179         Gray         307         McCulloch         435         Sutton           053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         441         Taylor           059         Callahan         187         Guadalupe         315         Martin         445         Terry           061         Camp         191         Hall         319         Mason         447         Throckmorton <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>									
047         Brooks         175         Goliad         303         Lubbock         431         Sterling           049         Brown         177         Gonzales         305         Lynn         433         Stonewall           051         Burleson         179         Gray         307         McCulloch         435         Sutton           053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Matagorda         449         Titus           067         Cass         195         Hanilton         321         Matagorda         449         Titus           067									
051         Burleson         179         Gray         307         McCulloch         435         Sutton           053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071<							-		-
053         Burnet         181         Grayson         309         McLennan         437         Swisher           055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073<							•		
055         Caldwell         183         Gregg         311         McMullen         439         Tarrant           057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midlan         457         Tyler           075 <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th>					•				
057         Calhoun         185         Grimes         313         Madison         441         Taylor           059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Millam         459         Upshur           077 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
059         Callahan         187         Guadalupe         315         Marion         443         Terrell           061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mils         461         Upton           079									
061         Cameron         189         Hale         317         Martin         445         Terry           063         Camp         191         Hall         319         Mason         447         Throckmorton           065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081									•
065         Carson         193         Hamilton         321         Matagorda         449         Titus           067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           0				189	Hale	317	Martin		Terry
067         Cass         195         Hansford         323         Maverick         451         Tom Green           069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collingsworth         215         Hidalgo         343         Morris         471         Walker           <									
069         Castro         197         Hardeman         325         Medina         453         Travis           071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
071         Chambers         199         Hardin         327         Menard         455         Trinity           073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller									
073         Cherokee         201         Harris         329         Midland         457         Tyler           075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward									
075         Childress         203         Harrison         331         Milam         459         Upshur           077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           <									•
077         Clay         205         Hartley         333         Mills         461         Upton           079         Cochran         207         Haskell         335         Mitchell         463         Uvalde           081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collingsworth         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb									
081         Coke         209         Hays         337         Montague         465         Val Verde           083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb					•	333			
083         Coleman         211         Hemphill         339         Montgomery         467         Van Zandt           085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb									
085         Collin         213         Henderson         341         Moore         469         Victoria           087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb					•		_		
087         Collingsworth         215         Hidalgo         343         Morris         471         Walker           089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb							0 ,		
089         Colorado         217         Hill         345         Motley         473         Waller           091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb									
091         Comal         219         Hockley         347         Nacogdoches         475         Ward           093         Comanche         221         Hood         349         Navarro         477         Washington           095         Concho         223         Hopkins         351         Newton         479         Webb									
095 Concho 223 Hopkins 351 Newton 479 Webb									
									<u> </u>
U97 Cooke 225 Houston 353 Nolan 481 Wharton									
		09/	Cooke	225	Houston	353	Noian	481	wnarton

2022

099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	4	Invalid
3	Type:	Alpha	anumeric	Data Sour	rce:	Assigned	, based on patient ZIP code

#### Field 25: PUBLIC HEALTH REGION

Public Health Region of patient's address.

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

**Data Source:** 

Claim

Last Updated: April 2024

Length: 2 Type: Alphanumeric Data Source: Assigne

#### Field 26: TYPE\_OF\_ADMISSION

Code indicating the type of admission. Hospital emergency department visits only.

#### **Coding Scheme:**

Length:

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn
- 5 Trauma Center
- 9 Information not available 1 **Type:** Alphanumeric

Field 27: SOURCE\_OF\_ADMISSION

Code indicating source of the admission. Hospital emergency department visits only.

#### **Coding Scheme:**

Length:

- Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
- 2 Clinic or Physician's Office
- 4 Transfer from a hospital
- Transfer from a skilled nursing facility, intermediate care facility or
- assisted living facility
- 6 Transfer from another health care facility
- 8 Court/Law Enforcement
- 9 Information not available
- Transfer from One distinct Unit of the Hospital to another Distinct Unit of
  - the Same Hospital Resulting in a Separate Claim to the Payer

2022

	E Transfer from Ambulatory Surgery Center		
	F Transfer from a Hospice Facility		
	G Transfer from a designated hospital disaster (Effective 7/1/2020)	r alternate care site	
	If Type of Admission=4 (Newborn)		
	5 Born inside this hospital		
	6 Born outside this hospital		
Length:	1 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 28:	FIRST_PAYMENT_SRC		
	Code indicating the expected primary sou		
Coding Scheme:	09 Self-Pay (Removed from 5010 format, use	"ZZ" HM	Health Maintenance Organization
couring serious	beginning 2Q2012 data) 10 Central Certification	LI	Liability
	11 Other Non-federal Programs	LM	Liability Medical
	12 Preferred Provider Organization (PPO)	MA	Medicare Part A
	Point of Service (POS)	MB	Medicare Part B
	14 Exclusive Provider Organization (EPO)	MC	Medicaid
	<ul><li>Indemnity Insurance</li><li>Health Maintenance Organization (HMO) M</li></ul>	TV Medicare OF	Title V Other Federal Program
	Risk	viculeare of	Other Federal Frogram
	AM Automobile Medical	VA	Veteran Administration Plan
	BL Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI Commercial Insurance DS Disability Insurance		Codes 09 and ZZ, combined for 2004 & 2005 Invalid
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 29:	FIRST PAYER ID	Duta Source.	Clum
iciu 27.	National Plan Identifier (when implement	ted by federal go	wernment) CMS gov has the following:
	National Payer ID: a system for uniquely		
	services. Also known as Health Plan ID, o		rgamzations that pay for health care
angth.		Data Source:	Claim
Length:	<u> </u>	Data Source:	Ciaiii
Field 30:	FIRST_PAYER_NAME		
	Name of primary source of payment.	<b>D</b> 4 C	CI.:
Length:	35 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 31:	SECONDARY_PAYMENT_SRC		
	Code indicating the expected secondary s	source of paymen	nt.
Coding Scheme:	Same as FIRST_PAYMENT_SRC		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 32:	SECONDARY_PAYER_ID		
	National Plan Identifier (when implement		•
Length:	10 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 33:	SECONDARY_PAYER_NAME		
	Name of secondary source of payment.		
Length:	35 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 34:	STMT PERIOD FROM		
	Beginning service date of the period refle	ected on the state	ment. Entered as YYYYMMDD.
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 35:	STMT PERIOD THRU	Duta Source.	Clum
riciu 33.	Ending service date of the period reflected	d on the statemen	nt Entered as VVVVMMDD
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 36:		Data Source.	Ciallii
riela 30:	LENGTH_OF_SERVICE	1 C.1	
	Length of stay in days <i>equals</i> ending serv		
	(STMT_PERIOD_THRU) minus admissi		
	minimum length of stay is 1 day. The max	•	
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated
Field 37:	PAT_STATUS		
	Code indicating patient status as of the en	nding date of serv	vice for the period of care reported.
O - 12 O -1	01 Discharged to home or self-care (routine dis		
Coding Scheme:	02 Discharged/transferred to a short-term gene	eral hospital for inpat	ient care
oding Scheme:	e e		
Loding Scheme:	e e		edicare certification in anticipation of skilled care
2022	e e	cility (SNF) with Me	

2022							
	o Special facility	o bwing occ	8 Void/cancel of prior claim				
	<ul><li>7 Clinic</li><li>8 Special facility</li></ul>	<ul><li>7 Sub-acute inpatient – Level III</li><li>8 Swing bed</li></ul>	<ul><li>6 Adjustment of prior claim (Not used by Medicare)</li><li>7 Replacement of prior claim</li></ul>				
	6 Intermediate care	6 Intermediate Care–Level II	5 Late charge(s) only claim				
	5 Religious non-medical health care— Extended care	5 Intermediate Care–Level I	4 Interim–last claim				
	Hospital	only	5 menni-communig ciaim				
	<ul><li>3 Home health</li><li>4 Religious non-medical health care—</li></ul>	<ul><li>3 Outpatient</li><li>4 Outpatient Other, Medicare Part B</li></ul>	<ul><li>2 Interim–first claim</li><li>3 Interim–continuing claim</li></ul>				
	2 Skilled nursing	2 Inpatient, Medicare Part B only	1 Admit through discharge claim				
	1 Hospital	1 Inpatient, including Medicare Part A	0 Non-payment/Zero claim				
<b>Coding Scheme:</b>	1st digits—Type of Facility	$2^{nd}$ digit—Type of Care	<sup>rd</sup> digits–Sequence of claim				
	digit = type of care. Third digit = $s$		, J				
		ut the claim data submitted. First dig	git = type of facility. Second				
Field 38:	TYPE_OF_BILL						
Length:	2 <b>Type:</b> Alphanumeri		Claim				
		tient Readmission (effective 10-1-2013)	Sout Dist Will a				
	Discharged/Transferred to Another	r Type of Health Care Institution not Defined	Elsewhere in this Code List with a				
	Discharged/Transferred to a Critic (effective 10-1-2013)	al Access Hospital (CAH) with a Planned Ac	ute Care Hospital Inpatient Readmission				
	Care Hospital Inpatient Readmissi	on (effective 10-1-2013)	•				
	Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute						
		ng Facility Certified Under Medicaid but not tient Readmission (effective 10-1-2013)	Certified Under Medicare with a				
	Inpatient Readmission (effective I		Confidential Mark				
	Discharged/Transferred to a Medic	care Certified Long Term Care Hospital (LTC					
		tient Rehabilitation Facility (IRF) including F re Hospital Inpatient Readmission (effective 1					
	Inpatient Readmission (effective 1	0-1-2013)	•				
	,	ital-based Medicare Approved Swing Bed wit	th a Planned Acute Care Hospital				
	,	al Health Care Facility with a Planned Acute	Care Hospital Inpatient Readmission				
	Discharged/Transferred to Court/L (effective 10-1-2013)	Law Enforcement with a Planned Acute Care	Hospital Inpatient Readmission				
	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)						
	Discharged/Transferred to Home i		e Organization with a Planned Acute				
	Discharged/transferred to a Design	nated Cancer Center or Children's Hospital wi	ith a Planned Acute Care Hospital				
	Inpatient Readmission (effective 1		with a Francia Acute Care Hospital				
	Discharged/Transferred to a Facili	ffective 10-1-2013) ty that Provides Custodial or Supportive Care	with a Planned Acute Care Hospital				
	83	ed Nursing Facility (SNF) with Medicare Cert	ification with a Planned Acute Care				
	82 Discharged/Transferred to a Short- Inpatient Readmission (effective 1		m a Fianneu Acute Care Hospitai				
	Discharged/Transferred to a Short.	with a Planned Acute. Care Hospital Inpatient -Term General Hospital for Inpatient Care wi					
	70 Discharge/transfer to another type	of health care institution not defined elsewhe	ere in the code list				
		nated disaster alternate care (effective 10-1-20	013)				
	<ul><li>Discharged/transferred to psychiat</li><li>Discharged/transferred to Critical</li></ul>	ric hospital or psychiatric distinct part of a ho Access Hospital (CAH)	ospital				
		d-certified nursing facility under Medicaid bu					
	63 Discharged/transferred to Medicar	re-certified long term care hospital					
	62 Discharged/transferred to inpatient						
	<ul><li>Hospice—medical facility (Certified</li><li>Discharged/transferred within this</li></ul>	institution to Medicare-approved swing bed					
	50 Hospice—home	d) providing hospica leval of care					
		government operated health facility					
	42 Expired, place unknown						
	<ul><li>40 Expired at home</li><li>41 Expired in a medical facility</li></ul>						
	30 Still patient						
	21 Discharged/transferred to Court/La	aw Enforcement					
	20 Expired						
	<ul><li>Under the control of the con</li></ul>	tal					
	skilled care						
	Discharged/transferred to home un	nder care of an organized home health service					
		nated Cancer Center or Children's Hospital (et	ffective 10-1-2007)				
	04 Discharged/transferred to a facility	y that provides custodial or supportive care					

