



TEXAS HEALTH CARE INFORMATION COUNCIL

USER MANUAL

FOR

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE 2001

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and is responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009).

PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires THCIC to provide public use data for computer-to-computer access. It also permits THCIC to charge the data requestor a standard fee for using the Public Use Data File (PUDF).

The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from THCIC's Hospital Discharge Database (HDD). Data from 421 hospitals reporting for first quarter, 425 for second quarter 2001, 426 for third quarter 2001 and 429 for fourth quarter have been released. Hospitals that failed to comply with the statutory and regulatory requirements to report have been or are being penalized financially, per Section 108.014.

The 2001 PUDF is available in a text file, in fixed length format, with a logical record length of 749 bytes. The file is also available in tab-delimited format. The first quarter file contains 681,650 records and is 488 MB in size. The tab-delimited file is 200 MB in size. The second quarter file contains 662,353 records and is 475 MB in size. The tab-delimited file is 195 MB in size. The third quarter file contains 662,281 records and is 475 MB in size. The tab-delimited file is 195 MB in size. The fourth quarter file contains 673,500 records and is 483 MB in size. The tab-delimited file is 198 MB in size. It is recommended that the file be used on a personal computer with an Intel Pentium processor with a minimum of 64 MB RAM and a minimum of .5 GB free disk space for each quarter and additional free disk space for any subsets of the data the user chooses to create. The data must be imported into a software package. No software is included with the PUDF. The data file has been tested with several software packages, including Microsoft Access, SAS, and SPSS.

Following initial release of the PUDF, THCIC has made the following data elements available beginning with the quarter indicated:

- County, available 3rd quarter 1999
- Public Health Region, available 3rd quarter 1999
- Source of Secondary Payment, Code 1 (Non-Standard), available 3rd quarter 2000
- Source of Secondary Payment, Code 2 (Standard), available 3rd quarter 2000
- Revenue Code-23 (Total Revenue Code), available 3rd quarter 2000
- Total charges (all revenue code charges), line 23, available 3rd quarter 2000
- Non-covered Charges (all non-covered revenue code charges), available 3rd quarter 2000
- Accommodation Charge, Private Room Charge Amount, available 3rd quarter 2000
- Accommodation Charge, Semi-Private Room Charge Amount, available 3rd quarter 2000

- Accommodation Charge, Ward Charge Amount, available 3rd quarter 2000
- Accommodation Charge, Intensive Care Unit Charge Amount, available 3rd quarter 2000
- Accommodation Charge, Coronary Care Unit Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Other Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Pharmacy Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Medical/Surgical Supply Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Durable Medical Equipment Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Used Durable Medical Equipment Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Physical Therapy Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Occupational Therapy Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Speech Pathology Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Inhalation Therapy Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Blood Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Blood Administration Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Operating Room Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Lithotripsy Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Cardiology Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Anesthesia Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Laboratory Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Radiology Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, MRI Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Outpatient Services Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Emergency Room Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Ambulance Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Professional Fee Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Organ Acquisition Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, ESRD Charge Amount, available 3rd quarter 2000
- Ancillary Service Charge, Clinic Visit Charge Amount, available 3rd quarter 2000
- Total Accommodations Charges, available 3rd quarter 2000
- Total Non-Covered Accommodations Charges, available 3rd quarter 2000
- Total Ancillary Charges, available 3rd quarter 2000
- Total Non-covered Ancillary Charges, available 3rd quarter 2000
- Attending Physician Uniform ID, available 1st quarter 2000
- Operating or other Physician Uniform ID, available 1st quarter 2000
- Certification Status, available third quarter 1999

DATA PROCESSING AND QUALITY

All reporting hospitals are required to submit discharged inpatient claims data on a quarterly basis, using the uniform bill (UB-92) format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness

of its data. Even so, each record is subjected by THCIC to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, THCIC uses valid claims data to build files of “encounters” where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, THCIC builds a final encounter file that includes all corrections submitted by the hospitals. The Council staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. THCIC will not release encounters found to contain material errors, defined as invalid data in one or more of the following data element groupings: dates, diagnosis codes, and procedure codes. Uniform physician identifiers are included beginning with first quarter 2000 data; hospital charges and secondary payors are available with third quarter 2000 data. Admission source for newborns is not included in this release of the PUDF. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). The THSC also stipulates that the Council may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, THCIC excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) from the PUDF that might lead to the identification of a specific patient.

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-9-CM code indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including ‘unknown’. The provider ID is changed to '999998'.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to ‘Other’ and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.

- All facility type indicators are suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to ‘999999’.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available beginning first quarter 2000 except when the number of physicians represented in a DRG for a hospital do not exceed the minimum cell size of five.

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to complete the THCIC Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF.

RESTRICTIONS ON DATA USE

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

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

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the “licensee”. To acquire the data the licensee must give the following assurances with respect to the use of THCIC Hospital Discharge Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization (specified below), except with the written approval of THCIC;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;

- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by THCIC;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Health Care Information Council, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the THCIC, its members, employees, and the Council'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 THCIC.

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

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

DATA LIMITATIONS

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

- The THSC requires that the uniform bill (UB-92) format be used for reporting purposes. Because this is a billing form, the data collected is administrative data and not clinical data.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are thirty or fewer patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-9-CM codes to correctly identify the clinical status of newborns.

- Uniform identification numbers for physicians are available first quarter 2000 except for cases which do not exceed the minimum cell.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- The number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Some hospitals have stated that Discharge Status has been reported incorrectly. These inaccuracies are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by THCIC based on patient ZIP code.
- THCIC assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the limited number of diagnoses and procedure codes collected by THCIC and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization.
- THCIC collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

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

CITATION

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

Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Health Care Information Council, Austin, Texas. [date of publication].



Texas Health Care Information Council

Texas Hospital Inpatient Discharge Public Use Data File

Data Dictionary

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

| | |
|---------------|--|
| Number | Sequential order of data fields in the file |
| Field | Unique, abbreviated name of the data element |
| Name | Name of the data element |
| Description | Brief explanation of the data element. Descriptions of data elements from the UB-92 are taken from specifications manuals. |
| Data Source | Provided by the hospital on the UB-92 (UB-92) Provided by the Texas Department of Health (TDH) Additional field required by THCIC (Additional reporting requirement) Assigned by THCIC (Assigned) Calculated by THCIC (Calculated) Conversion of HCPCS and CPT codes to ICD-9 codes (Conversion from HCPCS or CPT) Assignment from 3M DRG Grouper (3M DRG Grouper) Note: For those data elements that have been suppressed, the quarter of data for which the data element will be released is noted following the Data Source. |
| Type | Alphanumeric or numeric |
| Coding scheme | Valid codes for a data field. Values taken from specifications manuals. |

Any code provided by a hospital that is not valid has been assigned the value '*'.
 Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

Reference manuals are cited following the Data Dictionary.

Number: 1
Field: DISCHARGE
Name: **Discharge Quarter**
Description: Year and quarter of discharge. *yyyyQn*.
Data Source: Assigned by THCIC
Beginning Position: 1
Length: 6
Type: Alphanumeric

Number: 2
Field: THCIC_ID
Name: **Provider ID**
Description: Unique identifier assigned to the provider by THCIC. Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'.
Data Source: Assigned by THCIC
Beginning Position: 7
Length: 6
Type: Alphanumeric

Number: 3
Field: PROVIDER_NAME
Name: **Hospital Name**
Description: Hospital name provided by the hospital. Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.
Data Source: UB-92
Beginning Position: 13
Length: 50
Type: Alphanumeric

Number: 4
Field: FAC_TEACHING_IND
Name: **Teaching Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Data Source: TDH
Beginning Position: 63
Length: 1
Type: Alphanumeric
Coding Scheme: A Member, Council of Teaching Hospitals
Y Teaching facility

Number: 5
Field: FAC_PSYCH_IND
Name: **Psychiatric Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Data Source: TDH
Beginning Position: 64
Length: 1
Type: Alphanumeric

Number: 6
Field: FAC_REHAB_IND
Name: **Rehabilitation Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Data Source: TDH
Beginning Position: 65
Length: 1
Type: Alphanumeric

Number: 7
Field: FAC_ACUTE_CARE_IND
Name: **Acute Care Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Data Source: TDH
Beginning Position: 66
Length: 1
Type: Alphanumeric

Number: 8
Field: FAC_SNF_IND
Name: **Skilled Nursing Facility Indicator**

Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Data Source: TDH

Beginning Position: 67

Length: 1

Type: Alphanumeric

Number: 9

Field: FAC_OTHER_LTC_IND

Name: **Other Long Term Care Facility Indicator**

Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Data Source: TDH

Beginning Position: 68

Length: 1

Type: Alphanumeric

Number: 10

Field: FAC_PEDS_IND

Name: **Pediatric Facility Indicator**

Description: Hospital facility type indicator provided by TDH Facility Licensing Division. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Data Source: TDH

Beginning Position: 69

Length: 1

Type: Alphanumeric

Coding Scheme: C Member, Council of Teaching Hospitals

Y Teaching facility

Number: 11

Field: SPEC_UNIT

Name: **Specialty Unit Indicator**

Description: Hospital specialty unit(s) used by patient. Assignment based on Bill Type or Revenue Code. In order by number of days in the unit.

Data Source: Assigned by THCIC

Beginning Position: 70

Length: 5

Type: Alphanumeric

Coding Scheme: C Coronary Care Unit

D Detoxification Unit

I Intensive Care Unit

H Hospice Unit

N Nursery

B Obstetric Unit

O Oncology Unit

P Pediatric Unit

Y Psychiatric Unit

R Rehabilitation Unit

U Sub-acute Care Unit

S Skilled Nursing Unit

Blank Acute Care

Number: 12

Field: ENCOUNTER_INDICATOR

Name: **Encounter Indicator**

Description: Indicates the number of claims included in the encounter

Data Source: Calculated

Beginning Position: 75

Length: 2

Type: Alphanumeric

Number: 13

Field: SEX_CODE

Name: **Patient Gender**

Description: Gender of the patient as recorded at date of admission or start of care. Code is not available if an ICD-9-CM code indicates drug or alcohol use or an HIV diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients.

Data Source: UB-92

Beginning Position: 77

Length: 1

Type: Alphanumeric

Coding Scheme: M Male
F Female
U Unknown
* Invalid

Number: 14

Field: TYPE_OF_ADMISSION

Name: **Type of Admission**

Description: Code indicating the type of admission

Data Source: UB-92

Beginning Position: 78

Length: 1

Type: Alphanumeric

Coding Scheme: 1 Emergency
2 Urgent
3 Elective
4 Newborn
9 Information not available
* Invalid

Number: 15

Field: SOURCE_OF_ADMISSION

Name: **Source of Admission**

Description: Code indicating source of the admission

Data Source: UB-92; suppressed indefinitely (code is blank) if Type of Admission is 'Newborn', Code 4 .

Beginning Position: 79

Length: 1

Type: Alphanumeric

Coding Scheme: 1 Physician referral
2 Clinic referral
3 HMO referral
4 Transfer from a hospital
5 Transfer from a skilled nursing facility
6 Transfer from another health care facility
7 Emergency Room
8 Court/Law Enforcement
9 Information not available
0 Transfer from psychiatric, substance abuse, rehab hospital
A Transfer from a critical access hospital
* Invalid

Code Structure for Newborn (newborns are identified in Field 14, Type of Admission):

- 1 Normal delivery
- 2 Premature delivery
- 3 Sick baby
- 4 Extramural birth
- 9 Information not available
- * Invalid

Number: 16
Field: PAT_STATE
Name: Patient Address, State
Description: State of the patient's mailing address. Standard 2-character Postal Service abbreviation.
Data Source: UB-92
Beginning Position: 80
Length: 2
Type: Alphanumeric
Coding Scheme: AR Arkansas
LA Louisiana
NM New Mexico
OK Oklahoma
TX Texas
ZZ All other states and American Territories
FC Foreign country
* Invalid

Number: 17
Field: PAT_ZIP
Name: Patient ZIP code
Description: Patient's five-digit ZIP code. Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-9-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.
Data Source: UB-92
Beginning Position: 82
Length: 5
Type: Alphanumeric

Number: 18
Field: COUNTY
Name: Patient County of Address
Description: FIPS code of patient's county.
Data Source: Assigned; based on patient ZIP code
Beginning Position: 87
Length: 3
Type: Alphanumeric

Coding Scheme:

| | | | |
|---------------|--------------|--------------|---------------|
| 001 Anderson | 021 Bastrop | 041 Brazos | 061 Cameron |
| 003 Andrews | 023 Baylor | 043 Brewster | 063 Camp |
| 005 Angelina | 025 Bee | 045 Briscoe | 065 Carson |
| 007 Aransas | 027 Bell | 047 Brooks | 067 Cass |
| 009 Archer | 029 Bexar | 049 Brown | 069 Castro |
| 011 Armstrong | 031 Blanco | 051 Burleson | 071 Chambers |
| 013 Atascosa | 033 Borden | 053 Burnet | 073 Cherokee |
| 015 Austin | 035 Bosque | 055 Caldwell | 075 Childress |
| 017 Bailey | 037 Bowie | 057 Calhoun | 077 Clay |
| 019 Bandera | 039 Brazoria | 059 Callahan | 079 Cochran |