	3 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 39:	PAT_REASON_	FOR_VISIT		
				on 10- Clinical Modification)
	diagnosis code des	scribing the patient's	reason for visit at the	time of outpatient registration, 6to
	include the 4th, 5t	h, 6th and 7th digits i	f applicable. Decimal	is implied following the third
	character.			
	*Note: As of Janu	ary 1, 2022, THCIC i	s no longer collecting	PAT_REASON_FOR_VISIT in
	Outpatient Profess	sional claims.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 40:	PRINC_DIAG_C	CODE		
	*			ion 10 – Clinical Modification)
	<u> </u>			condition established after study to be
				e the 4th, 5th, 6th and 7th digits if
	applicable. Decim		ng the third character.	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 41:	OTH_DIAG_CO	DE_1		
				ion 10 – Clinical Modification)
	<u> </u>			diagnosis or develops subsequently
			the 4th, 5th, 6th, and	7th digits if applicable. Decimal is
	implied following	the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 42:	OTH_DIAG_CO	DE_2		
	ICD-10-CM (Inter	rnational Classification	on of Diseases - Revis	ion 10 – Clinical Modification)
	diagnosis code for	a condition that coex	xists with the principal	diagnosis or develops subsequently
	during a patient's	treatment. To include	the 4th, 5th, 6th and '	7th digits if applicable. Decimal is
	implied following	the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
31 1 1 40				
Field 43:	OTH_DIAG_CO	DE_3		
Field 43:			on of Diseases – Revis	ion 10 – Clinical Modification)
Field 43:	ICD-10-CM (Inter	rnational Classification		ion 10 – Clinical Modification) diagnosis or develops subsequently
Field 43:	ICD-10-CM (Interdiagnosis code for	rnational Classification a condition that coex	xists with the principal	
Field 43:	ICD-10-CM (Interdiagnosis code for during a patient's	rnational Classification a condition that coex	xists with the principal	diagnosis or develops subsequently
	ICD-10-CM (Interdiagnosis code for during a patient's	rnational Classification a condition that coest treatment. To include	xists with the principal	diagnosis or develops subsequently
Length:	ICD-10-CM (Inter diagnosis code for during a patient's implied following	rnational Classification a condition that coest treatment. To include the third character.  Alphanumeric	kists with the principal the 4th, 5th, 6th and 7	diagnosis or develops subsequently 7th digits if applicable. Decimal is
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	during a patient's tr implied following to		e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 48:	OTH_DIAG_COL		Data Source.	Ciaiiii
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				diagnosis or develops subsequently
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	implied following to		e me 4m, 5m, 6m and 7	in digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 49:			Data Source.	Ciaiiii
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				on 10 – Clinical Modification) diagnosis or develops subsequently
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			e the 4th, 5th, 6th and 7t	th digits if applicable. Decimal is
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Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 50:	OTH_DIAG_COL		(D: D ::	10 (11 1 1) ( 11 11 11 11
	*			on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7t	th digits if applicable. Decimal is
T 41	implied following to		<b>D</b> 4 G	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 51:	OTH_DIAG_COL	_	an. n	40 60 134 136
				on 10 – Clinical Modification)
	_			diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to		- · · ·	~. ·
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 52:	OTH_DIAG_COD			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to		- · · · ·	~. ·
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 53:	OTH_DIAG_COL			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 54:	OTH_DIAG_COL	DE_14		
				on 10 – Clinical Modification)
	diagnosis code for a	a condition that coe	xists with the principal	diagnosis or develops subsequently
	during a patient's tr	eatment. To include	e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to	he third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 55:	OTH_DIAG_COL	DE_15		
			on of Diseases – Revision	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following to		, , , ,	5 11
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 56:	OTH_DIAG_COL			
			on of Discosos Bayisi	on 10 Clinical Madification)
	ICID-TO-CIVE CHURCH	iational Classificati	on of Diseases – Revisio	on 10 – Chinical Modulication)
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		ent's treatment. To include wing the third character.	the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 57:	OTH_DIAG	_CODE_17		
				ion 10 – Clinical Modification)
	_			diagnosis or develops subsequently
			the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
	-	wing the third character.	<b>7</b> 0	CI.
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 58:	OTH_DIAG		CD: D :	· 10 Cl' · 1M l'C' · ·
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently 7th digits if applicable. Decimal is
		wing the third character.	the 4m, 5m, 6m and 7	th digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG		2444 5041000	<u> </u>
. 1014 0 / 1			on of Diseases – Revisi	ion 10 – Clinical Modification)
		•		diagnosis or develops subsequently
				7th digits if applicable. Decimal is
		wing the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 60:	OTH_DIAG			
				ion 10 – Clinical Modification)
	_			diagnosis or develops subsequently
			tne 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
[ ongth:	-	wing the third character.  Alphanumeric	Data Source:	Claim
Length: Field 61:	7 Type: OTH_DIAG		Data Source:	Ciaiiii
r 161U VI.			n of Diseases - Review	ion 10 – Clinical Modification)
				diagnosis or develops subsequently
	-			7th digits if applicable. Decimal is
		wing the third character.	,,	a.8 a.k
Length:	7 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 62:	OTH_DIAG	_CODE_22		
	ICD-10-CM (	International Classification	on of Diseases – Revisi	ion 10 – Clinical Modification)
				diagnosis or develops subsequently
	<b>U</b> 1		the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
	•	wing the third character.	- a	~ .
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG			10 000 134 100 01
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently /th digits if applicable. Decimal is
		wing the third character.	uic +ui, Jui, Oui and /	in digits if applicable. Decilial is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 64:	OTH DIAG		Dutu Duite.	Ciuiii
riciu 04.		_	on of Diseases – Revis	ion 10 – Clinical Modification)
				diagnosis or develops subsequently
				7th digits if applicable. Decimal is
	~ 1	wing the third character.	, , ,	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 65:		CAUSE_CODE_1		
		ing an accompanying cau	se of an illness, injury	or an accident.
Coding Scheme:	AA Auto a	ccident		
	AB Abuse			
2022		Рас	ge 65	
www.dshs.texas.g	gov/THCIC	1 48	,0 00	Last Updated: April 2024

	AP Another par	rty responsible		
	EM Employmer	• •		
	OA Other accid			
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 66:	RELATED_CAU		Data Source.	Ciuiii
riciu oo.			se of an illness, injury	or an accident
<b>Coding Scheme:</b>		D_CAUSE_CODE_		of an accident.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 67:	RELATED CAU		Data Source.	Ciuiii
riciu 07.	<b>—</b>		se of an illness, injury	or an accident
Coding Scheme:		D_CAUSE_CODE_		of all decident.
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 68:	E_CODE_1	тиришиши	Duta Source.	Cidini
ricia oo.		Cause of Morbidity	Iniury Code is an ICD	0-10-CM (International Classification
				code that is used to classify injury
				, 5th, 6th and 7th digits if applicable.
		d following the third		, sui, our una vur aigns ir appricusie.
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2	1110110110110	2444 204200	O.M.III
11010 0>1		Cause of Morbidity	Iniury Code is an ICE	0-10-CM diagnosis code that is used
				To include the 4th, 5th, 6th and 7th
				aracter (See Field # 68).
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 70:	E_CODE_3	1110110110110	2444 204200	O.M.III
1010 701		Cause of Morbidity	Iniury Code is an ICE	0-10-CM (International Classification
				code that is used to classify injury
				, 5th, 6th and 7th digits if applicable
			character (See Field #	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 71:	E_CODE_4	•		
	E-Code – External	Cause of Morbidity	Injury Code is an ICD	0-10-CM (International Classification
	of Diseases - Revi	ision 10 – Clinical M	odification) diagnosis	code that is used to classify injury
	events by mechani	ism and intent of inju	ry. To include the 4th,	, 5th, 6th and 7th digits if applicable.
	Decimal is implied	d following the third	character.	
Length:	7 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 72:	E_CODE_5			
	E-Code – External	Cause of Morbidity	Injury Code is an ICD	0-10-CM (International Classification
	of Diseases – Revi	ision 10 – Clinical M	odification) diagnosis	code that is used to classify injury
	events by mechani	ism and intent of inju	ry. To include the 4th,	, 5th, 6th and 7th digits if applicable.
	Decimal is implied	d following the third	character.	
Length:	<b>7 Type:</b>	Alphanumeric	Data Source:	Claim
Field 73:	E_CODE_6			
				0-10-CM (International Classification
				code that is used to classify injury
				, 5th, 6th and 7th digits if applicable.
	Decimal is implied	d following the third		
	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Length: Field 74:	E_CODE_7			
	E_CODE_7	Cause of Morbidity	/Injury Code is an ICD	D-10-CM (International Classification
	E_CODE_7 E-Code – External of Diseases – Revi	ision 10 – Clinical M	odification) diagnosis	code that is used to classify injury
	E_CODE_7 E-Code – External of Diseases – Revi	ision 10 – Clinical M	odification) diagnosis	
	E_CODE_7 E-Code – External of Diseases – Revi events by mechani	ision 10 – Clinical M ism and intent of inju I following the third	odification) diagnosis ry. To include the 4th	code that is used to classify injury, 5th, 6th and 7th digits if applicable.
	E_CODE_7 E-Code – External of Diseases – Revi events by mechani	ision 10 – Clinical M ism and intent of inju	odification) diagnosis ry. To include the 4th	code that is used to classify injury

	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. To include the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third character.
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 76:	E_CODE_9
	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. To include the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third character.
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 77:	E_CODE_10
	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. To include the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third character.
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Tield 78:	PROC_CODE_1
	Code for the surgical or other procedure with the highest charge performed during the period
	covered by the bill. HCPCS or CPT code. HCPCS is a collection of standardized codes used to
	ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1
	(CPT – Current Procedural Terminology) codes and Level 2 (products, supplies, and services not
	included in CPT such as ambulance services and durable medical equipment).
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 79:	PROC_CODE_2
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 80:	PROC CODE 3
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 81:	PROC CODE 4
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 82:	PROC_CODE_5
1014 021	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 83:	PROC_CODE_6
riciu 65.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 84:	PROC_CODE_7
	Code for surgical or other procedure with the next highest charge performed during the period
[ omoth.	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 85:	PROC_CODE_8
	Code for surgical or other procedure with the next highest charge performed during the period
_	covered by the bill. HCPCS or CPT code.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 86:	PROC_CODE_9
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
2022	Page 67 Lost Undeted, April 2024
www.dshs.tex	xas.gov/THCIC Last Updated: April 2024

Length:	<b>5 Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 87:	PROC_CODE_10	•		
		other procedure with	the next highest char	rge performed during the period
		HCPCS or CPT code.	C	
Length:	5 Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 88:	PROC_CODE_11	•		
		other procedure with	the next highest char	rge performed during the period
		HCPCS or CPT code.	C	
Length:	<b>5 Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 89:	PROC_CODE_12			
	Code for surgical or	other procedure with	the next highest char	rge performed during the period
	covered by the bill.	HCPCS or CPT code.	_	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 90:	PROC_CODE_13			
	Code for surgical or	other procedure with	the next highest char	rge performed during the period
	covered by the bill.	HCPCS or CPT code.		
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 91:	PROC_CODE_14			
				rge performed during the period
	covered by the bill.	HCPCS or CPT code.		
Length:	<b>5 Type:</b>	Alphanumeric	Data Source:	Claim
Field 92:	PROC_CODE_15			
			the next highest char	rge performed during the period
	•	HCPCS or CPT code.		
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 93:	PROC_CODE_16			
			the next highest char	rge performed during the period
T 41	•	HCPCS or CPT code.	<b>D</b> 4 G	CI :
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 94:	PROC_CODE_17	ath an mua aa duna rriith	the next biobest sho	was manfammed dymina the manied
		HCPCS or CPT code.	the next nighest cha	rge performed during the period
Length:	5 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 95:	PROC_CODE_18	Aiphanameric	Data Source.	Ciami
riciu 75.		other procedure with	the next highest char	rge performed during the period
		HCPCS or CPT code.		ige performed during the period
Length:	5 <b>Type:</b>	Alphanumeric		
			Data Source:	Claim
Field 96:		7 Hiphanameric	Data Source:	Claim
Field 96:	PROC_CODE_19	•		
Field 96:	PROC_CODE_19 Code for surgical or	other procedure with	the next highest char	Claim  rge performed during the period
	PROC_CODE_19 Code for surgical or	•	the next highest char	
Field 96:  Length: Field 97:	PROC_CODE_19 Code for surgical or covered by the bill.	other procedure with HCPCS or CPT code.	the next highest char	rge performed during the period
Length:	PROC_CODE_19 Code for surgical or covered by the bill. 15 Type: PROC_CODE_20	other procedure with HCPCS or CPT code. Alphanumeric	the next highest char  Data Source:	rge performed during the period
Length:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5 Type: PROC_CODE_20 Code for surgical or	other procedure with HCPCS or CPT code. Alphanumeric	the next highest charter the next highest char	rge performed during the period  Claim
Length:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5 Type: PROC_CODE_20 Code for surgical or	other procedure with HCPCS or CPT code. Alphanumeric other procedure with	the next highest charter the next highest char	rge performed during the period  Claim
Length: Field 97:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5 Type: PROC_CODE_20 Code for surgical or covered by the bill. 1 5 Type: PROC_CODE_21	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric	the next highest characters the next highest characters.  Data Source:	rge performed during the period  Claim  rge performed during the period  Claim
Length: Field 97: Length:	PROC_CODE_19 Code for surgical or covered by the bill. 15 Type: PROC_CODE_20 Code for surgical or covered by the bill. 15 Type: PROC_CODE_21 Code for surgical or covered by the bill. 10	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with	Data Source: the next highest char Data Source: the next highest char the next highest char	rge performed during the period  Claim  rge performed during the period
Length: Field 97: Length: Field 98:	PROC_CODE_19 Code for surgical or covered by the bill. 15 Type: PROC_CODE_20 Code for surgical or covered by the bill. 15 Type: PROC_CODE_21 Code for surgical or covered by the bill. 10	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code.	the next highest charter the next highest char	rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period
Length: Field 97: Length: Field 98: Length:	PROC_CODE_19 Code for surgical or covered by the bill. 15 Type: PROC_CODE_20 Code for surgical or covered by the bill. 15 Type: PROC_CODE_21 Code for surgical or covered by the bill. 15 Type: PROC_CODE_21 Code for surgical or covered by the bill. 15 Type:	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with	Data Source: the next highest char Data Source: the next highest char the next highest char	rge performed during the period  Claim  rge performed during the period  Claim
Length: Field 97: Length: Field 98:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_20 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for Surgical or covered by the bill. 1 5     Type: PROC_CODE_22	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric	the next highest charter the next highest char	rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period  Claim  Claim
Length: Field 97: Length: Field 98: Length:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_20 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_22 Code for surgical or	other procedure with HCPCS or CPT code. Alphanumeric	the next highest characteristics and the next highest characteristics are next highest characteristics.	rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period
Length: Field 97: Length: Field 98: Length: Field 99:	PROC_CODE_19 Code for surgical or covered by the bill. 15 Type: PROC_CODE_20 Code for surgical or covered by the bill. 15 Type: PROC_CODE_21 Code for surgical or covered by the bill. 15 Type: PROC_CODE_22 Code for surgical or covered by the bill. 15 Type:	other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Alphanumeric other procedure with HCPCS or CPT code. Other procedure with HCPCS or CPT code.	the next highest characters  Data Source:  the next highest characters  Data Source:  the next highest characters  Data Source:  the next highest characters  the next highest characters	rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period
Length: Field 97: Length: Field 98: Length:	PROC_CODE_19 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_20 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_21 Code for surgical or covered by the bill. 1 5     Type: PROC_CODE_22 Code for surgical or	other procedure with HCPCS or CPT code. Alphanumeric	the next highest characteristics and the next highest characteristics are next highest characteristics.	rge performed during the period  Claim  rge performed during the period  Claim  rge performed during the period  Claim  Claim

Field 104:  PHYSICIAN2_INDEX_NUMBER Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length:  10 Type: Alphanumeric Data Source: Assigned  OCCUR_CODE_1  Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.  Coding Scheme:  10 Auto accident  10 No Fault Insurance Involved - Including Auto Accident/Other  10 Accident/ Tort Liability  10 Accident/ Tort Liability  11 Accident/ Employmen Related  12 Date of discharge (hospice only)  13 Accident/ Employmen Related  14 Date treatment started - OT  15 Other accident  16 Crime Victim  17 Date of Infertility Treatment Cycle  18 Date of Onset for a Chronically Dependent Individual  19 Date of Onset for a Chronically Dependent Individual  10 Date of Onset for a Chronically Dependent Individual  11 Onset of Symptoms/ Illness  12 Date of Onset for a Chronically Dependent Individual  13 Date of Class Therapy  14 Date Custiment Stande Policy  15 Date Outpatient OT Plan Established or Last Reviewed  15 Date of Retirement - Patient/Beneficiary  16 Date of Retirement - Patient/Beneficiary  17 Date Outpatient OT Plan Established or Last Reviewed  18 Date of Retirement - Patient/Beneficiary  19 Date of Retirement - Spouse  20 Date Guarantee of Payment Began  21 Date On Retirement - Patient/Beneficiary  22 Date Active Care Ended  23 Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed  24 Date Courage Plane Established or Last Reviewed  25 Date Benefits Terminated by Primary Payer  26 Date SNP Bed Became Available  27 Date Home Health Pla				t highes	t charge performed during the period	
Field 101: PROC_CODE_24  Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  Length: 5 Type: Alphanumeric Data Source: Claim  PROC_CODE_25  Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  Length: 5 Type: Alphanumeric Data Source: Claim  PHYSICIANI_INDEX_NUMBER  Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned  PHYSICIAN2_INDEX_NUMBER  Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned  PHYSICIAN2_INDEX_NUMBER  Unique identifier assigned to the operating physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned  PHYSIC	Length•	-		ource.	Claim	
Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  5			manamene <b>Data</b> 5	ource.	Ciami	
Field 102: PROC_CODE_25   Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.	reid Tol.	Code for surgical or other		t highes	t charge performed during the period	
Field 102: PROC_CODE_25 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  5 Type: Alphanumeric Data Source: Claim PHYSICIANI_INDEX_NUMBER Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual icensed to practice medicine under the Medical Practice Act. Can include an individual toers than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned PHYSICIAN2_INDEX_NUMBER Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiro	I ength:	-		ource.	Claim	
Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.   5		<u> </u>	onanumenc <b>Data</b> S	ource.	Ciaiiii	
PHYSICIAN_LINDEX_NUMBER   Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.	rieid 102;	Code for surgical or other		t highes	t charge performed during the period	
Field 103: PHYSICIAN1_INDEX_NUMBER Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned  PHYSICIAN2_INDEX_NUMBER Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.  Length: 10 Type: Alphanumeric Data Source: Assigned  Field 105: OCCUR_CODE_1  Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.  Coding Scheme:  O1 Auto accident  O2 No Estalt Insurance Involved - Including Auto Accident/Other  O3 Accident/Tot Liability  O4 Accident/Employment Related  O5 Observation of the process of the process of the payer processing and is associated with a specific date.  Coding Scheme in the process of the process of the payer processing and is associated with a specific date.  Coding Scheme in the process of the p	Length:	•		ource:	Claim	
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Reviewed  18 Date of Retirement - Patient/Beneficiary  19 Date of Retirement - Spouse  20 Date Guarantee of Payment Began  21 Date UR Notice Received  22 Date Active Care Ended  23 Date Insurance Denied  24 Date Insurance Denied  25 Date Benefits Terminated by Primary Payer  26 Date SNF Bed Became Available  27 Date Home Health Plan Established or Last Reviewed  28 Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed  29 Date Outpatient PT Plan established or last reviewed  19 Date Health Plan established or last reviewed  20 Date Outpatient PT Plan established or last reviewed  21 Birthdate - Insured B  22 Effective date - Insured C  23 Payer C benefits exhausted  24 Birthdate - Insured D  25 Effective date - Insured D  26 Effective date - Insured D  27 Date Home Health Plan Established or Last  28 Date Comprehensive Outpatient Rehabilitation Plan  29 Effective date - Insured D  20 Payer D benefits exhausted  20 Payer D benefits exhausted	Coding Scheme:	associated with a specific  101 Auto accident  102 No Fault Insurance Invariant Accident/Other  103 Accident/ Tort Liability  104 Accident/ Employment  105 Other accident  106 Crime Victim  109 Start of Infertility Trea  101 Last Menstrual Period  111 Onset of Symptoms/ II  121 Date of Onset for a Challenge II  132 Individual	volved - Including Auto  ty  nt Related  atment Cycle Illness	40 41 42 43 44 45 46 47 A1 A2	Scheduled date of admission  Date of first test of pre-admission testing  Date of discharge (hospice only)  Scheduled date of canceled surgery  Date treatment started - OT  Date treatment started - ST  Date treatment started - Cardiac rehabilitation  Date cost outlier status begins  Birthdate - Insured A  Effective Date - Insured A Policy	
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	31 Date beneficiary r	notified of intent to bill	F3	Payer E benefits exhausted
	(accommodations		C1	Payer E benefits exhausted
	32 Date beneficiary r (procedures or tre	notified of intent to bill eatments)	G1	Birthdate - Insured F
		hospital discharge for non-	covered G2	Effective date - Insured F Policy
		arted for home IV therapy	G3	Payer F benefits exhausted
	therapy	on a continuous course if IV	/	
Length:		Alphanumeric	<b>Data Source:</b>	Claim
Field 106:	OCCUR_DATE_1			
	Date of occurrence, a			
Length:		Alphanumeric	<b>Data Source:</b>	Claim
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Longth	• •			ERIOD_FROM Date.
Length: Field 108:	4 Type: OCCUR_CODE_2	Alphanumeric	Data Source:	Calculated
rieia 108:		onificant event relatin	g to the claim t	hat may affect payer processing and is
	associated with a spe		g to the claim to	nat may affect payer processing and is
<b>Coding Scheme:</b>	Same as OCCUR_CO			
Length:		Alphanumeric	<b>Data Source:</b>	Claim
Field 109:	OCCUR_DATE_2	•		
	Date of occurrence, a	as <i>YYYYMMDD</i> .		
Length:	8 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 110:	OCCUR_DAY_2			
	• •		ninus STMT_P	ERIOD_FROM Date.
Length:		Alphanumeric	Data Source:	Calculated
Field 111:	OCCUR_CODE_3			
			g to the claim the	hat may affect payer processing and is
C. P. G.L.	associated with a spe			
Coding Scheme:	Same as OCCUR_CO		Data Source:	Claim
Length: Field 112:	2 Type: OCCUR_DATE_3	Alphanumeric	Data Source:	Claim
riciu 112:	Date of occurrence, a	as VVVVMMDD		
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11010 1101		als Occurrence minus	STMT PERIO	D FROM Date.
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	associated with a spe	ecific date.	g to the claim th	hat may affect payer processing and is
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Length: Field 115: Length: Field 116: Length:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sig	cocific date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric	Data Source:  Data Source:  ninus STMT_P Data Source:	Claim  Claim  ERIOD_FROM Date.
Length: Field 115: Length: Field 116: Length: Field 117:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sign associated with a spe	cocific date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric  gnificant event relating ocific date.	Data Source:  Data Source:  ninus STMT_P Data Source:	Claim  Claim  ERIOD_FROM Date. Calculated
Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sign associated with a spe Same as OCCUR_CO	cocific date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric  gnificant event relating to the cocific date.  ODE_1.	Data Source:  Data Source:  minus STMT_P Data Source:  g to the claim the	Claim  Claim  ERIOD_FROM Date. Calculated
Length: Field 115: Length: Field 116: Length: Field 117:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sign associated with a spe Same as OCCUR_CO 2 Type:	cocific date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric  gnificant event relating to the cocific date.  ODE_1.	Data Source:  Data Source:  ninus STMT_P Data Source:	Claim  Claim  ERIOD_FROM Date. Calculated  hat may affect payer processing and is
Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme: Length:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sign associated with a spe Same as OCCUR_CO	coeffic date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric  gnificant event relating to the coeffic date.  ODE_1. Alphanumeric	Data Source:  Data Source:  minus STMT_P Data Source:  g to the claim the	Claim  Claim  ERIOD_FROM Date. Calculated  hat may affect payer processing and is
Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme: Length:	associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_4 Date of occurrence, a 8 Type: OCCUR_DAY_4 Occurrence Day equal 4 Type: OCCUR_CODE_5 Code describing a sig associated with a spe Same as OCCUR_CO 2 Type: OCCUR_DATE_5 Date of occurrence, a	coific date.  ODE_1. Alphanumeric  as YYYYMMDD. Alphanumeric  als Occurrence Date r Alphanumeric  gnificant event relating to the coific date.  ODE_1. Alphanumeric  as YYYYMMDD.	Data Source:  Data Source:  minus STMT_P Data Source:  g to the claim the	Claim  Claim  ERIOD_FROM Date. Calculated  hat may affect payer processing and is

2022

Field 119:	OCCUR DAY 5			
	Occurrence Day eq		e minus STMT_PERIC	DD_FROM Date.
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 120:	OCCUR_CODE_			
			ting to the claim that m	ay affect payer processing and is
	associated with a s			
<b>Coding Scheme:</b>	Same as OCCUR_		- · ~	
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 121:	OCCUR_DATE_			
T 41	Date of occurrence		<b>D</b> 4 G	CI.:
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 122:	OCCUR_DAY_6		· OTME DEDIC	D FROM D
T 41			e minus STMT_PERIC	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 123:	OCCUR_CODE_	=		
	associated with a s		ting to the claim that m	ay affect payer processing and is
<b>Coding Scheme:</b>	Same as OCCUR_			
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 124:	OCCUR_DATE_	•	Data Source.	Ciaiiii
riela 124:	Date of occurrence			
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 125:	OCCUR_DAY_7	Aiphanamene	Data Source.	Ciami
riciu 125.		auals Occurrence Dat	e minus STMT_PERIC	DD FROM Date
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 126:	OCCUR_CODE_	*	Data Source.	Carculated
ricia 120.			ting to the claim that m	ay affect payer processing and is
	associated with a s		ting to the claim that in	ary arrect payer processing and is
Coding Scheme:	Same as OCCUR_			
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 127:	OCCUR_DATE_			
	Date of occurrence			
Length:	0 70			
	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 128:	8 Type: OCCUR_DAY_8		Data Source:	Claim
Field 128:	OCCUR_DAY_8		Data Source:  e minus STMT_PERIO	
Field 128: Length:	OCCUR_DAY_8			
	OCCUR_DAY_8 Occurrence Day eq	quals Occurrence Dat Alphanumeric	e minus STMT_PERIC	DD_FROM Date.
Length:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_	quals Occurrence Dat Alphanumeric 9	e minus STMT_PERIC  Data Source:	DD_FROM Date.
Length: Field 129:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date.	e minus STMT_PERIC  Data Source:	DD_FROM Date. Calculated
Length: Field 129: Coding Scheme:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1.	e minus STMT_PERIC  Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is
Length: Field 129:  Coding Scheme: Length:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type:	quals Occurrence Dat Alphanumeric 9 significant event relat pecific date. CODE_1. Alphanumeric	e minus STMT_PERIC  Data Source:	DD_FROM Date. Calculated
Length: Field 129: Coding Scheme:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type: OCCUR_DATE_	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9	e minus STMT_PERIC  Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is
Length: Field 129:  Coding Scheme: Length: Field 130:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type: OCCUR_DATE_ Date of occurrence	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD.	e minus STMT_PERIC  Data Source:  ting to the claim that m  Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim
Length: Field 129:  Coding Scheme: Length: Field 130: Length:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type: OCCUR_DATE_ Date of occurrence 8 Type:	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric	e minus STMT_PERIC  Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is
Length: Field 129: Coding Scheme: Length: Field 130:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type: OCCUR_DATE_ Date of occurrence 8 Type: OCCUR_DAY_9	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric	e minus STMT_PERIC  Data Source:  ting to the claim that m  Data Source:  Data Source:	DD_FROM Date. Calculated  nay affect payer processing and is  Claim  Claim
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_ 2 Type: OCCUR_DATE_ Date of occurrence 8 Type: OCCUR_DAY_9 Occurrence Day eq	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric	e minus STMT_PERIC  Data Source:  Data Source:  Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date.
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_2 Type: OCCUR_DATE_0 Date of occurrence 8 Type: OCCUR_DAY_9 Occurrence Day eq 4 Type:	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric quals Occurrence Dat Alphanumeric	e minus STMT_PERIC  Data Source:  ting to the claim that m  Data Source:  Data Source:	DD_FROM Date. Calculated  nay affect payer processing and is  Claim  Claim
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_2 Type: OCCUR_DATE_ Date of occurrence 8 Type: OCCUR_DAY_9 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a	quals Occurrence Dat Alphanumeric  9 significant event relate pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relate	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date.
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132:	OCCUR_DAY_8 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s Same as OCCUR_2 Type: OCCUR_DATE_ Date of occurrence 8 Type: OCCUR_DAY_9 Occurrence Day eq 4 Type: OCCUR_CODE_ Code describing a associated with a s	quals Occurrence Dat Alphanumeric  9 significant event relate pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relate pecific date.	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132: Coding Scheme:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 c, as YYYYMMDD. Alphanumeric quals Occurrence Dat Alphanumeric  10 significant event relat pecific date. CODE_1.	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated  ay affect payer processing and is
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132: Coding Scheme: Length:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relat pecific date. CODE_1. Alphanumeric	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132: Coding Scheme:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relat pecific date. CODE_1. Alphanumeric  10 Alphanumeric	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated  ay affect payer processing and is
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132:  Coding Scheme: Length: Field 133:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relat pecific date. CODE_1. Alphanumeric  10 e, as YYYYMMDD.	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated  ay affect payer processing and is  Claim
Length: Field 129:  Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132: Coding Scheme: Length:	OCCUR_DAY_8 Occurrence Day eq 4	quals Occurrence Dat Alphanumeric  9 significant event relat pecific date. CODE_1. Alphanumeric  9 e, as YYYYMMDD. Alphanumeric  quals Occurrence Dat Alphanumeric  10 significant event relat pecific date. CODE_1. Alphanumeric  10 Alphanumeric	e minus STMT_PERIC Data Source:  ting to the claim that m  Data Source:  Data Source:  e minus STMT_PERIC Data Source:  ting to the claim that m	DD_FROM Date. Calculated  ay affect payer processing and is  Claim  Claim  DD_FROM Date. Calculated  ay affect payer processing and is