| | | | | | | | |
|-----|---------------|-----|------------|-----|-------------|-----|---------------|
| 081 | Coke | 189 | Hale | 297 | Live Oak | 405 | San Augustine |
| 083 | Coleman | 191 | Hall | 299 | Llano | 407 | San Jacinto |
| 085 | Collin | 193 | Hamilton | 301 | Loving | 409 | San Patricio |
| 087 | Collingsworth | 195 | Hansford | 303 | Lubbock | 411 | San Saba |
| 089 | Colorado | 197 | Hardeman | 305 | Lynn | 413 | Schleicher |
| 091 | Comal | 199 | Hardin | 307 | McCulloch | 415 | Scurry |
| 093 | Comanche | 201 | Harris | 309 | McLennan | 417 | Shackelford |
| 095 | Concho | 203 | Harrison | 311 | McMullen | 419 | Shelby |
| 097 | Cooke | 205 | Hartley | 313 | Madison | 421 | Sherman |
| 099 | Coryell | 207 | Haskell | 315 | Marion | 423 | Smith |
| 101 | Cottle | 209 | Hays | 317 | Martin | 425 | Somervell |
| 103 | Crane | 211 | Hemphill | 319 | Mason | 427 | Starr |
| 105 | Crockett | 213 | Henderson | 321 | Matagorda | 429 | Stephens |
| 107 | Crosby | 215 | Hidalgo | 323 | Maverick | 431 | Sterling |
| 109 | Culberson | 217 | Hill | 325 | Medina | 433 | Stonewall |
| 111 | Dallam | 219 | Hockley | 327 | Menard | 435 | Sutton |
| 113 | Dallas | 221 | Hood | 329 | Midland | 437 | Swisher |
| 115 | Dawson | 223 | Hopkins | 331 | Milam | 439 | Tarrant |
| 117 | Deaf Smith | 225 | Houston | 333 | Mills | 441 | Taylor |
| 119 | Delta | 227 | Howard | 335 | Mitchell | 443 | Terrell |
| 121 | Denton | 229 | Hudspeth | 337 | Montague | 445 | Terry |
| 123 | Dewitt | 231 | Hunt | 339 | Montgomery | 447 | Throckmorton |
| 125 | Dickens | 233 | Hutchinson | 341 | Moore | 449 | Titus |
| 127 | Dimmit | 235 | Irion | 343 | Morris | 451 | Tom Green |
| 129 | Donley | 237 | Jack | 345 | Motley | 453 | Travis |
| 131 | Duval | 239 | Jackson | 347 | Nacogdoches | 455 | Trinity |
| 133 | Eastland | 241 | Jasper | 349 | Navarro | 457 | Tyler |
| 135 | Ector | 243 | Jeff Davis | 351 | Newton | 459 | Upshur |
| 137 | Edwards | 245 | Jefferson | 353 | Nolan | 461 | Upton |
| 141 | El Paso | 247 | Jim Hogg | 355 | Nueces | 463 | Uvalde |
| 139 | Ellis | 249 | Jim Wells | 357 | Ochiltree | 465 | Val Verde |
| 143 | Erath | 251 | Johnson | 359 | Oldham | 467 | Van Zandt |
| 145 | Falls | 253 | Jones | 361 | Orange | 469 | Victoria |
| 147 | Fannin | 255 | Karnes | 363 | Palo Pinto | 471 | Walker |
| 149 | Fayette | 257 | Kaufman | 365 | Panola | 473 | Waller |
| 151 | Fisher | 259 | Kendall | 367 | Parker | 475 | Ward |
| 153 | Floyd | 261 | Kenedy | 369 | Parmer | 477 | Washington |
| 155 | Foard | 263 | Kent | 371 | Pecos | 479 | Webb |
| 157 | Fort Bend | 265 | Kerr | 373 | Polk | 481 | Wharton |
| 159 | Franklin | 267 | Kimble | 375 | Potter | 483 | Wheeler |
| 161 | Freestone | 269 | King | 377 | Presidio | 485 | Wichita |
| 163 | Frio | 271 | Kinney | 379 | Rains | 487 | Wilbarger |
| 165 | Gaines | 273 | Kleberg | 381 | Randall | 489 | Willacy |
| 167 | Galveston | 275 | Knox | 383 | Reagan | 491 | Williamson |
| 169 | Garza | 283 | La Salle | 385 | Real | 493 | Wilson |
| 171 | Gillespie | 277 | Lamar | 387 | Red River | 495 | Winkler |
| 173 | Glasscock | 279 | Lamb | 389 | Reeves | 497 | Wise |
| 175 | Goliad | 281 | Lampasas | 391 | Refugio | 499 | Wood |
| 177 | Gonzales | 285 | Lavaca | 393 | Roberts | 501 | Yoakum |
| 179 | Gray | 287 | Lee | 395 | Robertson | 503 | Young |
| 181 | Grayson | 289 | Leon | 397 | Rockwall | 505 | Zapata |
| 183 | Gregg | 291 | Liberty | 399 | Runnels | 507 | Zavala |
| 185 | Grimes | 293 | Limestone | 401 | Rusk | | |
| 187 | Guadalupe | 295 | Lipscomb | 403 | Sabine | * | Invalid |

Number: 19

Field: PUBLIC_HEALTH_REGION
Name: **Public Health Region of Patient Address**
Description: Public Health Region of Patient's address.
Data Source: Assigned; regions determined by Texas Department of Health
Beginning Position: 90
Length: 2
Type: Alphanumeric
Coding Scheme: 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, Shackelford, 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, Waller, Wharton counties
7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
* Invalid

Number: 20
Field: ADMIT_WEEKDAY
Name: **Admission Day of Week**
Description: Code indicating day of week patient is admitted
Data Source: Calculated
Beginning Position: 92
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday
* Invalid

Number: 21
Field: LENGTH_OF_STAY

Name: Length of stay in days
Description: Length of stay *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 999 days. If length of stay is greater than 999 days, it is given as 999 days.
Data Source: Calculated
Beginning Position: 93
Length: 3
Type: Numeric

Number: 22
Field: PAT_AGE
Name: Age of patient in years on date of discharge
Description: Code indicating age of patient in years.
Data Source: Assigned
Beginning Position: 96
Length: 2
Type: Alphanumeric

Coding Scheme:

| | | | | |
|----|-------------|----|-------|---------------------------------|
| 00 | 1-28 days | 11 | 40-44 | <i>HIV and drug/alcohol use</i> |
| 01 | 29-365 days | 12 | 45-49 | <i>patients:</i> |
| 02 | 1-4 years | 13 | 50-54 | 22 0-17 |
| 03 | 5-9 | 14 | 55-59 | 23 18-44 |
| 04 | 10-14 | 15 | 60-64 | 24 45-64 |
| 05 | 15-17 | 16 | 65-69 | 25 65-74 |
| 06 | 18-19 | 17 | 70-74 | 26 75+ |
| 07 | 20-24 | 18 | 75-79 | |
| 08 | 25-29 | 19 | 80-84 | * Invalid |
| 09 | 30-34 | 20 | 85-89 | |
| 10 | 35-39 | 21 | 90+ | |

Number: 23
Field: PAT_STATUS
Name: Patient Status
Description: Code indicating patient status as of the ending date of service for the period of care reported
Data Source: UB-92
Beginning Position: 98
Length: 2
Type: Alphanumeric

Coding Scheme:

| | |
|----|---|
| 01 | Discharged to home or self-care (routine discharge) |
| 02 | Discharged to other short term general hospital |
| 03 | Discharged to skilled nursing facility |
| 04 | Discharged to intermediate care facility |
| 05 | Discharged to other inpatient care facility |
| 06 | Discharged to care of home health service |
| 07 | Left against medical advice |
| 08 | Discharged to care of Home IV provider |
| 09 | Admitted as inpatient to this hospital |
| 20 | Expired |
| 30 | Still patient |
| 40 | Expired at home |
| 41 | Expired in a medical facility |
| 42 | Expired, place unknown |
| 50 | Discharged to hospice-home |
| 51 | Discharged to hospice-medical facility |
| 61 | Discharged/transferred within this institution to Medicare-approved swing bed |
| 71 | Discharged/transferred to other outpatient service |

72 Discharged/transferred to institution outpatient
* Invalid

Number: 24
Field: RACE
Name: **Patient Race**
Description: Code indicating the patient's race. If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).
Data Source: Additional reporting requirement
Beginning Position: 100
Length: 1
Type: Alphanumeric
Coding Scheme: 1 American Indian/Eskimo/Aleut
2 Asian or Pacific Islander
3 Black
4 White
5 Other
* Invalid

Number: 25
Field: ETHNICITY
Name: **Patient Ethnicity**
Description: Code indicating the Hispanic origin of the patient. If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).
Data Source: Additional reporting requirement
Beginning Position: 101
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Hispanic Origin
2 Not of Hispanic Origin
* Invalid

Number: 26
Field: PAYMENT_SOURCE_1
Name: **Non-Standard Source of Primary Payment**
Description: Code indicating non-standard source of the primary payment, coding scheme T-Z. Number 27 indicates standard source, coding scheme A-I, of the primary payment. Two additional fields, Number 29, standard source of payment, coding scheme A-I, and Number 28, non-standard source of payment, coding scheme T-Z, capture sources of the secondary payment.
Data Source: Additional reporting requirement
Beginning Position: 102
Length: 1
Type: Alphanumeric
Coding Scheme: T State or local government programs
U Commercial PPO
V Medicare Managed Care
X Medicaid Managed Care
Y Commercial HMO
Z Charity Care
* Invalid

Number: 27
Field: SOURCE_PAYMENT_CODE_1
Name: **Standard Source of Primary Payment**
Description: Code indicating standard source of the primary payment, coding scheme A-I. Number 26 indicates non-standard source, coding scheme T-Z, of the primary payment. Two additional fields, Number 29,

standard source of payment, coding scheme A-I, and Number 28, non-standard source of payment, coding scheme T-Z, capture sources of the secondary payment.

Data Source: UB-92
Beginning Position: 103
Length: 1
Type: Alphanumeric
Coding Scheme: A Self-Pay
B Worker's Compensation
C Medicare
D Medicaid
E Other federal program, including VA
F Commercial
G Blue Cross
H CHAMPUS
I Other
* Invalid

Number: 28
Field: PAYMENT_SOURCE_2
Name: **Source of Secondary Payment, Code 1 (Non-Standard)**
Description: Code indicating non-standard source of a secondary payment, coding scheme T-Z. Number 29 captures standard source, coding scheme A-I, of a secondary payment. Two additional fields, Number 27, standard source of payment, coding scheme A-I, and Number 26, non-standard source of payment, coding scheme T-Z, capture sources of the primary payment.

Data Source: UB-92
Beginning Position: 104
Length: 1
Type: Alphanumeric
Coding Scheme: T State or local government program
U Commercial PPO
V Medicare Managed Care
X Medicaid Managed Care
Y Commercial HMO
Z Charity Care

Number: 29
Field: SOURCE_PAYMENT_CODE_2
Name: **Source of Secondary Payment, Code 2 (Standard)**
Description: Code indicating standard source of a secondary payment, coding scheme A-I. Number 28 captures non-standard source, coding scheme T-Z, of a secondary payment. Two additional fields, Number 27, standard source of payment, coding scheme A-I, and Number 26, non-standard source of payment, coding scheme T-Z, capture sources of the primary payment.

Data Source: UB-92
Beginning Position: 105
Length: 1
Type: Alphanumeric
Coding Scheme: A Self-pay
B Worker's Compensation
C Medicare
D Medicaid
E Other federal program, including VA
F Commercial
G Blue Cross
H CHAMPUS
I Other

Number: 30
Field: TYPE_OF_BILL
Name: **Type of Bill**
Description: Provides specific information about the claim data submitted. First digit identifies the type of facility. Second digit classifies the type of care. Third digit indicates the sequence of the charges for a specific episode of care.

Data Source: UB-92

Beginning Position: 106

Length: 3

Type: Alphanumeric

Coding Scheme: *1st of 3 digits–Type of Facility*

- 1 Hospital
- 2 Skilled nursing
- 3 Home health
- 4 Religious non-medical health care–Hospital
- 5 Religious non-medical health care–Extended care
- 6 Intermediate care
- 7 Clinic
- 8 Special facility

2nd of 3 digits–Bill Classification (Except Clinics)

- 1 Inpatient, including Medicare Part A
- 2 Inpatient, Medicare Part B only
- 3 Outpatient
- 4 Outpatient Other, Medicare Part B only
- 5 Intermediate Care–Level I
- 6 Intermediate Care–Level II
- 7 Sub-acute inpatient – Level III
- 8 Swing bed

2nd of 3 digits–Bill Classification (Clinics Only)

- 1 Rural health (Medicare, if first digit is 7)
- 2 Renal Dialysis Center (Medicare, if first digit is 7)
- 3 Federally Qualified Health Center
- 4 Outpatient Rehabilitation Facility (ORF) (Medicare, if first digit is 7)
- 5 Comprehensive Outpatient Rehabilitation Facility (CORF) (Medicare, if first digit is 7)
- 6 Community Mental Health Center (Medicare, if first digit is 7)
- 9 Other

2nd of 3 digits–Bill Classification (Special Facilities)

- 1 Hospice (non-hospital based) (Medicare, if first digit is 8)
- 2 Hospice (hospital based) (Medicare, if first digit is 8)
- 3 Ambulatory surgery center (Medicare, if first digit is 8)
- 4 Free standing birthing center
- 5 Rural primary care hospital (Medicare, if first digit is 8)
- 9 Other

3rd of 3 digits–Frequency

- 0 Non-payment/Zero claim
- 1 Admit through discharge claim
- 2 Interim–first claim
- 3 Interim–continuing claim
- 4 Interim–last claim
- 5 Late charge(s) only claim
- 6 Adjustment of prior claim (Not used by Medicare)
- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

* Invalid

Number: 31
Field: REVENUE_CODE_23
Name: **Revenue Code–23 (Total Revenue Code)**
Description: Total revenue code, coded as 0001 from line 23
Data Source: UB-92
Beginning Position: 109
Length: 4
Type: Alphanumeric

Number: 32
Field: TOTAL_CHARGES_23
Name: **Total charges (all revenue code charges), line 23**
Description: Sum of total accommodation charges, total non-covered accommodation charges, total ancillary charges, total non-covered ancillary charges
Data Source: Calculated
Beginning Position: 113
Length: 12
Type: Numeric

Number: 33
Field: NON_COV_CHARGES_23
Name: **Non-covered Charges (all non-covered revenue code charges)–23**
Description: Sum of total non-covered accommodation charges, total non-covered ancillary charges
Data Source: Calculated
Beginning Position: 125
Length: 12
Type: Numeric

Number: 34
Field: PRIVATE_AMOUNT
Name: **Accommodation Charge, Private Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 11X, 14X.
Data Source: Calculated
Beginning Position: 137
Length: 12
Type: Numeric

Number: 35
Field: SEMI_PRIVATE_AMOUNT
Name: **Accommodation Charge, Semi-Private Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 10X, 12X-13X, 16X-19X.
Data Source: Calculated
Beginning Position: 149
Length: 12
Type: Numeric

Number: 36
Field: WARD_AMOUNT
Name: **Accommodation Charge, Ward Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 15X.
Data Source: Calculated
Beginning Position: 161
Length: 12
Type: Numeric

Number: 37

Field: ICU_AMOUNT
Name: **Accommodation Charge, Intensive Care Unit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 20X.
Data Source: Calculated
Beginning Position: 173
Length: 12
Type: Numeric

Number: 38
Field: CCU_AMOUNT
Name: **Accommodation Charge, Coronary Care Unit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 21X.
Data Source: Calculated
Beginning Position: 185
Length: 12
Type: Numeric

Number: 39
Field: OTHER_AMOUNT
Name: **Ancillary Service Charge, Other Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.
Data Source: Calculated
Beginning Position: 197
Length: 12
Type: Numeric

Number: 40
Field: PHARM_AMOUNT
Name: **Ancillary Service Charge, Pharmacy Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 25X, 26X, 63X.
Data Source: Calculated
Beginning Position: 209
Length: 12
Type: Numeric

Number: 41
Field: MEDSURG_AMOUNT
Name: **Ancillary Service Charge, Medical/Surgical Supply Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 27X, 62X.
Data Source: Calculated
Beginning Position: 221
Length: 12
Type: Numeric

Number: 42
Field: DME_AMOUNT
Name: **Ancillary Service Charge, Durable Medical Equipment Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 290-292, 294-299.
Data Source: Calculated
Beginning Position: 233
Length: 12
Type: Numeric

Number: 43
Field: USED_DME_AMOUNT

Name: Ancillary Service Charge, Used Durable Medical Equipment Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue code 293.
Data Source: Calculated
Beginning Position: 245
Length: 12
Type: Numeric

Number: 44
Field: PT_AMOUNT
Name: Ancillary Service Charge, Physical Therapy Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 42X.
Data Source: Calculated
Beginning Position: 257
Length: 12
Type: Numeric

Number: 45
Field: OT_AMOUNT
Name: Ancillary Service Charge, Occupational Therapy Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 43X.
Data Source: Calculated
Beginning Position: 269
Length: 12
Type: Numeric

Number: 46
Field: SPEECH_AMOUNT
Name: Ancillary Service Charge, Speech Pathology Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 44X, 47X.
Data Source: Calculated
Beginning Position: 281
Length: 12
Type: Numeric

Number: 47
Field: IT_AMOUNT
Name: Ancillary Service Charge, Inhalation Therapy Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 41X, 46X.
Data Source: Calculated
Beginning Position: 293
Length: 12
Type: Numeric

Number: 48
Field: BLOOD_AMOUNT
Name: Ancillary Service Charge, Blood Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 38X.
Data Source: Calculated
Beginning Position: 305
Length: 12
Type: Numeric

Number: 49
Field: BLOOD_ADMIN_AMOUNT
Name: Ancillary Service Charge, Blood Administration Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 39X.