Field 134:	OCCUR_DAY_10		
rieiu 154.	Occurrence Day <i>equals</i> Occurrence Date	minus STMT PF	RIOD FROM Date
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated
Field 135:	OCCUR_CODE_11		
	Code describing a significant event relati	ng to the claim tha	at may affect payer processing and is
	associated with a specific date.		, , , , ,
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 136:	OCCUR_DATE_11		
_	Date of occurrence, as YYYYMMDD.	_ ~	
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 137:	OCCUR_DAY_11		DIOD TROUGH
T 41	Occurrence Day <i>equals</i> Occurrence Date		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 138:	OCCUR_CODE_12		-t
	Code describing a significant event relation associated with a specific date.	ng to the claim th	at may affect payer processing and is
<b>Coding Scheme:</b>	Same as OCCUR CODE 1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 139:	OCCUR_DATE_12	Duta Boarce.	Cidin
11010 1051	Date of occurrence, as <i>YYYYMMDD</i> .		
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 140:	OCCUR DAY 12		
	Occurrence Day equals Occurrence Date	minus STMT_PE	RIOD_FROM Date.
Length:	4 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Calculated
Field 141:	OCCUR_SPAN_CODE_1		
	Code describing a significant event relati	ng to the claim tha	at may affect payer processing that is
	related to a span of dates.	<b>7</b> 0	
Coding Scheme:	Qualifying stay dates (for 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 Visit	81	Antepartum Days at Reduced Level of Care
	<ul> <li>73 Benefit eligibility period</li> <li>74 Noncovered level of care/Leave of absence</li> </ul>	M0 M1	QIO/UR approved stay dates Provider liability - no utilization
	75 SNF level of care	M2	Inpatient respite dates
	76 Patient Liability Period	M3	ICF level of care
Longth	77 Provider Liability - Utilization Charged	M4	Residential level of care
Length: Field 142:	2 Type: Alphanumeric OCCUR_SPAN_FROM_1	Data Source:	Claim
rieid 142:	Occurrence Span From is the Beginning	Data of Occurrance	oo Evant
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 143:	OCCUR_SPAN_THRU_1	Data Boarce.	Cidin
11010 145.	Occurrence Span Thru is the Ending Date	e of Occurrence E	vent.
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 144:	OCCUR_SPAN_CODE_2		
	Code describing a significant event relati	ng to the claim tha	at may affect payer processing that is
	related to a span of dates.		
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 145:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Beginning		
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 146:	OCCUR_SPAN_THRU_2		
<b>.</b>	Occurrence Span Thru is the Ending Date		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 147:	OCCUR_SPAN_CODE_3		

2022

Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. **Coding Scheme:** Same as OCCUR SPAN CODE 1. Length: Type: Alphanumeric **Data Source:** Claim Field 148: OCCUR SPAN FROM 3 Occurrence Span From is the Beginning Date of Occurrence Event. Length: Alphanumeric **Data Source:** Claim **Field 149:** OCCUR SPAN THRU 3 Occurrence Span Thru is the Ending Date of Occurrence Event. Alphanumeric **Data Source:** Length: Type: Claim **Field 150:** OCCUR SPAN CODE 4 Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. **Coding Scheme:** Same as OCCUR\_SPAN\_CODE\_1. Length: **Data Source:** Type: Alphanumeric Claim **Field 151: OCCUR SPAN FROM 4** Occurrence Span From is the Beginning Date of Occurrence Event. Length: Alphanumeric **Data Source:** Claim Type: **Field 152:** OCCUR SPAN THRU 4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: Type: Alphanumeric **Data Source:** Claim **CONDITION CODE 1 Field 153:** Code required when condition information applies to the claim or encounter. Condition Codes are designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an institutional claim. Codes are maintained by the National Uniform Billing Committee (NUBC) as part of the Universal Billing (UB) Code Set. NUCC refers to the National Uniform Claim Committee. **Coding Scheme:** 01 Military service related C-section/Inductions 39 weeks or greater 02 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) 03 Patient covered by insurance not reflected here 85 Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical 04 Information only bill. 86 Justification 05 Lien has been filed A0 TRICARE external partnership program ESRD patient in first 18 months of entitlement 06 EPSDT/CHAP A1 covered by EGHP Treatment of non-terminal condition for hospice 07 Physically handicapped children's program patient Beneficiary would not provide information 08 A3 Special Federal Funding concerning other insurance coverage Neither patient or spouse is employed A4 Family planning Patient and/or spouse is employed but no EGHP 10 Disability A5 Vaccines/Medicare 100% payment 11 Disabled beneficiary but no LGHP coverage exists A6 17 Patient is homeless Α9 Second opinion surgery Abortion performed due to rape 18 Maiden name retained AA Child retains mother's name AB Abortion performed due to incest Abortion performed due to serious fatal genetic defect, 20 Beneficiary requested billing AC deformity, or abnormality Abortion performed due to life endangering physical 21 Billing for denial notice AD Abortion performed due to physical health of mother that 22 Patient on multiple drug regimen ΑE is not life endangering Abortion performed due to emotional/psychological 23 Home care giver available AF health of mother 24 Home IV patient also receiving HHA services AGAbortion performed due to social or economic reasons 25 Patient is non-US resident Elective abortion VA eligible patient chooses to receive services in a 26 ΑI Sterilization Medicare certified facility Patient referred to a sole community hospital for a 27 Payer responsible for co-payment diagnostic laboratory test

28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	A M	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient 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	D8	Change to Make Medicare the Primary Payer
52	Services Out of Hospice Service Area	D9	Any Other Change
	Initial placement of a medical device provided as		•
53	part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.	DR	Disaster related
54	Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
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	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use lifetime reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use lifetime reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a
70	Self-administered anemia management drug	R4	Fee Schedule Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly
/1	Tun care in unit	KJ	Identified Duplicate Claim Request for reopening Reason Code - Other Clerical
72	Self-care in unit	R6	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	W O	United Mine Workers of America (UMWA) Demonstration Indicator
	Provider accepts or is obligated/required due to a		
77	contractual arrangement or law to accept payment	W2	Duplicate of Original Bill
70	by a primary payer as payment	W	Loyal I Amnosi
78 79	New coverage not implemented by HMO CORF services provided offsite	W3 W4	Level I Appeal Level II Appeal
79 80	Home dialysis - nursing facility	W4 W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity	WJ	Levei III Арреа

	82 C-section/Inductions <39 Weeks-Elective	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
Field 154:	CONDITION_CODE_2	
	Code required when condition information applies to the claim or encounter.	
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
Field 155:	CONDITION_CODE_3	
	Code required when condition information applies to the claim or encounter.	
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
Field 156:	CONDITION_CODE_4	
	Code required when condition information applies to the claim or encounter.	
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
<b>Field 157:</b>	CONDITION_CODE_5	
	Code required when condition information applies to the claim or encounter.	
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 158:	CONDITION_CODE_6	
	Code required when condition information applies to the claim or encounter.	
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
<b>Field 159:</b>	CONDITION_CODE_7	
a 11 a 1	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 160:	CONDITION_CODE_8	
a 11 a 1	Code required when condition information applies to the claim or encounter.	
L'ading Schamas	Sama as CONDITION CODE 1	
Coding Scheme: Length:	Same as CONDITION_CODE_1.  2    Type: Alphanumeric Data Source: Claim	
Length:	2 Type: Alphanumeric Data Source: Claim	
_	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1	
Length:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1	
Length:	2 Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which 60 HHA branch MSA	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  01 Most common semi-private rate 02 Hospital has no semi-private rooms 04 Inpatient professional component charges which are combined billed  Professional component included in charges and  Place of Residence where service is furnished (HHA and	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation  Inpatient professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Arterial blood gas Oxygen saturation HHA branch MSA	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate Hospital has no semi-private rooms Hopatient professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Has ource: Claim  Arterial blood gas  Oxygen saturation  HHA branch MSA  HHA branch MSA  Professional component included in charges and hospice)  Blood deductible  Heave of Residence where service is furnished (HHA and hospice)	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate Hospital has no semi-private rooms Hospital has no semi-private rate Hospital blood gas HHA branch MSA  Place of Residence where service is furnished (HHA and hospice) Hospital has no semi-private rate Hospita	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  O1 Most common semi-private rate 58 Arterial blood gas  O2 Hospital has no semi-private rooms 59 Oxygen saturation  O4 Inpatient professional component charges which are combined billed  O5 Professional component included in charges and also billed separately to carrier  O6 Blood deductible 66 Medicaid spend down amount  O8 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis  O9 Coinsurance amount in the first calendar year 68 EPO-drug  Lifetime reserve amount in the second calendar 69 State charity care percentage	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  O1 Most common semi-private rate 58 Arterial blood gas  O2 Hospital has no semi-private rooms 59 Oxygen saturation  O4 Inpatient professional component charges which are combined billed  O5 Professional component included in charges and also billed separately to carrier  O6 Blood deductible 66 Medicaid spend down amount  O8 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis  O9 Coinsurance amount in the first calendar year 68 EPO-drug  Lifetime reserve amount in the second calendar year year 69 State charity care percentage	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate Hospital has no semi-private rooms Hospital has no semi-private rate Hospital has no semi-private	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate Hospital has no semi-private rooms H	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate  Hospital has no semi-private rooms  Hospital has no semi-private rooms  Hospital has no semi-private rooms  Professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Has been defined by the intermediary to process an institutional claim  Most common semi-private rate  Sa Arterial blood gas  Oxygen saturation  HHA branch MSA  Place of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Hospital  Hospital  Place of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Peritoneal dialysis  Pording  EPO-drug  Coinsurance amount in the first calendar year  Coinsurance amount in the second calendar year  Working aged beneficiary/spouse with employer group health plan  ESRD beneficiary in a Medicare coordination  Patental blood gas  Arterial blood gas  Oxygen saturation  HHA branch MSA  Blace of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Peritoneal dialysis  EPO-drug  State charity care percentage  Covered Days  Non-covered Days  Non-covered Days	
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate  Hospital has no semi-private rooms  Inpatient professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Blood deductible  Blood deductible  Coinsurance amount in the first calendar year  Coinsurance amount in the second calendar year  Coinsurance amount in the second calendar year  Coinsurance amount in the second calendar year  Working aged beneficiary/spouse with employer group health plan  Type: Alphanumeric Data Source: Claim  Naterial blood gas  Arterial blood gas  Oxygen saturation  HHA branch MSA  Place of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Peritoneal dialysis  EPO-drug  State charity care percentage  Covered Days  Non-covered Days  Non-covered Days  Non-covered Days  State Co-insurance Days	ı
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate  Hospital has no semi-private rooms  Hospital has no semi-private rooms  Hospital has no semi-private rooms  Professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Has been defined by the intermediary to process an institutional claim  Most common semi-private rate  Sa Arterial blood gas  Oxygen saturation  HHA branch MSA  Place of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Hospital  Hospital  Place of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Peritoneal dialysis  Pording  EPO-drug  Coinsurance amount in the first calendar year  Coinsurance amount in the second calendar year  Working aged beneficiary/spouse with employer group health plan  ESRD beneficiary in a Medicare coordination  Patental blood gas  Arterial blood gas  Oxygen saturation  HHA branch MSA  Blace of Residence where service is furnished (HHA and hospice)  Medicaid spend down amount  Peritoneal dialysis  EPO-drug  State charity care percentage  Covered Days  Non-covered Days  Non-covered Days	ı
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  O1 Most common semi-private rate 58 Arterial blood gas  O2 Hospital has no semi-private rooms 59 Oxygen saturation  O4 Inpatient professional component charges which are combined billed  O5 Professional component included in charges and also billed separately to carrier  O6 Blood deductible 66 Medicaid spend down amount  O8 Lifetime reserve amount in the first calendar year  O9 Coinsurance amount in the first calendar year  O9 Lifetime reserve amount in the second calendar year  O1 Coinsurance amount in the second calendar year  O2 Working aged beneficiary/spouse with employer group health plan  O3 ESRD beneficiary in a Medicare coordination period with an employer group health plan  O5 Worker's compensation  O6 POFOS	ı
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  Most common semi-private rate Hospital has no semi-private rooms Hopatient professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Hospital has no semi-private rooms Hopatient professional component charges which are combined billed  Professional component included in charges and also billed separately to carrier  Coinsurance amount in the first calendar year of the fi	l
Length: Field 161:	Type: Alphanumeric Data Source: Claim   VALUE_CODE_1	ı
Length: Field 161:	Type: Alphanumeric   Data   Source:   Claim	ı
Length: Field 161:	Type: Alphanumeric Data Source: Claim  VALUE_CODE_1  Code indicating a monetary condition which was used by the intermediary to process an institutional claim  1	
Length: Field 161:	Type: Alphanumeric   Data   Source:   Claim	
Length: Field 161:	Type: Alphanumeric Data Source: Claim	
Length: Field 161:	Type: Alphanumeric   Data Source:   Claim	

2022

		Offset to the patient - payment amount - vision	on A7	Co-payment payer A
	28	and eye services Offset to the patient - payment amount - den	tal A8	Patient weight
	29	services Offset to the patient - payment amount - chiropractic services	A9	Patient height
		Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31 F	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) -
		Multiple patient ambulance transport	B1	payer A Deductible payer B
		Offset to the patient - payment amount - pod		Coinsurance payer B
	S	services		Comsurance payer B
	34 r	Offset to the patient - payment amount - other medical services	В3	Estimated responsibility payer B
		Offset to the patient - payment amount - heal insurance premiums	в7	Co-payment payer B
	37 U	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
		Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
		Units of blood replaced New coverage not implemented by HMO	C1 C2	Deductible payer C Coinsurance payer C
		Black lung	C3	Estimated responsibility payer C
		VA	C7	Co-payment payer C
		Disabled beneficiary under age 65 with LGH		Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	44 p	Amount provider agreed to accept from prim payer when this amount is less than charges higher than payment received		Other assessments or allowances (e.g., medical education) - payer C
		Accident hour	D3	Patient estimated responsibility
		Number of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
		Any liability insurance Hemoglobin reading	D5 FC	Last Kt/V Reading Patient Paid Amount
				Credit Received from the Manufacturer for a Medical
		Hematocrit reading	FD	Device
		Physical Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		Occupational Therapy visits Speech Therapy visits	Y1 Y2	Part A Demonstration Payment Part B Demonstration Payment
		Cardiac rehab visits	Y3	Part B Coinsurance
		Newborn birth weight in grams	Y4	Conventional Provider Payment
		Eligibility threshold for charity care Skilled nurse - home visit hours	Y5	Part B Deductible
		Home health aide - home visit hours		
Length:	2	Type: Alphanumeric	Data Sou	rce: Claim
Field 162:	VALU	UE_AMOUNT_1		
	Amoun	nt (in cents) that may be affected.		
Length:	9 7	Type: Numeric	Data Sou	rce: Claim
Field 163:		JE_CODE_2		
		ndicating a monetary condition which	ch was use	ed by the intermediary to process an
		tional claim.		
<b>Coding Scheme:</b>		as VALUE_CODE_1.	<b>-</b> . ~	~. ·
Length:		**	Data Sou	rce: Claim
Field 164:		JE_AMOUNT_2		
T41		nt (in cents) that may be affected.	D-4- C	Claire
Length:		<u> </u>	Data Sou	rce: Claim
Field 165:		JE_CODE_3	.1	d b., 4b - i., 4 diam. 4
		ndicating a monetary condition which tional claim.	cn was use	ed by the intermediary to process an
Coding Scheme:		as VALUE_CODE_1.		
Length:			Data Sou	rce: Claim
Field 166:		JE_AMOUNT_3	Data SVII	Ciuliii
r iciu 100.		nt (in cents) that may be affected.		
Length:		· · · · · · · · · · · · · · · · · · ·	Data Sou	rce: Claim
Lengui.	, ,	Type.	Data Dou	Ciumi
2022				

Field 167:	VALUE_CODE_4		
Ticia 107.	Code indicating a monetary condition	which was used by the in	ntermediary to process an
	institutional claim.		J I I
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 168:	VALUE_AMOUNT_4		
	Amount (in cents) that may be affected		
Length:	9 <b>Type:</b> Numeric	Data Source:	Claim
Field 169:	VALUE_CODE_5		
	Code indicating a monetary condition	which was used by the in	ntermediary to process an
~ ~ .	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.	<b>D</b>	CI.:
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 170:	VALUE_AMOUNT_5	1	
Longth	Amount (in cents) that may be affecte  9 <b>Type:</b> Numeric	Data Source:	Claim
Length: Field 171:	VALUE CODE 6	Data Source:	Claiiii
rieiu 1/1;	Code indicating a monetary condition	which was used by the i	ntermediary to process an
	institutional claim.	which was used by the h	intermediary to process an
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 172:	VALUE AMOUNT 6		
	Amount (in cents) that may be affecte	d.	
Length:	9 <b>Type:</b> Numeric	<b>Data Source:</b>	Claim
Field 173:	VALUE_CODE_7		
	Code indicating a monetary condition	which was used by the in	ntermediary to process an
	institutional claim.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 174:	VALUE_AMOUNT_7	_	
T 41	Amount (in cents) that may be affected		CI.:
Length:	9 Type: Numeric	Data Source:	Claim
Field 175:	VALUE_CODE_8  Code indicating a manetary condition	which was used by the i	ntarmadiary to process an
	Code indicating a monetary condition institutional claim.	which was used by the h	mermediary to process an
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 176:	VALUE_AMOUNT_8	Duta Source.	Ciaini
11014 170	Amount (in cents) that may be affecte	d.	
Length:	9 <b>Type:</b> Numeric	Data Source:	Claim
Field 177:	VALUE CODE 9		
	Code indicating a monetary condition	which was used by the in	ntermediary to process an
	institutional claim.	•	
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 178:	VALUE_AMOUNT_9		
	Amount (in cents) that may be affected		
Length:	9 <b>Type:</b> Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_10		
	Code indicating a monetary condition	which was used by the in	ntermediary to process an
C- 11 C-1	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.	Data Courses	Claim
Length: Field 180:	2 Type: Alphanumeric VALUE_AMOUNT_10	Data Source:	Claim
riciu 10V;	Amount (in cents) that may be affected	d	
	Amount (in conts) that may be affected	u.	
2022	n.	ngo 77	
www.dshs.texas.g	gov/THCIC Pa	nge 77	Last Updated: April 2024

Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim	
Field 181:	VALUE_CODE				
11010 1010			which was used by the i	ntermediary to process an	
	institutional clain			J I	
<b>Coding Scheme:</b>	Same as VALUE				
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 182:	VALUE_AMOU	-			
11010 1021		) that may be affected	d.		
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim	
Field 183:	VALUE CODE				
11010 1001			which was used by the i	ntermediary to process an	
	institutional clain	•	winer was asea of the r	mornionally to process un	
<b>Coding Scheme:</b>	Same as VALUE				
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 184:	VALUE_AMOU				
11014 1011		) that may be affected	1		
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim	
Field 185:	OTHER AMOU		Data Source.	Cium	
riciu 105.	<del>-</del>		ra Amount Calculated u	using Medicare Provider Analysis	
				sociated with revenue codes other	
	,	, 0	,	X-053X, 055X-060X, 064X-070X,	
				ue code identifies the department in	
				nd the supplies used. They are noted	
				at of the CMS-1450 paper claim) and	
	are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals.				
	For revenue code list see pages 49-54 of this document, section titled "Charges Data File".				
	The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency				
	room, pathology).  Revenue cost center (revenue code groupings) can be found in the THCIC document. "Healthcare				
	Revenue cost center (revenue code groupings) can be found in the THCIC document, "Healthcare Facility Procedures and Technical Specifications 5010 Inpatient and Outpatient Appendices"				
	Appendix A4, page 17.				
	Appendix A4, pa	ge 17.			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 186:	PHARM_AMO				
			rgical Supply Charge Ar	mount. Calculated using Medicare	
				nts) of charges associated with	
			revenue center 026X, 063		
Length:		Numeric		Calculated	
Field 187:	MEDSURG_AM				
11010 1071	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using Medicare				
				ats) of charges associated with	
			evenue center 027X, 062		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 188:	DME_AMOUN		Data Source.	Carcalated	
Ticia 100.			edical Fauinment Charge	e Amount. Calculated using	
				um (in cents) of charges associated	
			219, revenue centers 029		
Length:		Numeric	Data Source:		
	V 1		Data Source:	Calculated	
Field 189:	USED_DME_AI		da Madical Follows (C	Change Amount Cale 1sts 1 street	
				Charge Amount. Calculated using	
				um (in cents) of charges associated	
T /3			219, revenue center 0293		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 190:	PT_AMOUNT				

	Analysis Review (M other than 0100-021)			arges associated with revenue codes		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 191:	OT_AMOUNT					
	Ancillary Service Ch	arge, Occupation	onal Therapy Charge Amo	unt. Calculated using Medicare		
				its) of charges associated with		
			, revenue center 043X.			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 192:	SPEECH_AMOUN					
				Calculated using Medicare Provider		
				arges associated with revenue codes		
T 41	other than 0100-0219			C-1- 1-4-1		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 193:	IT_AMOUNT	T. 1. 1. 1. 4.	The Charles Assessed	Calculated along Madison		
				. Calculated using Medicare		
				its) of charges associated with		
Length:	12 <b>Type:</b>	Numeric	), revenue center 041X, 040 <b>Data Source:</b>	Calculated		
Field 194:	BLOOD AMOUN		Data Source.	Calculated		
r iciu 174;	<del>_</del>		ovided during the patient's	stay. Calculated using Medicare		
				its) of charges associated with		
	•	*	), revenue center 038X.	its) of charges associated with		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 195:	BLOOD ADM AN		Duta Source:	Carcarace		
riciu 175.			rage and processing related	to the natient's stay Calculated		
	Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges					
			than 0100-0219, revenue			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 196:	OR_AMOUNT		2 0 0 - 0 0 0			
		arge, Operating	Room Charge amount, Ca	alculated using Medicare Provider		
				rges associated with revenue codes		
			er 036X, 071X-072X.			
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated		
Field 197:	LITH_AMOUNT					
		arge, Lithotrips	sy Charge Amount. Calcula	ated using Medicare Provider		
				arges associated with revenue codes		
	other than 0100-0219					
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated		
Field 198:	CARD_AMOUNT					
	Ancillary Service Ch	arge, Cardiolog	gy Charge Amount. Calcul	ated using Medicare Provider		
	Analysis Review (M	EDPAR) algori	thm. Sum (in cents) of cha	rges associated with revenue codes		
	other than 0100-0219	9, revenue cente	er 048X, 073X.			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 199:	ANES_AMOUNT					
		arge, Anesthes	ia Charge Amount. Calcula	ated using Medicare Provider		
				arges associated with revenue codes		
	other than 0100-0219	9, revenue cente	er 037X.			
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated		
Field 200:	LAB_AMOUNT					
		arge, Laborato	ry Charge Amount. Calcula	ated using Medicare Provider		
				arges associated with revenue codes		
			er 030X-031X, 074X-075X			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
	RAD_AMOUNT					
Field ZUI:						
Field 201:						
Field 201: 2022		_	Page 79 ————			

tength: 12 Type: Numeric Data Source: Calculated  MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.  Length: Type: Numeric Data Source: Calculated Using Medicare		Ancillary Service Charge, Radiology Charge Amount. Calcu Analysis Review (MEDPAR) algorithm. Sum (in cents) of c				
Field 202: MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Length: 12 Type: Numeric Data Source: Calculated  Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.  Length: 12 Type: Numeric Data Source: Calculated Using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 060X-098X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X, 089X.  Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X, 089X.  Length: 12 Type: Numeric Data Source: Calculated Using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges asso			0X.			
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Length: 12 Type: Numeric Data Source: Claim						
· ·		<u> </u>	· ·			
Field 212: TOTAL_CHARGES_ANCIL	Length:	**	Claim			
	Field 212:	TOTAL_CHARGES_ANCIL				

				Covered charges refer to service or yment. Non-covered charges are
	services or benef	its that are not paid fo	or by a health plan.	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim
Field 213:		COV_CHARGES_A		
T41		non-covered ancillar		Clair.
Length:	12 Type:	Numeric	Data Source:	Claim
Field 214:	PROCESS_DAT		A.	
Length:	8 <b>Type:</b>	processed and certifie Alphanumeric	Data Source:	Claim
Field 215:		NDICATOR (INPUT		Ciaiiii
	Format in which Professional and	the outpatient data fil Institutional claim for te (ANSI) electronic of	e was submitted by the	facility The outpatient THCIC 873 d version of American National healthcare services.
Coding Scheme:	1 837 Institution			
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
Field 216:	INBOUND IND	•		
Coding Scheme:	Indicates the form the CMS-1450 pa 8 837 format D Data entry U UB-04 forma	aper claim.	ed for the outpatient cla	im UB-04 is an electronic format of
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 217:	EMERGENCY			
Coding Scheme:	Indicator of emer Y visit was eme	gency department visergency related emergency related	it.	
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Assigned
Field 218:	CCSR_PRIN_D	IAG CODE		
	principal diagnos the hospitalizatio Healthcare Resea (HCUP), Clinical of Diseases – Rev	is, i.e., the condition in) into a clinically more and Quality (AHI Classifications softwision 9/10) coded pa	established after study to eaningful diagnosis cate RQ) as part of the Healt vare is a tool to cluster Io	on of PRIN_DIAG_CODE (the obe chiefly responsible for causing gory. Developed at the Agency for heare Cost and Utilization Project CD-9/10 (International Classification redures into a manageable number of outcome analysis.
Length:	<b>4 Type:</b>	Alphanumeric	Data Source:	Assigned
Field 219:	CCSR_OTH_D	IAG_CODE 1		
	Clinical Classific for a condition th patient's treatmen	ations Software Refin at coexists with the p nt) into a clinically m	rincipal diagnosis or deveaningful diagnosis cate	~ .
T 41	/I Tyno•	Alphanumeric	Data Source:	Assigned
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**Page 81** 

Last Updated: April 2024

2022

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#### **EMERGENCY DEPARTMENT RESEARCH DATA FILE Field 222:** CCSR OTH DIAG CODE 4 Clinical Classifications Software Refined (CCSR) classification of OTH\_DIAG\_CODE\_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment.) into a clinically meaningful diagnosis category. Length: Alphanumeric **Data Source:** Assigned **Field 223:** CCSR OTH DIAG CODE 5 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. **Data Source:** Length: Alphanumeric Assigned **Field 224:** CCSR OTH DIAG CODE 6 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Type: Alphanumeric **Data Source:** Assigned Length: CCSR OTH DIAG CODE 7 **Field 225:** Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Alphanumeric **Data Source:** Length: Type: Assigned CCSR OTH DIAG CODE 8 **Field 226:** Clinical Classifications Software Refined (CCSR) classification of OTH\_DIAG\_CODE\_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Alphanumeric **Data Source:** Length: Type: Assigned **Field 227:** CCSR OTH DIAG CODE 9 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Alphanumeric **Data Source:** Assigned **Field 228:** CCSR OTH DIAG CODE 10 Clinical Classifications Software Refined (CCSR) classification of OTH\_DIAG\_CODE\_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Type: Alphanumeric **Data Source:** Assigned **Field 229:** CCSR OTH DIAG CODE 11 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Alphanumeric Type: **Data Source:** Assigned CCSR OTH DIAG CODE 12 **Field 230:** Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Type: Alphanumeric **Data Source:** Assigned CCSR OTH DIAG CODE 13 **Field 231:** Clinical Classifications Software Refined (CCSR) classification of OTH\_DIAG\_CODE\_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Type: Alphanumeric **Data Source:** Assigned **Field 232:** CCSR OTH DIAG CODE 14 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for

2022 www.dshs.texas.gov/THCIC

Type:

Length:

Page 82

treatment) into a clinically meaningful diagnosis category.