Data Source: Calculated
Beginning Position: 317
Length: 12
Type: Numeric

Number: 50
Field: OR_AMOUNT
Name: **Ancillary Service Charge, Operating Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 36X, 71X-72X.
Data Source: Calculated
Beginning Position: 329
Length: 12
Type: Numeric

Number: 51
Field: LITH_AMOUNT
Name: **Ancillary Service Charge, Lithotripsy Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 79X.
Data Source: Calculated
Beginning Position: 341
Length: 12
Type: Numeric

Number: 52
Field: CARD_AMOUNT
Name: **Ancillary Service Charge, Cardiology Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 48X, 73X.
Data Source: Calculated
Beginning Position: 353
Length: 12
Type: Numeric

Number: 53
Field: ANES_AMOUNT
Name: **Ancillary Service Charge, Anesthesia Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 37X.
Data Source: Calculated
Beginning Position: 365
Length: 12
Type: Numeric

Number: 54
Field: LAB_AMOUNT
Name: **Ancillary Service Charge, Laboratory Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 30X-31X, 74X-75X.
Data Source: Calculated
Beginning Position: 377
Length: 12
Type: Numeric

Number: 55
Field: RAD_AMOUNT
Name: **Ancillary Service Charge, Radiology Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 28X, 32X-35X, 40X.
Data Source: Calculated
Beginning Position: 389

Length: 12
Type: Numeric

Number: 56
Field: MRI_AMOUNT
Name: **Ancillary Service Charge, MRI Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 61X.
Data Source: Calculated
Beginning Position: 401
Length: 12
Type: Numeric

Number: 57
Field: OP_AMOUNT
Name: **Ancillary Service Charge, Outpatient Services Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 49X-50X.
Data Source: Calculated
Beginning Position: 413
Length: 12
Type: Numeric

Number: 58
Field: ER_AMOUNT
Name: **Ancillary Service Charge, Emergency Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 45X.
Data Source: Calculated
Beginning Position: 425
Length: 12
Type: Numeric

Number: 59
Field: AMBULANCE_AMOUNT
Name: **Ancillary Service Charge, Ambulance Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 54X.
Data Source: Calculated
Beginning Position: 437
Length: 12
Type: Numeric

Number: 60
Field: PRO_FEE_AMOUNT
Name: **Ancillary Service Charge, Professional Fee Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 96X-98X.
Data Source: Calculated
Beginning Position: 449
Length: 12
Type: Numeric

Number: 61
Field: ORGAN_AMOUNT
Name: **Ancillary Service Charge, Organ Acquisition Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 81X, 89X.
Data Source: Calculated
Beginning Position: 461
Length: 12
Type: Numeric

Number: 62
Field: ESRD_AMOUNT
Name: **Ancillary Service Charge, ESRD Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 80X, 82X-88X.
Data Source: Calculated
Beginning Position: 473
Length: 12
Type: Numeric

Number: 63
Field: CLINIC_AMOUNT
Name: **Ancillary Service Charge, Clinic Visit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 51X.
Data Source: Calculated
Beginning Position: 485
Length: 12
Type: Numeric

Number: 64
Field: CLAIM_CHARGES_ACCOMM
Name: **Total Accommodations Charges**
Description: Total accommodations charges pertaining to revenue codes 0100-0219. Includes both covered and non-covered charges.
Data Source: UB-92
Beginning Position: 497
Length: 12
Type: Numeric

Number: 65
Field: CLAIM_NON_COV_CHARGES_ACCOMM
Name: **Total Non-Covered Accommodations Charges**
Description: Total non-covered charges for the primary payer pertaining to revenue codes 0100-0219.
Data Source: UB-92
Beginning Position: 509
Length: 12
Type: Numeric

Number: 66
Field: CLAIM_CHARGES_ANCIL
Name: **Total Ancillary Charges**
Description: Total ancillary charges pertaining to revenue codes other than 0100-0219. Includes both covered and non-covered charges.
Data Source: UB-92
Beginning Position: 521
Length: 12
Type: Numeric

Number: 67
Field: CLAIM_NON_COV_CHARGES_ANCIL
Name: **Total Non-covered Ancillary Charges**
Description: Total non-covered ancillary charges for the primary payer pertaining to revenue codes other than 0100-0219.
Data Source: UB-92
Beginning Position: 533
Length: 12

| | |
|----------------------------|---|
| Type: | Numeric |
| ----- | |
| Number: | 68 |
| Field: | ADMITTING_DIAG |
| Name: | Admitting Diagnosis |
| Description: | Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the admitting diagnosis as stated by the physician at the time of admission. A decimal is implied following the third character. |
| Data Source: | UB-92 |
| Beginning Position: | 545 |
| Length: | 6 |
| Type: | Alphanumeric |
| ----- | |
| Number: | 69 |
| Field: | EXTNAL_CAUSE_OF_INJURY |
| Name: | External Cause of Injury (if applicable) |
| Description: | Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the admitting diagnosis, the condition established to be responsible for causing the hospitalization, if the cause is an external injury. A decimal is implied following the third character. |
| Data Source: | UB-92 |
| Beginning Position: | 551 |
| Length: | 6 |
| Type: | Alphanumeric |
| ----- | |
| Number: | 70 |
| Field: | PRINC_DIAG_CODE |
| Name: | Principal Diagnosis Code |
| Description: | Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the principal diagnosis, the condition established to be responsible for causing the hospitalization or use of other hospital services. A decimal is implied following the third character. |
| Data Source: | UB-92 |
| Beginning Position: | 557 |
| Length: | 6 |
| Type: | Alphanumeric |
| ----- | |
| Number: | 71 |
| Field: | OTH_DIAG_CODE_1 |
| Name: | Other Diagnosis Code (1) |
| Description: | Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character. |
| Data Source: | UB-92 |
| Beginning Position: | 563 |
| Length: | 6 |
| Type: | Alphanumeric |
| ----- | |
| Number: | 72 |
| Field: | OTH_DIAG_CODE_2 |
| Name: | Other Diagnosis Code (2) |
| Description: | Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character. |
| Data Source: | UB-92 |
| Beginning Position: | 569 |
| Length: | 6 |

Type: Alphanumeric

Number: 73
Field: OTH_DIAG_CODE_3
Name: **Other Diagnosis Code (3)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.
Data Source: UB-92
Beginning Position: 575
Length: 6
Type: Alphanumeric

Number: 74
Field: OTH_DIAG_CODE_4
Name: **Other Diagnosis Code (4)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.
Data Source: UB-92
Beginning Position: 581
Length: 6
Type: Alphanumeric

Number: 75
Field: OTH_DIAG_CODE_5
Name: **Other Diagnosis Code (5)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.
Data Source: UB-92
Beginning Position: 587
Length: 6
Type: Alphanumeric

Number: 76
Field: OTH_DIAG_CODE_6
Name: **Other Diagnosis Code (6)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.
Data Source: UB-92
Beginning Position: 593
Length: 6
Type: Alphanumeric

Number: 77
Field: OTH_DIAG_CODE_7
Name: **Other Diagnosis Code (7)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92
Beginning Position: 599
Length: 6
Type: Alphanumeric

Number: 78
Field: OTH_DIAG_CODE_8
Name: **Other Diagnosis Code (8)**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92
Beginning Position: 605
Length: 6
Type: Alphanumeric

Number: 79
Field: PRINC_SURG_PROC_CODE
Name: **Principal Surgical Procedure Code (if applicable)**
Description: Code for the principal surgical or obstetrical procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Data Source: UB-92
Beginning Position: 611
Length: 7
Type: Alphanumeric

Number: 80
Field: PRINC_SURG_PROC_DAY
Name: **Day Number of Principal Surgical Procedure**
Description: Day number of principal surgical procedure *equals* Principal surgical procedure date *minus* Admission/Start of Care Date

Data Source: Calculated
Beginning Position: 618
Length: 4
Type: Numeric

Number: 81
Field: PRINC_ICD9_CODE
Name: **ICD-9 (Principal)**
Description: ICD-9 Code converted from Principal Surgical Procedure Code if it was provided by hospital as HCPCS or CPT Code. If Principal Surgical Procedure Code was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.

Data Source: Conversion from HCPCS or CPT
Beginning Position: 622
Length: 5
Type: Alphanumeric

Number: 82
Field: OTH_SURG_PROC_CODE_1
Name: **Other Procedure Code (1)**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.

Data Source: UB-92
Beginning Position: 627
Length: 7
Type: Alphanumeric

Number: 83
Field: OTH_SURG_PROC_DAY_1
Name: **Day number of Other Surgical Procedure 1**
Description: Day number of other surgical procedure *equals* Procedure date *minus* Admission/Start of Care Date
Data Source: Calculated
Beginning Position: 634
Length: 4
Type: Alphanumeric

Number: 84
Field: OTH_ICD9_CODE_1
Name: **ICD-9 (1)**
Description: ICD-9 Code converted from Other Procedure Code (1) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (1) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Beginning Position: 638
Length: 5
Type: Alphanumeric

Number: 85
Field: OTH_SURG_PROC_CODE_2
Name: **Other Surgical Procedure Code 2**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Beginning Position: 643
Length: 7
Type: Alphanumeric

Number: 86
Field: OTH_SURG_PROC_DAY_2
Name: **Day number of Other Surgical Procedure 2**
Description: Day number of other surgical procedure 2 *equals* Procedure date 2 *minus* Admission/Start of Care Date
Data Source: Calculated
Beginning Position: 650
Length: 4
Type: Alphanumeric

Number: 87
Field: OTH_ICD9_CODE_2
Name: **ICD-9 (2)**
Description: ICD-9 Code converted from Other Procedure Code (2) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (2) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Beginning Position: 654
Length: 5
Type: Numeric

Number: 88
Field: OTH_SURG_PROC_CODE_3
Name: **Other Surgical Procedure Code (3)**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.

Data Source: UB-92
Beginning Position: 659
Length: 7
Type: Alphanumeric

Number: 89
Field: OTH_SURG_PROC_DAY_3
Name: **Day number of Other Surgical Procedure 3**
Description: Day number of other surgical procedure 3 *equals* Procedure date 3 *minus* Admission/Start of care date
Data Source: Calculated
Beginning Position: 666
Length: 4
Type: Alphanumeric

Number: 90
Field: OTH_ICD9_CODE_3
Name: **ICD-9 (3)**
Description: ICD-9 Code converted from Other Procedure Code (3) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (3) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Beginning Position: 670
Length: 5
Type: Alphanumeric

Number: 91
Field: OTH_SURG_PROC_CODE_4
Name: **Other Surgical Procedure Code 4**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Beginning Position: 675
Length: 7
Type: Alphanumeric

Number: 92
Field: OTH_SURG_PROC_DAY_4
Name: **Day number of Other Surgical Procedure 4**
Description: Day number of other surgical procedure 4 *equals* Procedure date 4 *minus* Admission/Start of care date
Data Source: Calculated
Beginning Position: 682
Length: 4
Type: Alphanumeric

Number: 93
Field: OTH_ICD9_CODE_4
Name: **ICD-9 (4)**
Description: ICD-9 Code converted from Other Procedure Code (4) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (4) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Beginning Position: 686
Length: 5
Type: Alphanumeric

Number: 94
Field: OTH_SURG_PROC_CODE_5
Name: **Other Surgical Procedure Code 5**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Beginning Position: 691
Length: 7
Type: Alphanumeric

Number: 95
Field: OTH_SURG_PROC_DAY_5
Name: **Day Number of Other Surgical Procedure 5**
Description: Day number of other surgical procedure 5 *equals* Procedure date 5 *minus* Admission/Start of care date
Data Source: Calculated
Beginning Position: 698
Length: 4
Type: Alphanumeric

Number: 96
Field: OTH_ICD9_CODE_5
Name: **ICD-9 (5)**
Description: ICD-9 Code converted from Other Procedure Code (5) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (5) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Beginning Position: 702
Length: 5
Type: Alphanumeric

Number: 97
Field: MDC
Name: **MDC Code**
Description: Assignment of Major Diagnostic Category (MDC) from the 3M APR-DRG Grouper
Data Source: 3M DRG Grouper
Beginning Position: 707
Length: 2
Type: Alphanumeric

Number: 98
Field: HCFA_DRG
Name: **HCFA-DRG Code**
Description: Assignment of Diagnosis Related Group (DRG) as assigned by Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries
Data Source: 3M DRG Grouper
Beginning Position: 709
Length: 3
Type: Alphanumeric

Number: 99
Field: APR_DRG
Name: **APR-DRG Code**
Description: Assignment of All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper
Data Source: 3M DRG Grouper
Beginning Position: 712

Length: 3
Type: Alphanumeric

Number: 100
Field: RISK_MORTALITY
Name: **Risk of Mortality Score**
Description: Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the likelihood of dying.

Data Source: 3M DRG Grouper
Beginning Position: 715

Length: 1
Type: Alphanumeric
Coding Scheme: 1 Minor
2 Moderate
3 Major
4 Extreme
* Invalid

Number: 101
Field: SEVERITY_ILLNESS
Name: **Severity of Illness Score**
Description: Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the extent of physiologic decompensation or organ system loss of function.

Data Source: 3M DRG Grouper
Beginning Position: 716

Length: 1
Type: Alphanumeric
Coding Scheme: 1 Minor
2 Moderate
3 Major
4 Extreme
* Invalid

Number: 102
Field: ATTENDING_PHYSICIAN_UNIF_ID
Name: **Attending Physician Uniform Identifier**
Description: 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. Suppressed when the number of physicians represented in a DRG for a hospital do not exceed the minimum cell size of five.