Alphanumeric

a condition that coexists with the principal diagnosis or develops subsequently during a patient's

**Data Source:** 

Last Updated: April 2024

Assigned

Field 233:	CCSR_OTH_DIAG_CODE_15				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 234:	CCSR_OTH_DIAG_CODE_16				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 235:	CCSR_OTH_DIAG_CODE_17				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 236:	CCSR_OTH_DIAG_CODE_18				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 237:	CCSR_OTH_DIAG_CODE_19  Clinical Classifications Software Refined (CCSR) placeification of OTH_DIAG_CODE_1 (code)				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a				
Length:	patient's treatment) into a clinically meaningful diagnosis category.  4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 238:	4 Type: Alphanumeric Data Source: Assigned CCSR_OTH_DIAG_CODE_20				
leiu 258:	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 239:	CCSR_OTH_DIAG_CODE_21				
1 Icia 237.	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	for a condition that coexists with the principal diagnosis or develops subsequently during a				
	patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 240:	CCSR_OTH_DIAG_CODE_22				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 241:	CCSR_OTH_DIAG_CODE_23				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	for a condition that coexists with the principal diagnosis or develops subsequently during a				
	patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 242:	CCSR_OTH_DIAG_CODE_24				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 243:	CCS_PROC_CODE_1				
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period				
	covered by the bill) into a clinically meaningful procedure category				
	J 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				

Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 244:	CCS_ PROC_CODE_2					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	, _		t charge performed during the period			
	covered by the bill) into a clinica					
Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 245:	CCS_PROC_CODE_3					
	Clinical Classifications Software					
			t charge performed during the period			
	covered by the bill) into a clinica					
Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 246:	CCS_PROC_CODE_4					
	Clinical Classifications Software					
			t charge performed during the period			
	covered by the bill) into a clinica					
Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 247:	CCS_PROC_CODE_5					
	Clinical Classifications Software					
			t charge performed during the period			
	covered by the bill) into a clinica		tegory.			
Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 248:	CCS_PROC_CODE_6					
	Clinical Classifications Software	(CCS) for Services and Proc	cedures classification of			
	PROC_CODE_6 (surgical or oth	er procedure with the highes	t charge performed during the period			
	covered by the bill) into a clinica	lly meaningful procedure cat	tegory.			
Length:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 249:	CCS_PROC_CODE_7					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
			t charge performed during the period			
	covered by the bill) into a clinically meaningful procedure category.					
Length:	3 <b>Type:</b> Alphanume		Assigned			
Field 250:	CCS_PROC_CODE_8					
	Clinical Classifications Software	(CCS) for Services and Prod	cedures classification of			
	PROC_CODE_8 (surgical or oth	er procedure with the highes	t charge performed during the period			
		lly meaningful procedure cat				
Length:	covered by the bill) little a clillica					
	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 251:	3 <b>Type:</b> Alphanume	ric Data Source:	Assigned			
Field 251:	3 Type: Alphanume CCS_PROC_CODE_9					
Field 251:	3 Type: Alphanume CCS_PROC_CODE_9 Clinical Classifications Software	(CCS) for Services and Proc	cedures classification of			
Field 251:	3 Type: Alphanume CCS_PROC_CODE_9 Clinical Classifications Software PROC_CODE_9 (surgical or oth	(CCS) for Services and Proceer procedure with the highes	cedures classification of t charge performed during the period			
	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinical	(CCS) for Services and Proceedure with the highes	cedures classification of t charge performed during the period tegory.			
Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume	(CCS) for Services and Proceedure with the highes	cedures classification of t charge performed during the period			
Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10	(CCS) for Services and Proceer procedure with the highes lly meaningful procedure catric <b>Data Source:</b>	cedures classification of t charge performed during the period tegory.  Assigned			
Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software	(CCS) for Services and Proceedure with the highes lly meaningful procedure cat ric <b>Data Source:</b> (CCS) for Services and Procedure CCS	cedures classification of t charge performed during the period tegory.  Assigned cedures classification of			
Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or other)	(CCS) for Services and Proceedure with the highes lly meaningful procedure cat ric <b>Data Source:</b> (CCS) for Services and Procher procedure with the higher	cedures classification of t charge performed during the period tegory.  Assigned cedures classification of est charge performed during the period			
Length: Field 252:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinical	(CCS) for Services and Proceed procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure procedure with the higher lly meaningful procedure cat	cedures classification of t charge performed during the period tegory.  Assigned cedures classification of est charge performed during the period tegory.			
Length: Field 252: Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume	(CCS) for Services and Proceed procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure procedure with the higher lly meaningful procedure cat	cedures classification of t charge performed during the period tegory.  Assigned cedures classification of est charge performed during the period			
Length: Field 252: Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11	(CCS) for Services and Proceed reprocedure with the highes lly meaningful procedure catric <b>Data Source:</b> (CCS) for Services and Procedure reprocedure with the higher procedure with the higher procedure catric <b>Data Source:</b>	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  Assigned			
Length: Field 252: Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software	(CCS) for Services and Proceedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Proceedure with the higher procedure with the higher lly meaningful procedure cat ric Data Source:  (CCS) for Services and Proceedure cat ric Data Source:	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of			
Length: Field 252: Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software PROC_CODE_11 (surgical or ot processes)	(CCS) for Services and Proceed are procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher procedure with the higher procedure cat ric Data Source:  (CCS) for Services and Procedure procedure with the higher procedure with the higher procedure with the higher procedure with the higher	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period			
Length: Field 252: Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software	(CCS) for Services and Proceed are procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher procedure with the higher procedure cat ric Data Source:  (CCS) for Services and Procedure procedure with the higher procedure with the higher procedure with the higher procedure with the higher	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period			
Length: Field 252:  Length: Field 253:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software PROC_CODE_11 (surgical or ot processes)	(CCS) for Services and Proceed and Proceed are procedure with the highes are compared as a source:  (CCS) for Services and Proceed are compared are with the higher procedure with the higher procedure are compared as a source:  (CCS) for Services and Proceed are compared as a source:	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period			
Field 251:  Length: Field 252:  Length: Field 253:  Length: Field 254:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume	(CCS) for Services and Proceed are procedure with the highes lly meaningful procedure cat ric <b>Data Source:</b> (CCS) for Services and Procedure with the higher procedure with the higher procedure cat ric <b>Data Source:</b> (CCS) for Services and Procedure ric procedure with the higher procedure with the higher procedure with the higher procedure with the higher lly meaningful procedure cat	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.			
Length: Field 252:  Length: Field 253:  Length:	3 Type: Alphanume  CCS_PROC_CODE_9  Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10  Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11  Clinical Classifications Software PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_12	(CCS) for Services and Proceed are procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher procedure with the higher procedure are Data Source:  (CCS) for Services and Procedure with the higher procedure are Data Source:	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned			
Length: Field 252:  Length: Field 253:  Length:	3 Type: Alphanume  CCS_PROC_CODE_9 Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10 Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 Clinical Classifications Software PROC_CODE_11 (surgical or ot covered by the bill) into a clinical PROC_CODE_11 (surgical or ot covered by the bill) into a clinical 3 Type: Alphanume  CCS_PROC_CODE_12 Clinical Classifications Software	(CCS) for Services and Proceed are procedure with the highes lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher procedure with the higher lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher procedure with the higher lly meaningful procedure cat ric Data Source:  (CCS) for Services and Procedure with the higher lly meaningful procedure cat ric Data Source:	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of tegory.  Assigned  cedures classification of			
Length: Field 252:  Length: Field 253:  Length:	3 Type: Alphanume  CCS_PROC_CODE_9 Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10 Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 Clinical Classifications Software PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_12 Clinical Classifications Software PROC_CODE_12 (surgical or ot	(CCS) for Services and Proceed	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of test charge performed during the period test charge performed during the period			
Length: Field 252:  Length: Field 253:  Length:	3 Type: Alphanume  CCS_PROC_CODE_9 Clinical Classifications Software PROC_CODE_9 (surgical or oth covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_10 Clinical Classifications Software PROC_CODE_10 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_11 Clinical Classifications Software PROC_CODE_11 (surgical or ot covered by the bill) into a clinica 3 Type: Alphanume  CCS_PROC_CODE_12 Clinical Classifications Software  CCS_PROC_CODE_12 Clinical Classifications Software	(CCS) for Services and Proceed	cedures classification of t charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of est charge performed during the period tegory.  Assigned  cedures classification of test charge performed during the period test charge performed during the period			

Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 255:	CCS_PROC_C	ODE_13					
	Clinical Classific	cations Software (CCS	) for Services and Pro	cedures classification of			
				est charge performed during the period			
	covered by the b		eaningful procedure ca	tegory.			
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
<b>Field 256:</b>	CCS_ PROC_C						
				cedures classification of			
				est charge performed during the period			
T 41	•		eaningful procedure ca	<u> </u>			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 257:	CCS_PROC_C		) C C ' 1 D	1 1 'C' C			
				cedures classification of			
				st charge performed during the period			
Length:	3 <b>Type:</b>	Alphanumeric	eaningful procedure ca  Data Source:	Assigned			
Field 258:	CCS_ PROC_C		Data Source.	Assigned			
riciu 230.			) for Services and Pro	cedures classification of			
				est charge performed during the period			
		, ,	eaningful procedure ca				
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 259:	CCS PROC C			8 8			
		<del>-</del>	) for Services and Pro	cedures classification of			
				est charge performed during the period			
	covered by the b	ill) into a clinically me	eaningful procedure ca	tegory.			
Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 260:	CCS_PROC_CODE_18						
				cedures classification of			
				est charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 261:	CCS_PROC_C		) for Coming and Due	d1ifiti			
		Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 (surgical or other procedure with the highest charge performed during the period					
			eaningful procedure ca				
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 262:	CCS_PROC_C		Data Source.	rissigned			
11010 202.			) for Services and Pro	cedures classification of			
				est charge performed during the period			
				ful procedure category (See Field #			
	220).	,	, .				
Length:	<b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 263:	CCS_ PROC_C	ODE_21					
				cedures classification of			
	PROC_CODE_2	1(surgical or other pro	ocedure with the highe	st charge performed during the period			
	•		eaningful procedure ca				
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 264:	CCS_PROC_C	_					
				cedures classification of			
				est charge performed during the period			
T /1	•		eaningful procedure ca				
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
<b>Field 265:</b>	CCS_ PROC_C	ODE_23					

	Clinical Classifications Software (CCS) for Services and Procedures classification of					
			_	st charge performed during the	e period	
	covered by the bi	ll) into a clinically me	eaningful procedure cat	egory.		
Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned		
Field 266:	CCS_ PROC_C	CCS PROC CODE 24				
	Clinical Classific	ations Software (CCS	) for Services and Proc	edures classification of		
	PROC_CODE_2	4 (surgical or other pr	ocedure with the highe	st charge performed during the	e period	
	covered by the bi	ll) into a clinically me	eaningful procedure cat	egory.		
Length:	<b>Type:</b>	3 Type: Alphanumeric Data Source: Assigned				
Field 267:	CCS_PROC_CODE_25					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC_CODE_25 (surgical or other procedure with the highest charge performed during the period					
	covered by the bi	ll) into a clinically me	eaningful procedure cat	egory.		
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned		

#### **OUTPATIENT CHARGES FILE**

Field 1:	RECORD_ID						
	Record Identification Number. Unique number to identify the record within the research data file. There						
	will be a Record Identification Number for each claim associated with a patient's visit. Does not match or						
	link to Public Use Data File PUDF Record ID. Does match with RECORD_ID in other Inpatient and						
	Outpatient Research Data Files RDF files.						
Length:	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned						
Field 2:	REVENUE_CODE						
	Code corresponding to each specific accommodation, ancillary service or billing calculation related to t	the					
	services being billed.						
<b>Coding Scheme:</b>	O100 All-inclusive room charges plus 0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's H	lome					
8	ancillary when in a Home Health Shortage Area						
	O101 All-inclusive room charges O528 Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	non					
	RHC/FQHC Site (e.g. Scene of Accident)						
	0110 Room charges for private rooms - 0529 Freestanding Clinic - other general						
	0111 Room charges for private rooms - 0530 Osteopathic service - general medical/surgical/GYN						
	Note opathic service - therapy obstetrics  Osteopathic service - therapy						
	Normal Room charges for private rooms - 0539 Osteopathic service - other pediatric						
	Normal Room charges for private rooms - 0540 Ambulance service - general psychiatric						
	Non charges for private rooms - 0541 Ambulance service - supplies hospice						
	Norm Charges for private rooms - 0542 Ambulance service - medical transport detoxification						

2022

0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance Ambulance service - neonatal
0120	Room charges for semi-private rooms - general	0546	
0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms -	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe)	0589	Other visits (home health) - other
0141	rooms - general Room charges for private (deluxe)	0590	Units of service (home health) - general
0142	rooms - medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other

0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
	6,7	0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient	0645	Home IV therapy services - training patient/caregiver, central line
	convenience-charges billable		
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care -	0657	Hospice services - physician services
0201	general Room charges for intensive care -	0658	Hospice services - room and board - nursing facility
0202	surgical Room charges for intensive care -	0659	Hospice services - other
0203	medical Room charges for intensive care -	0660	Respite care - general
0204	pediatric Room charges for intensive care -	0661	Respite care - hourly charge/skilled nursing
0206	psychiatric Room charges for intensive care -	0662	Respite care - hourly charge/aide/homemaker/companion
0207	intermediate intensive care unit (ICU) Room charges for intensive care - burn	0663	Respite care - daily charge
0208	Room charges for intensive care -	0669	Respite care - other
0200	trauma	0670	Outpotiont anguish maridanas agent 1
0209 0210	Room charges for intensive care - other Room charges for coronary care -	0670 0671	Outpatient special residence - general Outpatient special residence - hospital based
0211	general Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
	, ocurona marcuon		

0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0232	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0243		0724	
	All-inclusive ancillary - other		Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices -	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0270	general Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal
0272	nonsterile Medical surgical supplies and devices -	0804	dialysis (CAPD) Inpatient renal dialysis services - continuous cycling peritoneal dialysis
0272	sterile Medical surgical supplies and devices -	0809	(CAPD) Inpatient renal dialysis services - other
0274	take-home Medical surgical supplies and devices -	0810	Acquisition of body components- general
0275	prosthetic/orthotic Medical surgical supplies and devices -	0811	Acquisition of body components - living donor
0276	pacemaker Medical surgical supplies and devices -	0812	Acquisition of body components - cadaver donor
0277	intraocular lens (IOL) Medical surgical supplies and devices -	0813	Acquisition of body components - unknown donor
0278	oxygen - take-home Medical surgical supplies and devices -	0814	Acquisition of body components - unsuccessful organ search-donor
0279	other implants  Medical surgical supplies and devices - other	0815	bank charges Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - general Oncology - other	0819	Hemodialysis - outpatient or home - general
0289	DME - general	0820	Hemodialysis - outpatient or home - general  Hemodialysis - outpatient or home - composite or other rate
0290	DME - general DME - rental	0821	Hemodialysis - outpatient or nome - composite or other rate Hemodialysis - outpatient or home – home supplies
0271	DIVIE - ICHAI	0022	Tremodiarysis - outpatient of nome – nome supplies

0292	DME - purchase of new	0823	Hemodialysis - outpatient or home - home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME	0825	Hemodialysis - outpatient or home - support services
	effectiveness		
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and	0835	Peritoneal dialysis - outpatient or home - support services
0307	microbiology Laboratory - urology	0839	Paritonaal dialygis outpatient or home other
0307	Laboratory - other	0840	Peritoneal dialysis - outpatient or home - other CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0310	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0311	Laboratory pathological - cytology  Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0312	Laboratory pathological - histology  Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - maintenance 100%
0310	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0320	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
0321	angiocardiography	0050	CCI D' outputient of nome general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or	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 -		
	chemotherapy - oral		
0333	Radiology - therapeutic and/or	0861	Magnetoencephalography (MEG) - MEG
	chemotherapy administration - radiation		
	therapy		
0335	Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
	chemotherapy administration -		
0000	chemotherapy - IV	0004	
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
02.40	chemotherapy administration - other	0000	Art H Park I I I I I I I I I I I I I I I I I I I
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic	0889	Miscellaneous dialysis - other
0342	procedures Nuclear medicine - therapeutic	0900	Pahavior health treatments/services general
0342	procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0343	radiopharmaceuticals	0701	Behavior ficatul treatments/services - electrosnock
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
00	radiopharmaceuticals	0,02	Botta for notice troubles, sor frees inflied thorapy
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 hospitalization - less
			intensive
0362	Operating room services - organ	0913	Behavior health treatment/services - partial hospitalization - intensive
	transplant other than kidney		
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual therapy
0.0	transplant	00:-	
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383 0384	Blood plasma	0924 0925	Other diagnostic services - allergy test
0384	Blood - platelets Blood - leukocytes	0925	Other diagnostic services - pregnancy test Other diagnostic services - other
0386	Blood - retrocytes Blood - other components	0929	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
0389	(cryoprecipitate) Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing - general		<sub></sub> ,
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing –	0943	Other therapeutic services - cardiac rehabilitation
0399	processing and storage Blood and blood component	0944	Other themenestic complete dura makehilitetien
0399	administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420 0421	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge Physical therapy - hourly charge	0963 0964	Professional fees - anesthesiologist (MD) Professional fees - anesthetist (CRNA)
0422	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - group rate  Physical therapy - evaluation or reevaluation	0909	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440 0441	Speech-language pathology - general Speech-language pathology - visit charge	0979 0981	Professional fees - speech therapy Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452 0456	Emergency room - beyond EMTALA screening Emergency room - urgent care	0988 0989	Professional fees - consultation  Professional fees - private duty nurse
0456	Emergency room - urgent care Emergency room - other	0989	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - general  Patient convenience items - cafeteria/guest tray
	goneral goneral		and the second s

	0469 Pulmonary function - other 0992 Patient convenience items - private linen service	
	0470 Audiology - general 0993 Patient convenience items - private intenservice	
	0471 Audiology - diagnostic 0994 Patient convenience items - TV/radio	
	0472 Audiology - treatment 0995 Patient convenience items - nonpatient room rentals	
	0479 Audiology - other 0996 Patient convenience items - late discharge charge	
	0480 Cardiology - general 0997 Patient convenience items - admission kits	
	O481 Cardiology - cardiac cath lab 0998 Patient convenience items - beauty shop/barber	
	0482 Cardiology - stress test 0999 Patient convenience items - other	
	0483 Cardiology - echocardiology 1000 Behavior health accommodations - general 0489 Cardiology - other 1001 Behavior health accommodations - residential treatment - ps	ovahiatria
	0489 Cardiology - other 1001 Behavior health accommodations - residential treatment - ps 0490 Ambulatory surgical care - general 1002 Behavior health accommodations - residential treatment - chapter dependency	
	0499 Ambulatory surgical care - other 1003 Behavior health accommodations - supervised living	
	0500 Outpatient services - general 1004 Behavior health accommodations - halfway house	
	Otopatient services - other 1005 Behavior health accommodations - group home	
	0510 Clinic - general 2100 Alternative therapy services - general	
	O511 Clinic - chronic pain 2101 Alternative therapy services - acupuncture	
	0512 Clinic - dental 2102 Alternative therapy services - acupressure 0513 Clinic - psychiatric 2103 Alternative therapy services - massage	
	0513 Clinic - psychiatric 2103 Alternative therapy services - massage 0514 Clinic - OB/GYN 2104 Alternative therapy services - reflexology	
	0515 Clinic - pediatric 2105 Alternative therapy services - ierexology Antennative 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	
	O521 Freestanding Clinic - Clinic Visit by 3103 Adult day care, medical and social - daily Member to RHC/FQHC	
	Freestanding Clinic - Home Visit by 3104 Adult day care, social - daily RHC/FQHC Practitioner	
	O523 Freestanding Clinic - family practice 3105 Adult foster care - daily	
	O524 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:	obsection of the standing Clinic - urgent care <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
Field 3:	HCPCS_QUALIFIER	
Tiela 5.	Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (Health Care Financing Administration (HCFA) Health Care Financing (HCFA) H	CPCS)
	Codes Indicator. <sup>3</sup> Identifies the type/source of the descriptive number used in Product/Service ID.	CI CS)
		and anles
	HCPCS is a collection of standardized codes used to ensure healthcare claims are processed in an o	•
	and consistent manner. Divided into Level 1 (CPT – Current Procedural Terminology) codes and L	
	(products, supplies, and services not included in CPT such as ambulance services and durable medi	ical
	equipment). <sup>4</sup>	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 4:	HCPCS_PROCEDURE_CODE	
	Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (He	CPCS)
	code applicable to ancillary services or accommodations.	C1 CD)
	••	
	A link is provided at this site for post 2020 file updates.	
	For additional information see:	
<b>Coding Scheme:</b>	https://www.cms.gov/medicare/coding/hcpcsreleasecodesets?redirect=/hcpcsreleasecodesets/anhcp	ocs/list.as
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim	
Field 5:	MODIFIER_1	
riciu 5.		d whon
	Identifies a special circumstance related to the performance of the HCPCS-coded service. Required	ı wileli
a a .	the provider needs to convey additional clarification for the associated procedure code.	
Coding Scheme:	22 Increased procedural services P4 A patient with severe systemic disease that is a	a constant
	threat to life  23 Unuquel Aposthosis P5 A moribund potient who is not expected to our	
	23 Unusual Anesthesia P5 A moribund patient who is not expected to sur without the operation	VIVE
	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period  Without the operation  A declared brain-dead patient whose organs ar removed for donor purposes	e being
2022		
2022		
www.dshs.texas.go	Page 92 Last Updated: April 2024	

Length: Field 6:	P3 2	A patient with severe systemic disease  Type: Alphanumeric Data Source:  DIFIER_2		Claim
	P1 P2	A normal healthy patient A patient with mild systemic disease	XP XU	Separate Practitioner Unusual Non-Overlapping Service
		performed, reason not otherwise specified		•
	8P	Reasons Performance Measure Reporting Modifier- Action not	XS	Separate Structure
	3P	Reasons Performance Measure Exclusion Modifier due to System	XE	Separate Encounter
	2P	Reasons Performance Measure Exclusion Modifier due to Patient	TA	Left foot, great toe
	99 1P	Multiple Modifiers Performance Measure Exclusion Modifier due to Medical	T8 T9	Right foot, fourth digit Right foot, fifth digit
		Time Interactive Audio and Video Telecommunications System		
	92 95	Alternative Laboratory Platform Testing Synchronous Telemedicine Service Rendered Via a Real-	T6 T7	Right foot, second digit Right foot, third digit
		Repeat Clinical Diagnostic Laboratory Test		Right foot, great toe
	90 91	Reference (Outside) Laboratory  Repeat Clinical Diagnostic Laboratory Test	T5	Left foot, fifth digit
	82 90	Repeat procedure by same physician	T4	Left foot, fourth digit
	81	Minimum Assistant Surgeon	T2 T3	Left foot, third digit
	80	Assistant Surgeon	T1	Left foot, second digit
	90	Postoperative Period	TT 1	I of for a second dist
	79	Procedure During the Postoperative Period Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the	RT	Right side of the body procedure
	78	Qualified Health Care Professional Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related	RI	Ramus intermedius coronary artery
	77	Repeat Procedure by Another Physician or Other	RC	Right coronary artery
	76	Anesthesia Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	74	Anesthesia Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of	QM	Ambulance service provided under arrangement by a provider of services
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of	LT	Left side of the body procedure
	66	Surgical Team	LM	Left main coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	59 62	Distinct Procedural Service  Two Surgeons	GH LC	Diagnostic mammogram converted from screening mammogram on same day Left circumflex coronary artery
		Physician or Other Qualified Health Care Professional During the Postoperative Period		and diagnostic mammography on same patient, same day.
	57 58	Decision for Surgery Staged or Related Procedure or Service by the Same	FA GG	Left hand, thumb Performance and payment of a screening mammography
	56	Preoperative Management Only	F9	Right hand, fifth digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	54	Surgical Care Only	F7	Right hand, third digit
	53	Discontinued Procedure	F6	Right hand, second digit
	52	Reduced Services	F5	Right hand, thumb
	51	Multiple Procedures	F4	Left hand, fifth digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	33	Preventive Service	F1	Left hand, second digit
	32	Same Date Mandated Services	E4	Lower right eyelid
	26 27	Professional Component Multiple Outpatient Hospital E/M Encounters on the	E2 E3	Lower left eyelid Upper right eyelid
		Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service		
	25	Significant, Separately Identifiable Evaluation and	E1	Upper left eyelid

2022

**Coding Scheme:** 

Last Updated: April 2024

Same as MODIFIER\_1

Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 7:	MODIFIER_	3				
	Identifies a third special circumstance related to the performance of the HCPCS-coded service. Req					
	when the provider needs to convey additional clarification for the associated procedure code.					
<b>Coding Scheme:</b>	Same as MOD	IFIER_1				
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 8:	MODIFIER_4					
				erformance of the HCPCS-coded service. Required		
			y additional clarificat	tion for the associated procedure code.		
<b>Coding Scheme:</b>	Same as MOD	_				
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 9:		UREMENT_COD				
		g the units in which	n a value is being exp	pressed or a manner in which a measurement would		
	be taken.					
Coding Scheme:	DA Days F2 Internation	onal unit				
	UN Unit	onar unit				
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim		
Field 10:	UNITS_OF_S	ERVICE				
	Numeric value	of quantity.				
Length:	7 <b>Type:</b>	Numeric	Data Source:	Claim		
Field 11:	UNIT_RATE					
	Rate per unit.					
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim		
Field 12:	CHRGS_LIN					
	Total amount of	•				
Length:	14 <b>Type:</b>	Numeric	Data Source:	Assigned		
Field 13:	CHRGS_NON					
		ered amount of the	•			
Length:	14 <b>Type:</b>	Alphanumeric	Data Source:	Assigned		
Field 14:	PROCEDURI					
	_	dure began on gene	rally is the same as "	Statement_Period_From" (STMT_PERIOD_FROM)		
T (1	date.		<b>D</b> 4 G	CI.:		
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 15:		E_DATE_THRU	11	d ((G) ) D 1 TH 19		
			enerally is the same a	s the "Statement_Period_Thru"		
T 41	` -	OD_THRU) date.	<b>D</b> 4 C	CI.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 16:		ACILITY_CODE	10 6 1 11	1100		
				e different codes. An institutional provider refers to a		
				home health agency, hospice or another similar		
				s. Professional providers are non-institutional		
				ups), other clinical professionals, freestanding		
I anoth.		•		durable medical equipment suppliers.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim		

#### **OUTPATIENT FACILITY TYPE INDICATOR FILE**

A facility is a hospital or ambulatory surgical center required to report under the Health and Safety Code, Chapter 108, Facility type indicators are provided by the facilities. A facility type indicator provides information to the data use as to the type of facility or the primary health services delivered at that that facility (e.g., Hospital-based Ambulatory Surgical Unit, Hospitals with an Emergency Dept, or Ambulatory Surgical Centers) A facility may have more than one indicator.

Field 1:							
	Provider ID. Unique identifier assigned to the provider by THCIC.						
Length:	6 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 2:	PROVIDER_NA						
	Hospital name provided by the hospital.						
Length:	55 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 3:	PROVIDER_AD	DR					
	Hospital address p	rovided by the hospital.					
Length:	50 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 4:	PROVIDER_CIT	TY .					
	Hospital city provi	ided by the hospital.					
Length:	20 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 5:	PROVIDER_STA	ATE					
	Hospital state prov	vided by the hospital.					
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 6:	PROVIDER_ZIP						
	Hospital ZIP code	provided by the hospital					
Length:	9 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 7:	FAC_TEACHING	G_IND					
	Teaching facility i						
Coding Scheme:		cil of Teaching Hospitals					
Length:	X Teaching facility 1 <b>Type:</b>		Data Source:	Provider			
Field 8:	1 Type: FAC_PSYCH_IN	Alphanumeric	Data Source.	Flovidei			
rielu o:	Psychiatric facility						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 9:	FAC_REHAB_IN		Data Source.	Tiovidei			
riciu 7.	Rehabilitation faci						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 10:	FAC_ACUTE_C		Data Source.	Tiovidei			
rieiu iv.	Acute care facility						
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 11:	FAC_SNF_IND	Aiphanumene	Data Source.	Tiovidei			
riciu 11.		cility type indicator Hos	nital facility type ind	licator provided by the hospital.			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Provider			
Field 12:	FAC_LONG_TE		Data Source.	Tiovidei			
riciu 14.		<b>RM_AC_IND</b> are facility type indicator					
Length:		Alphanumeric	Data Source:	Provider			
	FAC_OTHER_L		Data Source:	I IOVIUCI			
Field 13:							
Length:	1 <b>Type:</b>	are facility type indicator.  Alphanumeric	Data Source:	Provider			
	FAC PEDS IND		Data Source:	TIOVIUCI			
Field 14:	Pediatric facility ty						
	remaine facility ty	ype muicator.					
2022		D 07 —					
www.dshs.texas.go	v/THCIC	———— Page 95	Last	Updated: April 2024			

<b>Coding Scheme:</b>	C Member, Council of Teaching Hospitals X Facility also treats children		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 15:	FAC_CARDIOVASCULAR_IND		
1010 101	Cardiovascular facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 16:	FAC_CHIROPRACTIC_IND		
	Chiropractic care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 17:	FAC_ENDOSCOPY_IND		
	Endoscopy facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 18:	FAC_FOOT_IND		
	Foot care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 19:	FAC_GASTROENTEROLOGY_IND		
	Gastroenterology facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 20:	FAC_GENERAL_IND		
	General care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 21:	FAC_NEUROLOGICAL_IND		
	Neurological care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 22:	FAC_OB_GYN_IND		
	Obstetrics and gynecology facility type ind		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 23:	FAC_OPTHAMOLOGY_IND		
	Ophthalmology facility type indicator.	<b>-</b>	- · · ·
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 24:	FAC_ORAL_IND		
	Oral health care facility type indicator.	<b>7</b>	D
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 25:	FAC_ORTHOPEDIC_IND		
T41	Orthopedic care facility type indicator.	D-4- C	Dec 11.
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND		
I anath.	Otolaryngology facility type indicator.  1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Length: Field 27:	1 Type: Alphanumeric FAC_PAIN_MNGMT_IND	Data Source:	Flovidei
rieia 27:	Pain management facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 28:	FAC_PLASTIC_IND	Data Source.	Flovidei
rieiu 28:	Plastic surgery facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 29:	FAC_THORACIC_IND	Data Source.	Tiovidei
riciu 27.	Thoracic care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 30:	FAC_UROLOGY_IND	Data Source.	Tiovidei
riciu 50.	Urology care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 31:	FAC_OTHER_IND	Zum Source.	12011001
riciu Ji.	Other facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 32:	POA_PROVIDER_INDICATOR	zam podice	21011001
1 1010 J#.	1 On_1 NO (IDEN_INDICATOR		
2022			

Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.9¹ (e) (25 TAC §421.9(e)) identifies the following facility types as exempt from reporting POA codes to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.