Data Source: Assigned by THCIC
Beginning Position: 717

Length: 16
Type: Alphanumeric
Coding Scheme: 999999998 Cell size less than 5
999999999 Temporary license or license number could not be matched

Number: 103
Field: OPERATING_PHYSICIAN_UNIF_ID
Name: **Operating or other Physician Uniform Identifier (if applicable)**

Description: 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. Suppressed when the number of physicians represented in a DRG for a hospital do not exceed the minimum cell size of five.

Data Source: Assigned by THCIC

Beginning Position: 733

Length: 16

Type: Alphanumeric

Coding Scheme: 999999998 Cell size less than 5
999999999 Temporary license or license number could not be matched

Number: 104

Field: CERT_STATUS

Name: **Certification Status**

Description: Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999.

Data Source: Assigned

Beginning Position: 749

Length: 1

Type: Alphanumeric

Coding Scheme: 1 Certified, without comment
2 Certified, with comment
3 Certified, with comment, comment not received by deadline
4 Hospital elected not to certify
5 No response by deadline, THCIC comment

References:

There are currently three major versions of the Diagnosis Related Groups (DRGs) in use. The basic DRGs are used by the Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries. The All Patient DRGs (AP-DRGs) are an expansion of the basic DRGs to be more representative of non-Medicare populations such as pediatric patients. The All Patient Refined DRGs (APR-DRGs) incorporate severity of illness and risk or mortality subclasses into the AP-DRGs. The basic HCFA DRGs and the APR-DRGs are included in this data.

The reference for HCFA-DRGs is:

DRG Guidebook, 1999. St. Anthony Publishing, 1998.

The reference for APR-DRGs is:

All Patient Refined Diagnosis Related Groups (APR-DRGs), Version 16.0. 3M Health Information Systems, 1998.



Texas Health Care Information Council

Texas Hospital Inpatient Discharge Public Use Data File

Data Fields

Fields that are shaded are not available in this release of data.

| NUMBER | FIELD NAME | POSITION | LENGTH | FIELD TYPE |
|--------|-----------------------|----------|--------|--------------|
| 1 | DISCHARGE | 1 | 6 | Alphanumeric |
| 2 | THCIC_ID | 7 | 6 | Alphanumeric |
| 3 | PROVIDER_NAME | 13 | 50 | Alphanumeric |
| 4 | FAC_TEACHING_IND | 63 | 1 | Alphanumeric |
| 5 | FAC_PSYCH_IND | 64 | 1 | Alphanumeric |
| 6 | FAC_REHAB_IND | 65 | 1 | Alphanumeric |
| 7 | FAC_ACUTE_CARE_IND | 66 | 1 | Alphanumeric |
| 8 | FAC_SNF_IND | 67 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 68 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 69 | 1 | Alphanumeric |
| 11 | SPEC_UNIT | 70 | 5 | Alphanumeric |
| 12 | ENCOUNTER_INDICATOR | 75 | 2 | Alphanumeric |
| 13 | SEX_CODE | 77 | 1 | Alphanumeric |
| 14 | TYPE_OF_ADMISSION | 78 | 1 | Alphanumeric |
| 15 | SOURCE_OF_ADMISSION | 79 | 1 | Alphanumeric |
| 16 | PAT_STATE | 80 | 2 | Alphanumeric |
| 17 | PAT_ZIP | 82 | 5 | Alphanumeric |
| 18 | COUNTY | 87 | 3 | Alphanumeric |
| 19 | PUBLIC_HEALTH_REGION | 90 | 2 | Alphanumeric |
| 20 | ADMIT_WEEKDAY | 92 | 1 | Alphanumeric |
| 21 | LENGTH_OF_STAY | 93 | 3 | Numeric |
| 22 | PAT_AGE | 96 | 2 | Alphanumeric |
| 23 | PAT_STATUS | 98 | 2 | Alphanumeric |
| 24 | RACE | 100 | 1 | Alphanumeric |
| 25 | ETHNICITY | 101 | 1 | Alphanumeric |
| 26 | PAYMENT_SOURCE_1 | 102 | 1 | Alphanumeric |
| 27 | SOURCE_PAYMENT_CODE_1 | 103 | 1 | Alphanumeric |
| 28 | PAYMENT_SOURCE_2 | 104 | 1 | Alphanumeric |
| 29 | SOURCE_PAYMENT_CODE_2 | 105 | 1 | Alphanumeric |
| 30 | TYPE_OF_BILL | 106 | 3 | Alphanumeric |
| 31 | REVENUE_CODE_23 | 109 | 4 | Alphanumeric |
| 32 | TOTAL_CHARGES_23 | 113 | 12 | Numeric |
| 33 | NON-COV_CHARGES_23 | 125 | 12 | Numeric |
| 34 | PRIVATE_AMOUNT | 137 | 12 | Numeric |
| 35 | SEMI_PRIVATE_AMOUNT | 149 | 12 | Numeric |
| 36 | WARD_AMOUNT | 161 | 12 | Numeric |
| 37 | ICU_AMOUNT | 173 | 12 | Numeric |
| 38 | CCU_AMOUNT | 185 | 12 | Numeric |
| 39 | OTHER_AMOUNT | 197 | 12 | Numeric |
| 40 | PHARM_AMOUNT | 209 | 12 | Numeric |
| 41 | MEDSURG_AMOUNT | 221 | 12 | Numeric |
| 42 | DME_AMOUNT | 233 | 12 | Numeric |
| 43 | USED_DME_AMOUNT | 245 | 12 | Numeric |
| 44 | PT_AMOUNT | 257 | 12 | Numeric |
| 45 | OT_AMOUNT | 269 | 12 | Numeric |

| | | | | |
|-----|------------------------------|-----|----|--------------|
| 46 | SPEECH_AMOUNT | 281 | 12 | Numeric |
| 47 | IT_AMOUNT | 293 | 12 | Numeric |
| 48 | BLOOD_AMOUNT | 305 | 12 | Numeric |
| 49 | BLOOD_ADMIN_AMOUNT | 317 | 12 | Numeric |
| 50 | OR_AMOUNT | 329 | 12 | Numeric |
| 51 | LITH_AMOUNT | 341 | 12 | Numeric |
| 52 | CARD_AMOUNT | 353 | 12 | Numeric |
| 53 | ANES_AMOUNT | 365 | 12 | Numeric |
| 54 | LAB_AMOUNT | 377 | 12 | Numeric |
| 55 | RAD_AMOUNT | 389 | 12 | Numeric |
| 56 | MRI_AMOUNT | 401 | 12 | Numeric |
| 57 | OP_AMOUNT | 413 | 12 | Numeric |
| 58 | ER_AMOUNT | 425 | 12 | Numeric |
| 59 | AMBULANCE_AMOUNT | 437 | 12 | Numeric |
| 60 | PRO_FEE_AMOUNT | 449 | 12 | Numeric |
| 61 | ORGAN_AMOUNT | 461 | 12 | Numeric |
| 62 | ESRD_AMOUNT | 473 | 12 | Numeric |
| 63 | CLINIC_AMOUNT | 485 | 12 | Numeric |
| 64 | CLAIM_CHARGES_ACCOMM | 497 | 12 | Numeric |
| 65 | CLAIM_NON_COV_CHARGES_ACCOMM | 509 | 12 | Numeric |
| 66 | CLAIM_CHARGES_ANCIL | 521 | 12 | Numeric |
| 67 | CLAIM_NON_COV_CHARGES_ANCIL | 533 | 12 | Numeric |
| 68 | ADMITTING_DIAG | 545 | 6 | Alphanumeric |
| 69 | EXTNAL_CAUSE_OF_INJURY | 551 | 6 | Alphanumeric |
| 70 | PRINC_DIAG_CODE | 557 | 6 | Alphanumeric |
| 71 | OTH_DIAG_CODE_1 | 563 | 6 | Alphanumeric |
| 72 | OTH_DIAG_CODE_2 | 569 | 6 | Alphanumeric |
| 73 | OTH_DIAG_CODE_3 | 575 | 6 | Alphanumeric |
| 74 | OTH_DIAG_CODE_4 | 581 | 6 | Alphanumeric |
| 75 | OTH_DIAG_CODE_5 | 587 | 6 | Alphanumeric |
| 76 | OTH_DIAG_CODE_6 | 593 | 6 | Alphanumeric |
| 77 | OTH_DIAG_CODE_7 | 599 | 6 | Alphanumeric |
| 78 | OTH_DIAG_CODE_8 | 605 | 6 | Alphanumeric |
| 79 | PRINC_SURG_PROC_CODE | 611 | 7 | Alphanumeric |
| 80 | PRINC_SURG_PROC_DAY | 618 | 4 | Numeric |
| 81 | PRINC_ICD9_CODE | 622 | 5 | Alphanumeric |
| 82 | OTH_SURG_PROC_CODE_1 | 627 | 7 | Alphanumeric |
| 83 | OTH_SURG_PROC_DAY_1 | 634 | 4 | Numeric |
| 84 | OTH_ICD9_CODE_1 | 638 | 5 | Alphanumeric |
| 85 | OTH_SURG_PROC_CODE_2 | 643 | 7 | Alphanumeric |
| 86 | OTH_SURG_PROC_DAY_2 | 650 | 4 | Numeric |
| 87 | OTH_ICD9_CODE_2 | 654 | 5 | Alphanumeric |
| 88 | OTH_SURG_PROC_CODE_3 | 659 | 7 | Alphanumeric |
| 89 | OTH_SURG_PROC_DAY_3 | 666 | 4 | Numeric |
| 90 | OTH_ICD9_CODE_3 | 670 | 5 | Alphanumeric |
| 91 | OTH_SURG_PROC_CODE_4 | 675 | 7 | Alphanumeric |
| 92 | OTH_SURG_PROC_DAY_4 | 682 | 4 | Numeric |
| 93 | OTH_ICD9_CODE_4 | 686 | 5 | Alphanumeric |
| 94 | OTH_SURG_PROC_CODE_5 | 691 | 7 | Alphanumeric |
| 95 | OTH_SURG_PROC_DAY_5 | 698 | 4 | Numeric |
| 96 | OTH_ICD9_CODE_5 | 702 | 5 | Alphanumeric |
| 97 | MDC | 707 | 2 | Alphanumeric |
| 98 | HCFA_DRG | 709 | 3 | Alphanumeric |
| 99 | APR_DRG | 712 | 3 | Alphanumeric |
| 100 | RISK_MORTALITY | 715 | 1 | Alphanumeric |
| 101 | SEVERITY_ILLNESS | 716 | 1 | Alphanumeric |
| 102 | ATTENDING_PHYSICIAN_UNIF_ID | 717 | 16 | Alphanumeric |
| 103 | OPERATING_PHYSICIAN_UNIF_ID | 733 | 16 | Alphanumeric |
| 104 | CERT_STATUS | 749 | 1 | Alphanumeric |



Texas Hospital Inpatient Discharge Data Public Use Data File

Reporting Status of Texas Hospitals, 2001

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|------|--------------|----------------|--------------|----------------|--------------|
| Abilene | | | | | | | | | |
| 091000 Abilene Regional Medical Center | | X | | X | | X | | X | |
| 500000 Hendrick Medical Center | | X | | X | | X | | X | |
| 688000 Hendrick Center for Extended Care | | X ^{iv} | | X | | X | | X | |
| Alice | | | | | | | | | |
| 353000 Alice Regional Hospital | | X | | X | | X | | X | |
| 689400 CHRISTUS Spohn Hospital Alice | | X | | X | | X | | X | |
| Allen | | | | | | | | | |
| 724200 Presbyterian Hospital of Allen opened 1-2001 | | X | X | X | X | X | X | X | X |
| Alpine | | | | | | | | | |
| 711900 Big Bend Regional Medical Center | | X | | X | | X | | X | |
| Alvin | | | | | | | | | |
| 212001 Alvin Diagnostic and Urgent Care Center | 212000 | | | | | | | | |
| Amarillo | | | | | | | | | |
| 001000 Baptist St Anthony's Health System–Baptist Campus | | X | | X | | X | | X | |
| 318000 Northwest Texas Hospital | | X ^N | | X | | X ^N | | X ^N | |
| 318001 The Pavilion | 318000 | | | | | | | | |
| 344000 Baptist St Anthony's Health System–St Anthony Campus | | X | | X | | X | | X | |
| 714000 Northwest Texas Surgery Center | | *** | | *** | | | | | |
| 785001 BSA Panhandle Surgery | | X | | X | | X | | X | |
| 796000 IHS Hospital of Amarillo | | X | | X | | X | | X | |
| 818000 SCCI Hospital of Amarillo | | X | | X | | X | | X | |
| Anahuac | | | | | | | | | |
| 442000 Bayside Community Hospital | | * | | * | | * | | * | |
| Andrews | | | | | | | | | |
| 187000 Permian General Hospital | | * | | * | | * | | * | |
| Angleton | | | | | | | | | |
| 126000 Angleton-Danbury General Hospital | | X | X | X | X | X | | X | |
| Anson | | | | | | | | | |
| 016000 Anson General Hospital | | * | | * | | * | | * | |
| Aransas Pass | | | | | | | | | |
| 239000 North Bay Hospital | | X | | X | | X | | X | |
| Arlington | | | | | | | | | |
| 422000 Arlington Memorial Hospital | | X | X | X | X | X | X | X | X |
| 422001 Arlington Memorial South Medical Center | 422000 | | | | | | | | |
| 502000 Medical Center of Arlington | | X | | X | | X | | X | |
| 660000 HEALTHSOUTH Rehabilitation Hospital of Arlington | | X | | X | | X | | X | |
| 690000 Kindred Hospital–Tarrant County–Arlington Campus | | X | | X | | X | | X | |
| 765001 Millwood Hospital | | X | | X | | X | | X | |
| Aspermont | | | | | | | | | |
| 666000 Stonewall Memorial Hospital | | * | | * | | * | | * | |
| Athens | | | | | | | | | |
| 374000 East Texas Medical Center–Athens | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|--|--------------|-----------------|--------------|------------------|--------------|------------------|--------------|-----------------|--------------|
| Atlanta | | | | | | | | | |
| 131000 Atlanta Memorial Hospital | | * | | * | | * | | * | |
| Austin | | | | | | | | | |
| 000100 Austin State Hospital | | X | X | X | X | X | X | X | X |
| 035000 St. David's Hospital | | X | | X | | X | | X | |
| 335000 Daughters of Charity Brackenridge | | X | X | X | X | X | X | X | X |
| 335001 Daughters of Charity Children's Hospital of Austin | | X | X | X | X | X | X | X | X |
| 497000 Daughters of Charity Seton Medical Center | | X | X | X | X | X | X | X | X |
| 497001 Daughters of Charity Seton Southwest opened 2000, reports 2q01 | | | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X |
| 497002 Daughters of Charity Seton Northwest | | X | X | X | X | X | X | X | X |
| 602000 South Austin Hospital | | X | X | X | X | X | X | X | X |
| 622000 The Brown Schools Rehab Center closed 10-2001 | | X | | X ^N | | X ^N | | | |
| 622001 Texas NeuroRehab Center began reporting 4 th quarter 2001 | | | | | | | | X | |
| 649000 St. David's Rehabilitation Center | | X | | X | | X | | X | |
| 663000 HEALTHSOUTH Rehabilitation Hospital of Austin | | X | | X | | X | | X | |
| 700000 The Specialty Hospital of Austin | | X | | X | | X | | X | |
| 700001 The Specialty Hospital of Austin at North Austin Medical Center | | X ^{lv} | | X ^{lv} | | X | | X ^{lv} | |
| 700002 The Specialty Hospital of Austin at St David's Medical Center | | X | | X ^{lv} | | X | | X | |
| 739000 Healthcare Rehabilitation Center closed 10-2001 | | X ^{lv} | | X ^{Nlv} | | X ^{Nlv} | | | |
| 739001 Texas NeuroRehab Center began reporting 4 th quarter 2001 | | | | | | | | X ^{lv} | |
| 770000 Daughters of Charity Seton Shoal Creek | | X | | X | | X | | X | |
| 771000 St. David's Pavilion | | X | | X | | X | | X | |
| 794000 HEALTHSOUTH Surgical Hospital of Austin | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 797000 North Austin Medical Center | | X | X | X | X | X | X | X | X |
| 798000 Summit Hospital of Central Texas | | X | | X | | X | | X | |
| 817000 Renaissance Women's Center of Austin closed 3-2001 | | X ^N | | | | | | | |
| 829000 Heart Hospital of Austin | | X | | X | | X | | X | |
| Azle | | | | | | | | | |
| 469000 Harris Methodist Northwest | | X | X | X | X | X | X | X | X |
| Ballinger | | | | | | | | | |
| 234000 Ballinger Memorial Hospital District | | * | | * | | * | | * | |
| Bay City | | | | | | | | | |
| 006000 Matagorda General Hospital | | X | X | X | X | X | X | X | X |
| 006001 Matagorda General Hospital | | X | X | X | X | X | X | X | X |
| Baytown | | | | | | | | | |
| 225000 BayCoast Medical Center | | X | | X | | X | | X ^N | |
| 405000 San Jacinto Methodist Hospital | | X | | X | | X | | X | |
| 405001 San Jacinto Methodist Hospital | 405000 | | | | | | | | |
| 720401 Triumph Hospital Baytown opened 7-2001 | | | | | | X ^{lv} | X | X | |
| Beaumont | | | | | | | | | |
| 057002 Fannin Behavioral Health Center | 057000 | | | | | | | | |
| 389000 Memorial Hermann Baptist Beaumont Hospital | | X | X | X | | X | | X | |
| 389001 Baptist Hospital of Southeast Texas–East Campus | 389000 | | | | | | | | |
| 389002 Fannin Behavioral Health Center | 389000 | | | | | | | | |
| 444000 CHRISTUS St. Elizabeth Hospital | | X | X | X | X | X | X | X | X |
| 671000 HEALTHSOUTH Rehabilitation Hospital of Beaumont | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-----------------|
| 708000 Dubuis Hospital of Beaumont | | X | X | X | X | X | X | X | X |
| Bedford | | | | | | | | | |
| 182000 Harris Methodist H.E.B. | | X | X | X | X | X | X | X | X |
| 182001 Harris Methodist H.E.B. | 182000 | | | | | | | | |
| 778000 Harris Methodist Springwood | | X | X | X | X | X | X | X | X |
| Beeville | | | | | | | | | |
| 429000 CHRISTUS Spohn Hospital Beeville | | X | X | X | | X | X | X | X |
| Bellville | | | | | | | | | |
| 552000 Bellville General Hospital | | * | | * | | * | | | |
| Belton | | | | | | | | | |
| 806001 Cedar Crest Hospital | | X | | X | | X | | X | |
| Big Lake | | | | | | | | | |
| 343000 Reagan Memorial Hospital | | * | | * | | * | | | |
| Big Spring | | | | | | | | | |
| 000101 Big Spring State Hospital | | X | X | X | X | X | X | X | X |
| 221000 Scenic Mountain Medical Center | | X | | X | | X | | X | |
| Bonham | | | | | | | | | |
| 106000 Northeast Medical Center | | X | X | X | | X | | X | X |
| Borger | | | | | | | | | |
| 654000 Golden Plains Community Hospital | | * | | * | | * | | * | |
| Bowie | | | | | | | | | |
| 440000 Bowie Memorial Hospital | | * | | * | | * | | * | |
| Brady | | | | | | | | | |
| 362000 Heart of Texas Memorial Hospital | | * | | * | | * | | * | |
| Breckenridge | | | | | | | | | |
| 430000 Stephens Memorial Hospital | | * | | * | | * | | * | |
| Brenham | | | | | | | | | |
| 066000 Trinity Community Medical Center of Brenham | | * | | * | | * | | * | |
| Brownfield | | | | | | | | | |
| 078000 Brownfield Regional Medical Center | | * | | * | | * | | * | |
| Brownsville | | | | | | | | | |
| 019000 Valley Regional Medical Center | | X | | X | | X | | X | |
| 314000 Brownsville Medical Center | | X | | X | | X | | X | |
| 724900 Brownsville Surgical Hospital opened 4-2001 | | | | X | | X | | X | |
| Brownwood | | | | | | | | | |
| 058000 Brownwood Regional Medical Center | | X | | X | | X | | X | |
| Bryan | | | | | | | | | |
| 002001 St Joseph Regional Health Center | | X | X | X | X | X | X | X | X |
| 002002 St Joseph Regional Rehabilitation Center | 002001 | | | | | | | | |
| 717500 The Physicians Centre | | X | X | X | X | X | X | X | X |
| Burnet | | | | | | | | | |
| 559000 Daughters of Charity Seton Highland Lakes | | X | | X | | X | | X | |
| Caldwell | | | | | | | | | |
| 679000 Burleson St Joseph Health Center of Caldwell | | X | X | X | X | X | X | X | X |
| Cameron | | | | | | | | | |
| 665000 Central Texas Hospital | | X | | X | | X | | X | |
| Canadian | | | | | | | | | |
| 457000 Hemphill County Hospital | | * | | * | | * | | * | |
| Carrizo Springs | | | | | | | | | |
| 156000 Dimmit County Memorial Hospital | | * | | * | | * | | * | |
| Carrollton | | | | | | | | | |
| 042000 Trinity Medical Center | | X | X | X | X | X | X | X | X |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 672001 Select Specialty Hospital North Dallas opened 1-2001 | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| Carthage | | | | | | | | | |
| 484000 East Texas Medical Center–Carthage Center | | X | | X | | X | | X | |
| 423001 Shelby Regional Medical Center Channelview | | X | | X | | X | | X | |
| 455000 Columbia East Houston Medical Center–Beltway Campus | 458000 | | | | | | | | |
| 720400 Triumph Hospital East Houston Childress | | X ^{lv} | | X | | X | | X | |
| 026000 Childress Regional Medical Center Chillicothe | | * | | * | | * | | * | |
| 523000 Chillicothe Hospital Clarksville | | * | | * | | * | | * | |
| 292000 East Texas Medical Center–Clarksville Cleburne | | X | | X | | X | | X | |
| 323000 Walls Regional Hospital Cleveland | | X | | X | | X | | X | |
| 108000 Cleveland Regional Medical Center Clifton | | X | | X | | X | | X | |
| 070000 Goodall-Witcher Healthcare Foundation Coleman | | * | | * | | * | | * | |
| 049000 Coleman County Medical Center College Station | | * | | * | | * | | * | |
| 071000 College Station Medical Center Colorado City | | X | X | X | X | X | X | X | |
| 075000 Mitchell County Hospital Columbus | | * | | * | | * | | * | |
| 014000 Columbus Community Hospital Comanche | | * | | * | | * | | * | |
| 495000 Comanche Community Hospital Commerce | | * | | * | | * | | * | |
| 087000 Presbyterian Hospital of Commerce Conroe | | X | | X | | X | | X | |
| 508000 Conroe Regional Medical Center closed 6-2001 | | X | X | X | X | | | | |
| 508001 Conroe Regional Medical Center closed 7-2001 | | | | | | X | X | X | X |
| 695000 HEALTHSOUTH Rehabilitation Hospital North Houston Corpus Christi | | X | X | X | X | X | X | X | X |
| 338000 CHRISTUS Spohn Hospital Shoreline | | X | | X | | X | | X | |
| 398000 CHRISTUS Spohn Memorial Hospital | | X | X | X | X | X | X | X | X |
| 404000 Northwest Regional Hospital | | X | | X | | X | | X | |
| 488000 Driscoll Children's Hospital | | X | | X | | X | | X | |
| 488001 Driscoll Children's Hosp Neonatal Nursery–CHRISTUS Spohn | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 687000 Warm Springs Rehabilitation Hospital Corpus Christi | | X | | X | | X ^{lv} | | X | |
| 699000 IHS Hospital at Corpus Christi | | X | | X | | X | | X | |
| 703000 The Corpus Christi Medical Center–Bay Area | | X | X | X | X | X | X | X | X |
| 703001 The Corpus Christi Medical Center–Bayview | 703002 | | | | | | | | |
| 703002 The Corpus Christi Medical Center–Doctors Regional | | X | X | X | X | X | X | X | X |
| 703003 The Corpus Christi Medical Center–The Heart Hospital | | X | X | X | X | X | X | X | X |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 716500 Padre Behavioral Hospital opened 1-2001 | | X | X | X | X | X | X | X | X |
| 826000 CHRISTUS Spohn Hospital South | | X | | X | | X | | X | |
| Corsicana | | | | | | | | | |
| 141000 Navarro Regional Hospital | | X | X | X | X | X | X | X | X |
| Crane | | | | | | | | | |
| 467000 Crane Memorial Hospital | | * | | * | | * | | * | |
| Crockett | | | | | | | | | |
| 185000 East Texas Medical Center–Crockett | | X | | X | | X | | X | |
| Crosbyton | | | | | | | | | |
| 176000 Crosbyton Clinic Hospital | | * | | * | | * | | * | |
| Cuero | | | | | | | | | |
| 074000 Cuero Community Hospital | | * | | * | | * | | * | |
| Dalhart | | | | | | | | | |
| 262000 Coon Memorial Hospital & Home | | * | | * | | * | | * | |
| Dallas | | | | | | | | | |
| 008001 Mary Shiels Hospital | | X | | X | | X ^{lv} | | X ^{lv} | |
| 028000 Kindred Hospital Dallas | | X | X | X | X | X | X | X | X |
| 054000 Texas Scottish Rite Hospital for Children | | * | | * | | * | | * | |
| 096001 Dallas Southwest Medical Center opened 1-2001 | | X | | X | | X | | X | |
| 142000 Margaret Jonsson Charlton Methodist Hospital | | X | X | X | X | X | X | X | X |
| 143000 Children's Medical Center of Dallas | | X | | X | | X | | X | |
| 255000 Methodist Medical Center | | | | X | X | X | X | X | X |
| 331000 Baylor University Medical Center | | X | X | X | X | X | X | X | X |
| 340000 Medical City Dallas Hospital | | X | X | X | | X | X | X | X |
| 431000 Presbyterian Hospital of Dallas | | X | X | X | X | X | X | X | X |
| 448000 St Paul Medical Center | | X | X | X | X | X | X | X | X |
| 449000 RHD Memorial Medical Center | | X | X | X | X | X | X | X | X |
| 474000 Parkland Memorial Hospital | | X | X | X | X | X | X | X | X |
| 511000 Doctors Hospital | | X | X | X | X | X | X | X | X |
| 586000 Baylor Specialty Hospital | | X | X | X | X | X | X | X | X |
| 635000 North Dallas Rehabilitation Hospital | | X | | X | | X | | X | X |
| 642000 Baylor Institute for Rehab at Gaston | | X | X | X | X | X | X | X | X |
| 653000 Zale Lipshy University Hospital | | X | X | X | X | X | X | X | X |
| 661000 IHS Hospital at Dallas | | X | | X | | X | | X | |
| 672000 Select Specialty Hospital Dallas | | X | | X | | X | | X ^{lv} | |
| 683000 HEALTHSOUTH Medical Center | | X | | X | | X | | X | |
| 710000 Our Children's House at Baylor | | X | X | X | X | X | X | X | X |
| 717000 LifeCare Specialty Hospitals of Dallas | | X | X | X | X | X | X | X | |
| 719400 Kindred Hospital White Rock | | X | X | X | X | X | X | X | X |
| 752000 Timberlawn Mental Health System | | X | | X | | X | | X | |
| 766000 Green Oaks Hospital | | X | | X | | X | | X | |
| 810000 Harris Continued Care Hospital closed 10-2001 | | X ^{lv} | X | X ^{lv} | X | | | | |
| De Leon | | | | | | | | | |
| 128000 De Leon Hospital | | X | | X | | X | | X | |
| De Soto | | | | | | | | | |
| 779000 The Cedars Hospital | | X | | X | | X | | X | |
| Decatur | | | | | | | | | |
| 254000 Decatur Community Hospital | | * | | * | | * | | * | |
| Del Rio | | | | | | | | | |
| 462000 Val Verde Regional Medical Center | | ** | | ** | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| Denison | | | | | | | | | |
| 191000 Texoma Medical Center | | X | X | X | X | X | X | X | X |
| 191001 Reba McEntire Center for Rehabilitation | | X | X | X | X | X | X | X | X |
| 191003 Texoma Medical Center Behavioral Health Center | 191000 | | | | | | | | |
| 191004 Texoma Restorative Care Skilled Nursing Unit | | X | X | X | X | X | X | X | X |
| 705000 Texoma Medical Center Restorative Care Hospital | | X ^{lv} | X |
| Denton | | | | | | | | | |
| 336000 Flow Rehabilitation Hospital | 336001 | | | | | | | | |
| 336001 Denton Regional Medical Center | | X | X | X | X | X | | X | X |
| 624001 Denton Community Hospital | | X | X | X | X | X | X | X | X |
| Denver City | | | | | | | | | |
| 485000 Yoakum County Hospital | | * | | * | | * | | * | |
| Dilley | | | | | | | | | |
| 803000 Community General Hospital of Dilley opened 1-2001 | | X | | X | | X | | X | |
| Dimmitt | | | | | | | | | |
| 260000 Plains Memorial Hospital | | * | | * | | * | | * | |
| Dumas | | | | | | | | | |
| 199000 Memorial Hospital | | * | | * | | * | | * | |
| Eagle Lake | | | | | | | | | |
| 560000 Rice Medical Center | | * | | * | | * | | * | |
| Eagle Pass | | | | | | | | | |
| 547001 Fort Duncan Medical Center | | X | | X | | X | X | X | X |
| Eastland | | | | | | | | | |
| 222000 Eastland Memorial Hospital | | * | | * | | * | | * | |
| Eden | | | | | | | | | |
| 202000 Concho County Hospital | | * | | * | | * | | * | |
| Edinburg | | | | | | | | | |
| 140000 Edinburg Regional Medical Center closed 3-2001 | | X | | | | | | | |
| 140001 UHS Rehabilitation Pavilion closed 3-2001 | 140000 | | | | | | | | |
| 140002 Edinburg Regional Medical Center opened 3-2001 | | | | X | | X | | X | |
| 140003 UHS Rehabilitation Pavilion opened 3-2001 | 140002 | | | | | | | | |
| 716600 Cornerstone Rehabilitation Hospital opened 1-2001 | | X | X | X | X | X | X | X | X |
| 821000 LifeCare Hospital of South Texas | | X | X | X | | X | | X | |