**Coding Scheme:** 

M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

X Exempt Invalid

 Length:
 1
 Type:
 Alphanumeric
 Data Source:
 Assigned

 Field 33:
 PROVIDER\_COUNTY

 FIPS code of provider's county.

Coding	scheme:
Couning	scheme.

FIPS	code of provide	r's cou	nty.				
001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller

	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	n 361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	125	Dickens	253	Jones	381	Randall		
	127	Dimmit	255	Karnes	383	Reagan	•	Invalid
Length:	3	Type:	Alphanum	eric	Data Source:	Assig	ned, based or	n
Length.	3	Type.	Aiphanum	icric	Data Source.	provid	er ZIP code	
Field 34:	F	AC_EMER	GENCY_	DEPART	MENT_IND			
	F	acility indica	ator for Ho	spitals and	FEMCFs, inclu	ding Hospital-o	wned FEM	CFs, starting with
	th	ne 4th Quarte	er 2020 Fac	cility Type	Data File.			_
	N	lote:						
	T	he FEMCFs	names are	available	at https://dshs.te	exas.gov/thcic/ (d	downloadab	le Excel sheet
								e provider names
						t than the ones in		
						2020, the facilit	-	
				1	,	,	,	r

**Data Source:** 

**Data Source:** 

Provider

Provider

Last Updated: April 2024

data due to implementation timing.

Alphanumeric

Alphanumeric

Type:

Type:

FAC\_ONCOLOGY\_IND

Oncology facility indicator.

Length:

Field 35:

Length:

# **OUTPATIENT GROUPER FILE**

Field 1:	RECORD_ID
	Record Identification Number. Unique number to identify the record within the research data file.
	There will be a Record Identification Number for each claim associated with a patient's visit. Does
	not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in
T (1	other Inpatient and Outpatient RDFs (Research Data Files).
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 2:	REVENUE_CODE_SEQUENCE_NUMBER
T (1	Assignment of numbers to indicate the order of submission of the revenue codes.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 3:	FROZEN_EAPG_GRP_VER
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are
	logical groups of services put together for classification, payment, and reporting. 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. Not available 4Q09. The calculation for this field is updated
	annually.
Length:	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 4:	FROZEN_FINAL_EAPG_CATEGORY_CODE
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify
	patients with similar clinical characteristics. 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 analyzing 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. Not available 4Q09. The
	calculation for this field is updated annually.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 5:	FROZEN_FINAL_EAPG_TYPE_CODE
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –
	Significant Procedure and 3 – Medical <sup>11</sup> Not available 4Q09. The calculation for this field is
T am adh .	updated annually.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 6:	FROZEN_FINAL_EAPG  Final Fahanad Ambulatom Patient Crown (FAPC), as assigned by 2M FAPC. Not available
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available 4Q09. The calculation for this field is updated annually.
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 7:	FROZEN_ADJUSTED_EAPG_WEIGHT
rieiu /:	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in
	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The
	calculation for this field is updated annually.
Length:	10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 8:	FROZEN_APC_GRP_VER
i idia o.	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available
	4Q09. The calculation for this field is updated annually.
	• •
Length:	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
2022	
	exas.gov/THCIC Page 99 Last Updated: April 2024

Field 9:	FROZEN_APC_PROCEDURE_CODE					
rieiu 9:	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,					
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of					
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available					
	4Q09. The calculation for this field is updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 10:	FROZEN_APC_PX_STATUS_IND_CODE					
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC					
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation					
	for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 11:	FROZEN_APC_WEIGHT					
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the					
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is					
	updated annually.					
Length:	9 Type: Alphanumeric Data Source: Assigned					
Field 12:	FROZEN_APC_PAYMENT_CODE					
	APCs or "Ambulatory Payment Classifications" are the government's method of paying					
	facilities for outpatient services for the Medicare program. The calculation for this field is					
T on oth.	updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 13:	EAPG_GRP_VER					
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are					
	logical groups of services put together for classification, payment, and reporting. 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. Not available 4Q09. The calculation for this field is updated					
	quarterly.					
Length:	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Field 14:	FINAL_EAPG_CATEGORY_CODE					
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify					
	patients with similar clinical characteristics. 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 analyzing 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. Not available 4Q09. The					
Longth	calculation for this field is updated quarterly.  2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Length: Field 15:	2 Type: Alphanumeric Data Source: Assigned FINAL_EAPG_TYPE_CODE					
rieiu 15.	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –					
	Significant Procedure and 3 – Medical <sup>11</sup> Not available 4Q09. The calculation for this field is					
	updated quarterly.					
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Field 16:	FINAL_EAPG					
riciu IV;	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
	4Q09. The calculation for this field is updated quarterly.					
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Field 17:	ADJUSTED_EAPG_WEIGHT					
riciu 1/;	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each					
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	2711 3 code has an assigned relative weight reflecting the average resource use for a patient in					
2022	D 400					

Page 100-

Last Updated: April 2024

www.dshs.texas.gov/THCIC

Length: Field 18: Length:	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly.  10 Type: Alphanumeric Data Source: Assigned  APC_GRP_VER  Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.  12 Type: Alphanumeric Data Source: Assigned				
Field 19:	APC_PROCEDURE_CODE				
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,				
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of				
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available				
	4Q09. The calculation for this field is updated quarterly.				
Length:	5 Type: Alphanumeric Data Source: Assigned				
Field 20:	APC_PX_STATUS_IND_CODE				
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC				
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation				
	for this field is updated quarterly.				
Length:	2 Type: Alphanumeric Data Source: Assigned				
Field 21:	APC_WEIGHT				
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the				
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is				
	updated quarterly.				
Length:	9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Field 22:	APC_PAYMENT_CODE				
	APCs or "Ambulatory Payment Classifications" are the government's method of paying				
	facilities for outpatient services for the Medicare program. The calculation for this field is				
	updated quarterly.				
Length:	5 Type: Alphanumeric Data Source: Assigned				

# **INPATIENT 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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
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

## **INPATIENT CHARGES FILE**

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

## INPATIENT FACILITY TYPE INDICATOR 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

# **INPATIENT GROUPER FILE**

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

## **OUTPATIENT BASE DATA FILE**

			Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in		1
	PUDF. Does match with RDF Charges Files)	12	Alphanumeric
	PAT_UNIQUE_INDEX	10	Alphanumeric
	THCIC_ID	6	Alphanumeric
	SPEC_UNIT_1	1	Alphanumeric
	SPEC_UNIT_2	1	Alphanumeric
	SPEC_UNIT_3	1	Alphanumeric
	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER_INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT_STATE	2	Alphanumeric
22	PAT_ZIP	9	Alphanumeric
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
	PUBLIC_HEALTH_REGION	2	Alphanumeric
	TYPE_OF_ADMISSION	1	Alphanumeric
	SOURCE_OF_ADMISSION	1	Alphanumeric
	FIRST PAYMENT SRC	2	Alphanumeric
	FIRST PAYER ID	10	Alphanumeric
• •	FIRST_PAYER_NAME	35	Alphanumeric
	SECONDARY_PAYMENT_SRC	2	Alphanumeric
	SECONDARY_PAYER_ID	10	Alphanumeric
	SECONDARY PAYER NAME	35	Alphanumeric
	STMT_PERIOD_FROM	8	Alphanumeric
	STMT_FERIOD_THRU	8	Alphanumeric
	LENGTH_OF_SERVICE	4	Alphanumeric
	PAT_STATUS	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT_REASON_FOR_VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH_DIAG_CODE_1	7	Alphanumeric
42	OTH_DIAG_CODE_2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH_DIAG_CODE_7	7	Alphanumeric
48	OTH_DIAG_CODE_8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH_DIAG_CODE_11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH_DIAG_CODE_13	7	Alphanumeric
54	OTH_DIAG_CODE_14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH_DIAG_CODE_19	7	Alphanumeric
60	OTH_DIAG_CODE_20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH_DIAG_CODE_23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED_CAUSE_CODE_1	2	Alphanumeric
66	RELATED_CAUSE_CODE_2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E_CODE_2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E_CODE_8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E_CODE_10	7	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE_16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR_CODE_1	2	Alphanumeric
106	OCCUR_DATE_1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR_DATE_2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR_CODE_3	2	Alphanumeric
112	OCCUR_DATE_3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR_DATE_4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR_CODE_5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR_DAY_5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR_DATE_6	8	Alphanumeric
122	OCCUR_DAY_6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR_DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR_DATE_8	8	Alphanumeric
128	OCCUR_DAY_8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR_DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR_DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR_DAY_12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR_SPAN_THRU_1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric
145	OCCUR_SPAN_FROM_2	8	Alphanumeric
146	OCCUR_SPAN_THRU_2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR_SPAN_THRU_3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR_SPAN_FROM_4	8	Alphanumeric
152	OCCUR_SPAN_THRU_4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION_CODE_3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION_CODE_5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION_CODE_7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE_CODE_1	2	Alphanumeric
162	VALUE_AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE_CODE_3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE_CODE_4	2	Alphanumeric
168	VALUE_AMOUNT_4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE_CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE_CODE_7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE_CODE_9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE_CODE_10	2	Alphanumeric
180	VALUE_AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE_CODE_12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER_AMOUNT	12	Numeric
186	PHARM_AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED_DME_AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT_AMOUNT	12	Numeric
192	SPEECH_AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD_ADM_AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH_AMOUNT	12	Numeric

Number	OP RDF Field Name	Length	Field Type
198	CARD_AMOUNT	12	Numeric
199	ANES_AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD_AMOUNT	12	Numeric
202	MRI_AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER_AMOUNT	12	Numeric
205	AMBULANCE_AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD_AMOUNT	12	Numeric
209	CLINIC_AMOUNT	12	Numeric
210	TOTAL_CHARGES	12	Numeric
211	TOTAL_NON_COV_CHARGES	12	Numeric
212	TOTAL_CHARGES_ANCIL	12	Numeric
213	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
214	PROCESS_DATE	8	Alphanumeric
215	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric
216	INBOUND_INDICATOR	1	Alphanumeric
217	EMERGENCY_DEPT_FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

## **OUTPATIENT CHARGES DATA FILE**

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

## **OUTPATIENT FACILITY TYPE INDICATOR FILE**

Number	OP 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	FAC_CARDIOVASCULAR_IND	1	Alphanumeric
16	FAC_CHIROPRACTIC_IND	1	Alphanumeric
17	FAC_ENDOSCOPY_IND	1	Alphanumeric
18	FAC_FOOT_IND	1	Alphanumeric
19	FAC_GASTROENTEROLOGY_IND	1	Alphanumeric
20	FAC_GENERAL_IND	1	Alphanumeric
21	FAC_NEUROLOGICAL_IND	1	Alphanumeric
22	FAC_OB_GYN_IND	1	Alphanumeric
23	FAC_OPTHAMOLOGY_IND	1	Alphanumeric
24	FAC_ORAL_IND	1	Alphanumeric
25	FAC_ORTHOPEDIC_IND	1	Alphanumeric
26	FAC_OTOLARYGOLOGY_IND	1	Alphanumeric
27	FAC_PAIN_MNGMT_IND	1	Alphanumeric
28	FAC_PLASTIC_IND	1	Alphanumeric
29	FAC_THORACIC_IND	1	Alphanumeric
30	FAC_UROOGY_IND	1	Alphanumeric
31	FAC_OTHER_IND	1	Alphanumeric
32	POA_PROVIDER_INDICATOR	1	Alphanumeric
33	PROVIDER_COUNTY	3	Alphanumeric
34	FAC_EMERGENCY_DEPARTMENT_IND	87	Alphanumeric
35	FAC_ONCOLOGY_IND	88	Alphanumeric

## **OUTPATIENT GROUPER FILE**

Number	OP RDF Field Name	Length	Field Type
1	RECORD_ID	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	12	Alphanumeric
4	FROZEN_FINAL_EAPG_CAT_CODE	2	Alphanumeric
5	FROZEN_FINAL_EAPG_TYPE_CODE	2	Alphanumeric
6	FROZEN_FINAL_EAPG	5	Alphanumeric
7	FROZEN_ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
8	FROZEN_APC_GRP_VER	12	Alphanumeric
9	FROZEN_APC_PROCEDURE_CODE	5	Alphanumeric
10	FROZEN_APC_PX_STATUS_IND_CODE	2	Alphanumeric
11	FROZEN_APC_WEIGHT	9	Alphanumeric
12	FROZEN_APC_PAYMENT_CODE	5	Alphanumeric
13	EAPG_GRP_VER	12	Alphanumeric
14	FINAL_EAPG_CAT_CODE	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
16	FINAL_EAPG	5	Alphanumeric
17	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
18	APC_GRP_VER	12	Alphanumeric
19	APC_PROCEDURE_CODE	5	Alphanumeric
20	APC_PX_STATUS_IND_CODE	2	Alphanumeric
21	APC_WEIGHT	9	Alphanumeric
22	APC_PAYMENT_CODE	5	Alphanumeric