| 830000 Cornerstone Regional Hospital opened 1-2001 | | X | X | X | X | X | X | X | |
| Edna | | | | | | | | | |
| 017000 Jackson County Hospital | | *X | | * | | * | | * | |
| El Campo | | | | | | | | | |
| 426000 El Campo Memorial Hospital | | X | X | X | X | X | X | X | X |
| El Paso | | | | | | | | | |
| 130000 Providence Memorial Hospital | | X | X | X | X | X | X | X | X |
| 180000 Las Palmas Medical Center | | X | | X | | X | | X | |
| 252000 Southwestern General Hospital closed 6-2001 | | ** | | | | | | | |
| 252001 Southwestern General Hospital began reporting 4 th quarter 2001 | | | | | | | | X | |
| 263000 R. E. Thomason General Hospital | | X | X | X | X | X | X | X | X |
| 266000 Sierra Medical Center | | X | X | X | X | X | X | X | X |
| 319000 Del Sol Medical Center | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 319001 Del Sol Rehabilitation Hospital | 319000 | | | | | | | | |
| 638000 Rio Vista Rehabilitation Hospital | | X | | X | | X | X | X | |
| 701000 IHS Hospital at El Paso | | X | | X | | X | | X | |
| 718001 Highlands Regional Rehabilitation Hospital opened 1-2001 | | X | | X | | X | | X | |
| 724000 Las Palmas Behavioral Center closed 6-2001 | | X | | X ^N | | | | | |
| 724001 NCED Mental Health Center opened 7-2001 | | | | | | X | | X | |
| 727100 SCCI Hospital El Paso opened 4-2001 | | | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | |
| 728200 El Paso Specialty Hospital opened 4-2001 | | | | X ^{lv} | X | X | | X | |
| 808000 El Paso Psychiatric Center | | X | | X | | X | | X | |
| Eldorado | | | | | | | | | |
| 136000 Schleicher County Medical Center | | * | | * | | * | | * | |
| Electra | | | | | | | | | |
| 490000 Electra Memorial Hospital | | * | | * | | * | | * | |
| Ennis | | | | | | | | | |
| 285001 Baylor Medical Center Ellis County–Ennis | 285000 | | | | | | | | |
| 714500 Ennis Regional Medical Center | | X | | X | | X | | X | |
| Fairfield | | | | | | | | | |
| 401000 East Texas Medical Center–Fairfield | | X | | X | | X | | X | |
| Floresville | | | | | | | | | |
| 433000 Wilson Memorial Hospital | | * | | * | | * | | * | |
| Fort Stockton | | | | | | | | | |
| 356000 Pecos County Memorial Hospital | | X | | X | | X | | X | |
| Fort Worth | | | | | | | | | |
| 047000 Huguley Health Systems | | X | X | X | X | X | X | X | X |
| 093000 Osteopathic Medical Center of Texas | | X | | X | | X | | X | |
| 093001 Osteopathic Medical Center of Texas opened 3 rd quarter 2001 | | | | | | X ^{lv} | | X ^{lv} | |
| 093002 Osteopathic Medical Center of Texas opened 3 rd quarter 2001 | | | | | | X | | X | |
| 235000 Harris Methodist Fort Worth | | X | X | X | X | X | X | X | X |
| 332000 Cook Children's Medical Center | | X ^N | | X ^N | | X ^N | | X | X |
| 363000 All Saints Episcopal Hospital Ft Worth | | X | | X | | X | | X | X |
| 409000 John Peter Smith Hospital | | X | X | X | X | X | X | X | X |
| 477000 Plaza Medical Center of Fort Worth | | X | | X | | X | | X | |
| 627000 Harris Methodist Southwest | | X | | X | X | X | X | X | X |
| 628000 All Saints Episcopal Hospital Cityview | | X | | X | | X | | X | X |
| 652000 Harris Continued Care Hospital | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | | X ^{lv} | |
| 657001 Kindred Hospital Fort Worth | | X | | X | | X | | X | |
| 659000 HEALTHSOUTH Rehabilitation Hospital | | X | | X | | X | | X | |
| 662000 HEALTHSOUTH City View Rehabilitation Hospital | | X | | X | | X | | X | |
| 690600 LifeCare Hospital of Fort Worth | | X | X | X | | X | | X | |
| 800000 Kindred Hospital Tarrant County | | X | | X | | X | | X | X |
| Fredericksburg | | | | | | | | | |
| 219000 Hill Country Memorial Hospital | | * | | * | | * | | * | |
| Friona | | | | | | | | | |
| 200000 Parmer County Community Hospital Inc. | | * | | * | | * | | * | |
| Gainesville | | | | | | | | | |
| 298000 Gainesville Memorial Hospital | | * | | * | | * | | * | |
| Galveston | | | | | | | | | |
| 000102 University of Texas Medical Branch Hospital | | X | | X | X | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 247000 Shriners Burns Hospital Galveston | | * | | * | | * | | | |
| Garland | | | | | | | | | |
| 027000 Baylor Medical Center at Garland | | X | X | X | X | X | X | X | X |
| 359000 Garland Community Hospital closed 10-2001 | | X | | X | | X | | | |
| 359001 Leland Medical Plaza began reporting 4 th quarter 2001 | | | | | | | | X | |
| 586001 Baylor Specialty Hospital | | X ^{lv} | X |
| Gatesville | | | | | | | | | |
| 346000 Coryell Memorial Hospital | | X | | X | | X | | X | |
| Georgetown | | | | | | | | | |
| 080000 Georgetown Hospital | | X | | X | | X | | X | |
| Gilmer | | | | | | | | | |
| 438001 East Texas Medical Center–Gilmer | 438000 | | | | | | | | |
| Glen Rose | | | | | | | | | |
| 059000 Glen Rose Medical Center | | * | | * | | * | | * | |
| Gonzales | | | | | | | | | |
| 103000 Memorial Hospital | | * | | * | | * | | * | |
| 184000 Gonzales Warm Springs Rehabilitation Hospital | | X | | X | | X | | X | |
| Graham | | | | | | | | | |
| 094000 Graham General Hospital | | * | | * | | * | | * | |
| Granbury | | | | | | | | | |
| 424000 Lake Granbury Medical Center | | X | | X | | X | | X | |
| Grand Saline | | | | | | | | | |
| 138000 Cozby-Germany Hospital | | * | | * | | * | | * | |
| Grapevine | | | | | | | | | |
| 513000 Baylor Medical Center–Grapevine | | X | X | X | X | X | X | X | X |
| Greenville | | | | | | | | | |
| 085000 Presbyterian Hospital of Greenville | | X | | X | | X | | X | |
| 754000 Glen Oaks Hospital | | X | | X | X | X | | X | |
| Groesbeck | | | | | | | | | |
| 052000 Limestone Medical Center | | * | | * | | * | | * | |
| Groves | | | | | | | | | |
| 515000 Doctors Hospital | | X | | X | | X | | X | |
| Hale Center | | | | | | | | | |
| 232000 Hi-Plains Hospital closed 10-2001 | | ** | | ** | | ** | | | |
| Hallettsville | | | | | | | | | |
| 527000 Lavaca Medical Center | | * | | * | | * | | * | |
| Hamilton | | | | | | | | | |
| 640000 Hamilton General Hospital | | * | | * | | * | | * | |
| Hamlin | | | | | | | | | |
| 305000 Hamlin Memorial Hospital | | * | | * | | * | | * | |
| Harlingen | | | | | | | | | |
| 000104 Rio Grande State Center | | X | X | X | X | X | X | X | X |
| 400000 Valley Baptist Medical Center | | X | | X | | X | | X | |
| Haskell | | | | | | | | | |
| 572000 Haskell Memorial Hospital | | * | | * | | * | | * | |
| Hemphill | | | | | | | | | |
| 522000 Sabine County Hospital | | * | | * | | * | | * | |
| Henderson | | | | | | | | | |
| 248000 Henderson Memorial Hospital | | X ^N | | X ^N | | X ^N | | X ^N | |
| Henrietta | | | | | | | | | |
| 193000 Clay County Memorial Hospital | | * | | * | | * | | * | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|--|--------------|----------------|--------------|----------------|--------------|------|--------------|------|--------------|
| Hereford | | | | | | | | | |
| 420000 Hereford Regional Medical Center | | * | | * | | * | | * | |
| Hillsboro | | | | | | | | | |
| 383000 Hill Regional Hospital | | X | | X | | X | | X | |
| Hondo | | | | | | | | | |
| 427000 Medina Community Hospital | | * | | * | | * | | * | |
| Houston | | | | | | | | | |
| 000105 University of Texas M.D. Anderson Cancer Center | | X | X | X | X | X | X | X | X |
| 000115 Harris County Psychiatric | | X | X | X | X | X | X | X | X |
| 007000 The Woman's Hospital of Texas | | X | | X | | X | X | X | X |
| 015000 CHRISTUS St. Joseph Hospital | | X | X | X | X | X | X | X | X |
| 030000 Doctors Hospital–Tidwell | | X | | X | | X | | X | |
| 117000 Texas Children's Hospital | | X | | X | | X | | X | |
| 118000 St Luke's Episcopal Hospital | | X | X | X | X | X | X | X | X |
| 119000 Memorial Hermann Southeast Hospital | | X | X | X | | X | | X | |
| 124000 The Methodist Hospital | | X | X | X | X | X | X | X | X |
| 157000 Doctors Hospital Parkway | | X | | X | | X | | X | |
| 164000 The Institute for Rehabilitation & Research | | X | X | X | X | X | X | X | X |
| 172000 Memorial Hermann Northwest Hospital | | X | | X | | X | X | X | |
| 188000 Bellaire Medical Center closed 7-2001 | | X | | X | | | | | |
| 188001 Bellaire Medical Center opened 7-2001 | | | | | | X | | X | |
| 206003 Select Specialty Hospital Houston Heights opened 1-2001 | | X | X | X | | X | | X | |
| 206004 Select Specialty Hospital Houston West opened 1-2001 | | X | X | X | | X | | X | |
| 206005 Select Specialty Hospital Houston Medical Center opened 1-2001 | | X | X | X | | X | | X | |
| 229000 Houston Northwest Medical Center | | X | | X | | X | | X | |
| 261000 Houston Community Hospital Q1 & Q2 data not certified by hospital because of flooding | | X ^N | | X ^N | | X | | X | |
| 267000 Methodist Diagnostic Hospital | | X | X | X | X | X | X | X | X |
| 302000 Memorial Hermann Memorial City Hospital | | X | | X | X | X | X | X | |
| 316000 Bayou City Medical Center | | X | | X | | X | | X | |
| 316001 Bayou City Medical Center North Campus | 316000 | | | | | | | | |
| 337000 West Houston Medical Center | | X | X | X | X | X | X | X | X |
| 347000 Memorial Hermann Hospital | | X | | X | X | X | | X | |
| 384000 Lyndon B Johnson General Hospital opened 1-2001 | | X | X | X | | X | | X | |
| 390000 Park Plaza Hospital | | X | | X | | X | | X | |
| 407000 Memorial Hermann Southwest Hospital | | X | | X | | X | | X | |
| 421000 Spring Branch Medical Center | | X | | X | | X | | X | |
| 421001 Spring Branch Rehabilitation Center | 421000 | | | | | | | | |
| 458000 East Houston Regional Medical Center | | X | | X | | X | | X | |
| 459000 Ben Taub General Hospital | | X | X | X | | X | | X | |
| 459001 Quenton Mease Community Hospital opened 1-2001 | | X | X | X | | X | | X | |
| 460000 Riverside General Hospital | | X | | X | | X | | X | |
| 526000 Shriners Hospital For Children | | * | | * | | * | | * | |
| 606000 Cypress Fairbanks Medical Center | | X | | X | | X | | X | |
| 614000 Casa A Special Hospital closed 5-2001 | | ** | | | | | | | |
| 626001 Memorial Hermann Continuing Care Hospital | | X | | X | | X | | X | |
| 626002 Memorial Hermann Continuing Care Hospital Southwest began reporting 4 th quarter 2001 | | | | | | | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 646000 HEALTHSOUTH Houston Rehabilitation Institute | | X | | X | | X | | X | |
| 674000 TOPS Surgical Specialty Hospital | | X | | X | | X | | X | |
| 676000 Kindred Hospital Houston | | X | | X | | X | | X | |
| 678000 SCCI Hospital–Houston Central | | X | | X | | X | | X | |
| 698000 The Specialty Hospital of Houston | | X | | X | | X | | X | |
| 706000 Kindred Hospital Houston Northwest | | X | | X | | X | | X | |
| 712500 Beacon Health, Westchase | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 713400 Triumph Hospital North Houston | | X | | X | | X | | X | |
| 715000 IHS Hospital at Houston | | X | | X | | X | X | X | X |
| 722200 The Neuropsychiatric Center of MHMRA closed 3-2001 | | * | | | | | | | |
| 724300 Memorial Hermann Continuing Care Hospital Southwest closed 8-2001 | | X ^{lv} | | X | | X | | | |
| 724700 Methodist Willowbrook Hospital opened 1-2001 | | X | X | X | X | X | | X | |
| 735000 TIRR LifeBridge closed 6-2001 | | X | X | X | X | | | | |
| 744000 Cypress Creek Hospital closed 8-2001 | | X | | X | | | | | |
| 744001 Cypress Creek Hospital opened 9-2001 | | | | | | X | | X | |
| 755000 West Oaks Hospital closed 8-2001 | | X | | X | | | | | |
| 755001 West Oaks Hospital opened 9-2001 | | | | | | X | | X | |
| 758000 HEALTHSOUTH Hospital for Specialized Surgery | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 762000 IntraCare Medical Center Hospital | | X | | X | | X | | X | |
| 763000 Plaza Specialty Hospital | | X | | X | | X | | X | |
| 782000 Intracare North Hospital | | X | | X | | X | | X | |
| 792000 Texas Orthopedic Hospital | | X ^N | | X ^N | | X ^N | | X ^N | |
| 807000 Dubuis Hospital of Houston | | X | X | X | X | X ^{lv} | X | X | X |
| Humble | | | | | | | | | |
| 251000 Northeast Medical Center Hospital | | X | | X | | X | | X | |
| 616000 HEALTHSOUTH Rehabilitation Hospital | | X | X | X | | X | X | X | X |
| Hunt | | | | | | | | | |
| 325000 La Hacienda Treatment Center | | * | | * | | * | | * | |
| Huntsville | | | | | | | | | |
| 061000 Huntsville Memorial Hospital | | X | | X | | X | | X | |
| Iraan | | | | | | | | | |
| 258000 Pecos County General Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| Irving | | | | | | | | | |
| 300000 Baylor Medical Center at Irving | | X | X | X | X | X | X | X | X |
| 300001 Baylor Health Center at Irving–Coppell | | X | X | X | X | X | X | X | X |
| 814000 Las Colinas Medical Center | | X | X | X | X | X | X | X | X |
| Jacksboro | | | | | | | | | |
| 046000 Faith Community Hospital | | * | | * | | * | | * | |
| Jacksonville | | | | | | | | | |
| 416000 East Texas Medical Center–Jacksonville | | X | | X | | X | | X | |
| 725400 Mother Francis Hospital–Jacksonville opened 4-2001 | | | | X | | X | | X | |
| Jasper | | | | | | | | | |
| 038000 CHRISTUS Jasper Memorial Hospital | | X | X | X | | X | | X | |
| 723500 Dickerson Memorial Hospital opened 1-2001 | | X | X | X | | X | X | X | X |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Jourdanton | | | | | | | | | |
| 334000 South Texas Regional Medical Center closed 10-2001 | | X | | X | | X | | X | |
| 334001 South Texas Regional Medical Center Specialty Hospital closed 10-2001 | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 334002 South Texas Regional Medical Center began reporting 4 th quarter 2001 | | | | | | | | X | |
| 334003 South Texas Regional Medical Center Specialty Hospital began reporting 4 th quarter 2001 | | | | | | | | X ^{lv} | |
| Junction | | | | | | | | | |
| 205000 Kimble Hospital | | * | | * | | * | | * | |
| Katy | | | | | | | | | |
| 534001 Memorial Hermann Katy Hospital | | X | X | X | X | X | X | X | X |
| 715900 CHRISTUS St Catherine Health & Wellness Center | | X | X | X | X | X | X | X | X |
| Kaufman | | | | | | | | | |
| 303000 Presbyterian Hospital of Kaufman | | X | X | X | X | X | X | X | X |
| Kenedy | | | | | | | | | |
| 357000 Otto Kaiser Memorial Hospital | | * | | * | | * | | * | |
| Kermit | | | | | | | | | |
| 062000 Winkler County Memorial Hospital | | * | | * | | * | | * | |
| Kerrville | | | | | | | | | |
| 000106 Kerrville State Hospital | | X | X | X | X | X | X | X | X |
| 406000 Sid Peterson Memorial Hospital | | X | | X | | X | | X | |
| Kilgore | | | | | | | | | |
| 031000 Roy H Laird Memorial Hospital opened 1-2001 | | X | | X | | X | | X | |
| Killeen | | | | | | | | | |
| 397001 Metroplex Hospital | | X | | X | | X | | X | |
| 397002 Metroplex Pavilion | 397000 | | | | | | | | |
| Kingsville | | | | | | | | | |
| 216000 CHRISTUS Spohn Hospital Kleberg closed 6-2001 | | X | | X | | | | | |
| 216001 CHRISTUS Spohn Hospital Kleberg opened 7-2001 | | | | | | X | | X | |
| Kingwood | | | | | | | | | |
| 675000 Columbia Kingwood Medical Center | | X | X | X | X | X | X | X | X |
| Knox City | | | | | | | | | |
| 568000 Knox County Hospital | | * | | * | | * | | * | |
| La Grange | | | | | | | | | |
| 269000 Fayette Memorial Hospital | | * | | * | | * | | * | |
| Lake Jackson | | | | | | | | | |
| 436000 Brazosport Memorial Hospital | | X | X | X | X | X | X | X | X |
| Lamesa | | | | | | | | | |
| 341000 Medical Arts Hospital | | * | | * | | * | | * | |
| Lampasas | | | | | | | | | |
| 397000 Rollins-Brooks Community Hospital | | X | | X | | X | | X | |
| Lancaster | | | | | | | | | |
| 603001 Medical Center of Lancaster | | X | | X | | X | | X | |
| Laredo | | | | | | | | | |
| 207000 Mercy Health Center | | X | | X | | X | | X | |
| 301000 Doctors Hospital Laredo | | X | | X | | X | | X | |
| League City | | | | | | | | | |
| 718000 Devereux Texas Treatment Network | | X | | X | | X | | X | |
| Levelland | | | | | | | | | |
| 307000 Covenant Hospital Levelland | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| Lewisville | | | | | | | | | |
| 394000 Medical Center of Lewisville | | X | X | X | X | X | X | X | X |
| Liberty | | | | | | | | | |
| 089000 Liberty-Dayton Hospital | | X | | X | | X | | X | |
| Linden | | | | | | | | | |
| 354000 Linden Municipal Hospital | | * | | * | | * | | * | |
| Littlefield | | | | | | | | | |
| 217000 Lamb Healthcare Center | | * | | * | | * | | * | |
| Livingston | | | | | | | | | |
| 466000 Memorial Medical Center–Livingston | | X | X | X | X | X | X | X | X |
| Llano | | | | | | | | | |
| 476000 Llano Memorial Hospital | | * | | * | | * | | * | |
| Lockney | | | | | | | | | |
| 010000 W J Mangold Memorial Hospital | | * | | * | | * | | * | |
| Longview | | | | | | | | | |
| 029000 Good Shepherd Medical Center | | X | X | X | X | X | X | X | X |
| 525000 Longview Regional Medical Center | | X | | X | | X | | X | |
| 525001 Longview Regional Physical Rehabilitation | 525000 | | | | | | | | |
| 732000 Meadow Pines Hospital | | X | | X | | X | | X | |
| Lubbock | | | | | | | | | |
| 013000 Highland Medical Center | | X | X | X | | X | | X | X |
| 109000 Covenant Medical Center Lakeside | | X | X | X | X | X | X | X | X |
| 145000 University Medical Center | | X | X | X | X | X | X | X | X |
| 465000 Covenant Medical Center | | X | X | X | X | X | X | X | X |
| 686000 Covenant Children's Hospital | | X | X | X | X | X | X | X | X |
| 786000 IHS Hospital of Lubbock | | X | | X | | X | | X | |
| 804000 Sunrise Canyon | | X | | X | | X | | X | |
| Lufkin | | | | | | | | | |
| 129000 Memorial Medical Center East Texas | | X | | X | | X | | X | |
| 481000 Woodland Heights Medical Center | | X | | X | | X | | X | |
| 691000 Memorial Specialty Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| Luling | | | | | | | | | |
| 597000 Daughters of Charity Seton Edgar B Davis | | X | | X | | X | | X | |
| Madisonville | | | | | | | | | |
| 041000 Madison St Joseph Health Center | | X | X | X | X | X | X | X | X |
| Mansfield | | | | | | | | | |
| 657000 Kindred Hospital Fort Worth | | *** | | *** | | | | | |
| Marlin | | | | | | | | | |
| 517000 Falls Community Hospital and Clinic | | * | | * | | * | | * | |
| Marshall | | | | | | | | | |
| 020000 Marshall Regional Medical Center | | X | | X | | X | | X | |
| McAllen | | | | | | | | | |
| 601000 Rio Grande Regional Hospital | | X | | X | | X | | X | |
| 620000 McAllen Medical Center closed 6-2001 | | X ^N | | X | | | | | |
| 802000 McAllen Heart Hospital closed 3-2001 | | X | | | | | | | |
| 802001 McAllen Medical Center opened 3-2001 | | | | | | X | | X | |
| 827000 Rio Grande Rehabilitation Hospital closed | | X | X | | | | | | |
| McCamey | | | | | | | | | |
| 240000 McCamey Hospital | | * | | * | | * | | * | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|
| McKinney | | | | | | | | | |
| 246000 North Central Medical Center | | X | | X | | X | | X | |
| 246001 North Central Medical Center–Wysong Campus | 246000 | | | | | | | | |
| Memphis | | | | | | | | | |
| 101000 Hall County Hospital | | * | | * | | * | | * | |
| Mesquite | | | | | | | | | |
| 198000 The Medical Center of Mesquite | | X | | X | | X | | X | X |
| 315001 Mesquite Community Hospital | | X | X | X ^N | | X ^N | | X ^N | |
| Mexia | | | | | | | | | |
| 505000 Parkview Regional Hospital | | X | | X | | X | | X | |
| Midland | | | | | | | | | |
| 434000 Westwood Medical Center closed 1-2001 | | X | | X | | X ^N | | X ^N | |
| 452000 Midland Memorial Hospital | | X ^N | | X ^N | | X ^N | | X ^N | |
| 452001 Memorial Rehabilitation Hospital opened 1-2001 | | X ^N | | X ^N | | X ^N | | X ^N | |
| 693000 HEALTHSOUTH Rehabilitation Hospital of Midland/Odessa | | X | | X | | X | | X | |
| 741000 Desert Springs Medical Center | | X | | X | | X | | X | |
| Mineral Wells | | | | | | | | | |
| 034000 Palo Pinto General Hospital | | * | | * | | * | | * | |
| Mission | | | | | | | | | |
| 370000 Mission Hospital | | X | | X | | X | | X | |
| Missouri City | | | | | | | | | |
| 609001 Memorial Hermann Fort Bend Hospital | | X | X | X | X | X | X | X | X |
| Monahans | | | | | | | | | |
| 468000 Ward Memorial Hospital | | * | | * | | * | | * | |
| Morton | | | | | | | | | |
| 159000 Cochran Memorial Hospital | | * | | * | | * | | * | |
| Mount Pleasant | | | | | | | | | |
| 137000 Titus County Memorial Hospital | | * | | * | | * | | * | |
| Mount Vernon | | | | | | | | | |
| 282000 East Texas Medical Center–Mount Vernon | | X | | X | | X | | X | |
| Muenster | | | | | | | | | |
| 365000 Muenster Memorial Hospital | | * | | * | | * | | * | |
| Muleshoe | | | | | | | | | |
| 631000 Muleshoe Area Medical Center | | * | | * | | * | | * | |
| Nacogdoches | | | | | | | | | |
| 392000 Nacogdoches Medical Center | | X | X | X | X | X | X | X | X |
| 478000 Nacogdoches Memorial Hospital | | X | | X | X | X | X | X | X |
| Nassau Bay | | | | | | | | | |
| 600000 CHRISTUS St John Hospital | | X | X | X | X | X | X | X | X |
| Navasota | | | | | | | | | |
| 002000 Grimes St Joseph Health Center | 002001 | | | | | | | | |
| 728800 Grimes St Joseph Health Center opened 4-2001 | | | | X | X | X | X | X | X |
| Nederland | | | | | | | | | |
| 227001 Mid Jefferson Hospital | | X | | X | | X | X | X | X |
| New Boston | | | | | | | | | |
| 632000 Doctors Hospital | | * | | * | | * | | * | |
| New Braunfels | | | | | | | | | |
| 415000 McKenna Memorial Hospital | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|----------------|--------------|------|--------------|
| Nocona | | | | | | | | | |
| 348000 Nocona General Hospital | | * | | * | | * | | * | |
| Odessa | | | | | | | | | |
| 181000 Medical Center Hospital | | X | | X | X | X | X | X | X |
| 425000 Odessa Regional Hospital | | X | | X | | X | | X | |
| Olney | | | | | | | | | |
| 294000 Hamilton Hospital | | * | | * | | * | | * | |
| Orange | | | | | | | | | |
| 121000 Memorial Hermann Baptist Orange Hospital | | X | X | X | | X | | X | X |
| Palacios | | | | | | | | | |
| 574000 Wagner General Hospital | | X ^{lv} | X | X ^{lv} | X | | | | |
| Palestine | | | | | | | | | |
| 377001 Palestine Regional Rehabilitation Hospital | | X | | X | | X | | X | |
| 629001 Palestine Regional Medical Center | | X | | X | | X | | X | |
| Pampa | | | | | | | | | |
| 555000 Pampa Regional Medical Center | | X | | X | | X | | X | |
| Paris | | | | | | | | | |
| 095000 CHRISTUS St Josephs Health System | | X | X | X | X | X | X | X | X |
| 095001 CHRISTUS St Josephs Health System opened 8-2001 | | | | | | X | X | X | X |
| 125000 McCuiston Regional Medical Center closed 8-2001 | | X ^N | | X | | X ^N | | | |
| Pasadena | | | | | | | | | |
| 349000 Bayshore Medical Center | | X | | X | | X | | X | |
| 694100 Vista Medical Center Hospital | | X | X | X | | X | X | X | X |
| 801000 Kindred Hospital Bay Area | | X | | X | X | X | X | X | |
| Pearsall | | | | | | | | | |
| 441000 Frio Regional Hospital | | * | | * | | * | | * | |
| Pecos | | | | | | | | | |
| 367000 Reeves County Hospital | | * | | * | | * | | * | |
| Perryton | | | | | | | | | |
| 098000 Ochiltree General Hospital | | * | | * | | * | | * | |
| Pittsburg | | | | | | | | | |
| 438000 East Texas Medical Center–Pittsburg | | X | | X | | X | | X | |
| Plainview | | | | | | | | | |
| 146000 Covenant Hospital Plainview | | X | X | X | X | X | X | X | X |
| Plano | | | | | | | | | |
| 214000 Medical Center of Plano | | X | X | X | X | X | X | X | X |
| 664000 Presbyterian Hospital of Plano | | X | X | X | X | X | X | X | X |
| 670000 HEALTHSOUTH Plano Rehabilitation Hospital | | X | | X | | X | | X | |
| 720000 Seay Behavioral Health Center | | X | X | X | X | X | X | X | X |
| 805000 IHS Hospital at Plano | | X | | X | X | X | X | X | X |
| Port Arthur | | | | | | | | | |
| 299000 CHRISTUS St. Mary Hospital | | X | | X | | X | | X | |
| 464001 Park Place Medical Center | | X | | X | | X | | X | |
| 708001 Dubuis Hospital of Port Arthur | | X ^{lv} | X | X ^{lv} | X | X | X | X | X |
| Port Lavaca | | | | | | | | | |
| 487000 Memorial Medical Center | | * | | * | | * | | * | |
| Quanah | | | | | | | | | |
| 102000 Hardeman County Memorial Hospital | | * | | * | | * | | * | |
| Quitman | | | | | | | | | |
| 411000 East Texas Medical Center–Quitman | | X | | X | | X | | X | |
| Rankin | | | | | | | | | |
| 290000 Rankin County Hospital District | | * | | * | | * | | * | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| Refugio | | | | | | | | | |
| 368000 Refugio Memorial Hospital | | * | | * | | * | | * | |
| Richardson | | | | | | | | | |
| 549000 Baylor/Richardson Medical Center | | X | X | X | X | X | X | X | X |
| Richland Hills | | | | | | | | | |
| 437000 North Hills Hospital | | X | | X | | X | | X | |
| Richmond | | | | | | | | | |
| 230000 Polly Ryon Hospital Authority | | X | | X | | X | | X | |
| Rio Grande City | | | | | | | | | |
| 393000 Starr County Memorial Hospital | | * | | * | | * | | * | |
| Rockdale | | | | | | | | | |
| 369000 Richards Memorial Hospital | | * | | * | | * | | * | |
| Rotan | | | | | | | | | |
| 355000 Fisher County Hospital District | | * | | * | | * | | * | |
| Round Rock | | | | | | | | | |
| 608000 Round Rock Medical Center | | X | | X | | X | | X | |
| Rowlett | | | | | | | | | |
| 625000 Lake Pointe Medical Center | | X | | X | | X | | X | |
| Rusk | | | | | | | | | |
| 000107 Rusk State Hospital | | X | X | X | X | X | X | X | X |
| San Angelo | | | | | | | | | |
| 056000 San Angelo Community Medical Center | | X | | X | | X | | X | |
| 104000 Baptist Memorials Center | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 168000 Shannon West Texas Memorial Hospital | | X | | X | | X | | X | |
| 445000 Shannon Medical Center St Johns Campus | | X | | X | | X | | X | |
| 747000 River Crest Hospital | | X | | X | | X | | X | |
| 819000 SCCI Hospital–San Angelo | | X | X | X | X | X ^{lv} | X | X ^{lv} | X |
| San Antonio | | | | | | | | | |
| 000108 Texas Center for Infectious Disease | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| 000110 San Antonio State Hospital | | X | X | X | X | X | X | X | X |
| 067000 Methodist Specialty and Transplant Hospital | | X | | X | | X | | X | |
| 081000 Southeast Baptist Hospital | | X | | X | | X | | X | |
| 114000 Baptist Medical Center | | X | | X | | X | | X | |
| 134000 Northeast Baptist Hospital | | X | | X | | X | | X | |
| 154000 Southwest Texas Methodist Hospital | | X | | X | | X | | X | |
| 158000 University Hospital | | X | | X | | X | | X | |
| 228001 Southwest General Hospital opened 1-2001 | | X | | X | | X | | X | |
| 283000 Metropolitan Methodist Hospital | | X | | X | | X | | X | |
| 339000 CHRISTUS Santa Rosa Hospital | | X | | X | | X | | X | |
| 396000 Nix Health Care System | | X | X | X | X | X | X | X | |
| 396001 Nix Specialty Health Center | 396000 | | | | | | | | |
| 503000 St Luke's Baptist Hospital | | X | | X | | X | | X | |
| 618000 Northeast Methodist Hospital | | X | | X | | X | | X | |
| 621000 CHRISTUS Santa Rosa Medical Center and Santa Rosa Rehab | | X | | X | | X | | X | |
| 634000 CHRISTUS Santa Rosa Children's Hospital | | X | | X | | X | | X | |
| 636000 HEALTHSOUTH Rehab Institute of San Antonio | | X | | X | | X | | X | |
| 643000 San Antonio Warm Springs Rehabilitation Hospital | | X | | X | | X | | X | |
| 645000 Kindred Hospital San Antonio | | X | | X | | X | | X | |
| 677000 North Central Baptist Hospital | | X | | X | | X | | X | |
| 681000 Methodist Ambulatory Surgery Hospital–Northwest | | X | | X | | X | | X | |
| 702000 IHS Hospital at San Antonio | | X | | X | | X | | X | |
| 711000 The COMPASS Hospital of San Antonio | | X ^{lv} | X | X ^{lv} | X | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 719300 Select Specialty Hospital–San Antonio | | X ^{lv} | | X | | X | | X | |
| 723000 Laurel Ridge A Brown Schools Psychiatric Hospital | | X | | X | | X | | X | |
| 737000 Southwest Mental Health Center | | X | | X | X | X | X | X | X |
| 751000 Mission Vista Hospital | | X ^{lv} | X | X ^{lv} | | X | | X | |
| 815000 LifeCare Hospital of San Antonio | | X | | X | | X | | X | |
| 824000 HEALTHSOUTH Integrated Medical Plaza of Pecan Valley | | X ^{lv} | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | |
| San Augustine | | | | | | | | | |
| 072000 Memorial Medical Center–San Augustine | | X | | X | | X | | X | |
| San Benito | | | | | | | | | |
| 245001 Dolly Vinsant Memorial Hospital | | X | | X | | X | | X | |
| San Marcos | | | | | | | | | |
| 556000 Central Texas Medical Center | | X | | X | | X | | X | |
| Seguin | | | | | | | | | |
| 155000 Guadalupe Valley Hospital opened 1-2001 | | X | X | X | | X | | X | |
| Seminole | | | | | | | | | |
| 113000 Memorial Hospital | | * | | * | | * | | * | |
| Seymour | | | | | | | | | |
| 546000 Seymour Hospital | | * | | * | | * | | * | |
| Shamrock | | | | | | | | | |
| 571000 Shamrock General Hospital | | * | | * | | * | | * | |
| Sherman | | | | | | | | | |
| 191002 Texoma Medical Center Behavioral Health Center | | X | X | X | X | X | X | X | X |
| 297000 Wilson N Jones Memorial Hospital | | X | | X | | X | | X | |
| 297001 Wilson N Jones Memorial Hospital North Campus opened 1-2001 | | X | | X | | X | | X | |
| Smithville | | | | | | | | | |
| 385000 Smithville Regional Hospital | | X | X | X | X | X | | X | X |
| Snyder | | | | | | | | | |
| 439000 D M Cogdell Memorial Hospital | | * | | * | | * | | * | |
| Sonora | | | | | | | | | |
| 147000 Lillian M Hudspeth Memorial Hospital | | * | | * | | * | | * | |
| Spearman | | | | | | | | | |
| 395000 Hansford County Hospital | | * | | * | | * | | * | |
| Stamford | | | | | | | | | |
| 043000 Stamford Memorial Hospital | | * | | * | | * | | * | |
| Stanton | | | | | | | | | |
| 388000 Martin County Hospital District | | * | | * | | * | | * | |
| Stephenville | | | | | | | | | |
| 256000 Harris Methodist Erath County | | X | X | X | X | X | X | X | X |
| Sugar Land | | | | | | | | | |
| 823000 Methodist Sugar Land Hospital | | X | X | X | X | X | X | X | X |
| Sulphur Springs | | | | | | | | | |
| 280000 Hopkins County Memorial Hospital | | * | | * | | * | | * | |
| Sweeny | | | | | | | | | |
| 178000 Sweeny Community Hospital | | * | | * | | * | | * | |
| Sweetwater | | | | | | | | | |
| 471000 Rolling Plains Memorial Hospital | | * | | * | | * | | * | |
| Tahoka | | | | | | | | | |
| 192000 Lynn County Hospital District | | * | | * | | * | | * | |
| Taylor | | | | | | | | | |
| 044000 Johns Community Hospital | | * | | * | | * | | * | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| Temple | | | | | | | | | |
| 186000 Kings Daughters Hospital | | X | | X | | X | | X | |
| 537000 Scott & White Memorial Hospital | | X ^N | | X ^N | | X ^N | | X ^N | |
| 537001 Scott & White Santa Fe Center | 537000 | | | | | | | | |
| Terrell | | | | | | | | | |
| 000111 Terrell State Hospital | | X | X | X | X | X | X | X | X |
| 512000 Medical Center at Terrell | | X | | X | | X | | X | |
| 512001 Medical Center at Terrell–North Campus | 512000 | | | | | | | | |
| Texarkana | | | | | | | | | |
| 144000 Wadley Regional Medical Center | | X | | X | | X | | X | |
| 144001 Wadley Regional Medical Center SNF | | X | | X | | X | | X | |
| 684000 HEALTHSOUTH Rehabilitation Hospital of Texarkana | | X | | X | | X | | X | |
| 713000 CHRISTUS St Michael Rehabilitation Hospital | | X | X | X | X | X | X | X | X |
| 788000 CHRISTUS St Michael Health System | | X | X | X | X | X | X | X | X |
| 822000 Dubuis Hospital of Texarkana | | X | X | X | X | X | X | X | X |
| Texas City | | | | | | | | | |
| 793000 Mainland Medical Center | | X | | X | | X | | X | X |
| The Woodlands | | | | | | | | | |
| 615000 Memorial Hermann The Woodlands Hospital | | X | | X | | X | | X | |
| 795000 Beacon Health Woodlands | | X ^{lv} | | X ^{lv} | | X ^{lv} | | X ^{lv} | |
| Throckmorton | | | | | | | | | |
| 428000 Throckmorton County Memorial Hospital | | * | | * | | * | | * | |
| Tomball | | | | | | | | | |
| 076000 Tomball Regional Hospital | | X ^N | | X ^N | | X ^N | | X ^N | |
| Trinity | | | | | | | | | |
| 287000 East Texas Medical Center–Trinity | | X | | X | | X | | X | |
| Tulia | | | | | | | | | |
| 273000 Swisher Memorial Hospital | | * | | * | | * | | * | |
| Tyler | | | | | | | | | |
| 000112 University of Texas Health Center Tyler | | X | | X | X | X | | X | |
| 286000 Mother Frances Hospital | | X | | X | | X | | X | |
| 410000 East Texas Medical Center | | X | | X | | X | | X | |
| 410001 East Texas Medical Center Behavioral Health Center | 410000 | | | | | | | | |
| 692000 HEALTHSOUTH Rehabilitation Hospital of Tyler | | X | X | X | X | X | X | X ^N | |
| 777000 East Texas Medical Center Specialty Hospital | | X | | X | | X | | X | |
| 799000 East Texas Medical Center Rehabilitation Hospital | | X | | X | | X | | X | |
| Uvalde | | | | | | | | | |
| 063000 Uvalde Memorial Hospital | | * | | * | | * | | * | |
| Van Horn | | | | | | | | | |
| 139000 Culberson Hospital | | * | | * | | * | | * | |
| Vernon | | | | | | | | | |
| 000113 North Texas State Hospital Vernon | | X | X | X | X | X | X | X | X |
| 084000 Wilbarger General Hospital | | * | | * | | * | | * | |
| Victoria | | | | | | | | | |
| 064000 Citizens Medical Center | | X | | X | | X | | X | |
| 453000 DeTar Hospital Navarro | | X | X | X | X | X | X | X | X |
| 453001 DeTar Hospital North opened 1-2001 | | X | X | X | X | X | X | X | X |
| 812000 SCCI Hospital of Victoria | | X | | X | | X | | X | |
| 831000 Victoria Warm Springs Rehabilitation Hospital | | X | | X | | X | | X | |
| Waco | | | | | | | | | |
| 000117 Waco Center for Youth | | X ^{lv} | X |
| 040000 Providence Health Center | | X | X | X | X | X | X | X | X |
| 506000 Hillcrest Baptist Medical Center | | X | | X | | X | | X | |

| | Reports With | 01Q1 | With Comment | 01Q2 | With Comment | 01Q3 | With Comment | 01Q3 | With Comment |
|--|--------------|----------------|--------------|-----------------|--------------|----------------|--------------|------|--------------|
| 736000 DePaul Center–Division of Providence Health Center | | X | | X | | X | | X | |
| Waxahachie | | | | | | | | | |
| 285000 Baylor Medical Center–Ellis County | | X | X | X | X | X | X | X | X |
| 243000 Campbell Health System | | X | | X | | X | | X | |
| Webster | | | | | | | | | |
| 212000 Clear Lake Regional Medical Center | | X | | X | | X | | X | |
| 680000 HEALTHSOUTH Clear Lake Rehabilitation Hospital | | X | | X | | X | | X | |
| 698001 Specialty Hospital Houston–Clear Lake Campus | | X | | X | | X | | X | |
| Weimar | | | | | | | | | |
| 005000 Colorado-Fayette Medical Center | | * | | * | | * | | * | |
| Wellington | | | | | | | | | |
| 195000 Collingsworth General Hospital | | * | | * | | * | | * | |
| Weslaco | | | | | | | | | |
| 480000 Knapp Medical Center | | X | X | X | X | X | X | X | X |
| West | | | | | | | | | |
| 196000 Hillcrest Medical Center at West closed 5-2001 | | X ^N | | X ^{lv} | | | | | |
| Wharton | | | | | | | | | |
| 111000 Gulf Coast Medical Center | | X | | X | | X | X | X | |
| Wheeler | | | | | | | | | |
| 116000 Parkview Hospital | | * | | * | | * | | * | |
| Whitney | | | | | | | | | |
| 161000 Lake Whitney Medical Center | | * | | * | | * | | * | |
| Wichita Falls | | | | | | | | | |
| 000114 North Texas State Hospital–Wichita Falls | | X | X | X | X | X | X | X | X |
| 417000 United Regional Health Care System–8th St Campus | | X | X | X | X | X | X | X | X |
| 417001 United Regional Health Care System–11th St Campus | | X | X | X | X | X | X | X | X |
| 681400 Kell West Regional Hospital | | X | X | X | X | X | X | X | X |
| 685000 HEALTHSOUTH Rehabilitation Hospital of Wichita Falls | | X | | X | | X | | X | |
| 709000 Red River Hospital | | X | X | X | | X | X | X | |
| 722900 Wichita Valley Rehabilitation Hospital opened 1-2001 | | X | | X | | X | | X | |
| 820000 IHS Hospital at Wichita Falls | | X | | X | | X ^N | | X | |
| 825000 Red River Pavilion | 709000 | | | | | | | | |
| Winnsboro | | | | | | | | | |
| 446000 Presbyterian Hospital of Winnsboro | | X | X | X | X | X | X | X | X |
| Winters | | | | | | | | | |
| 151000 North Runnels Hospital | | * | | * | | * | | | |
| Woodville | | | | | | | | | |
| 569000 Tyler County Hospital | | X | X | X | X | X | X | X | |
| Wylie | | | | | | | | | |
| 726900 Bariatric Care Centers of Texas opened 4-2001 | | | | ** | | X | | X | |
| Yoakum | | | | | | | | | |
| 023000 Yoakum Community Hospital | | | | X | | X | | X | |
| Total hospitals | | 535 | | 539 | | 538 | | 540 | |
| Total expected to report | | 424 | | 428 | | 427 | | 429 | |
| Total not in compliance | | 3 | | 3 | | 1 | | 0 | |
| Total reporting | | 421 | | 425 | | 426 | | 429 | |

Note: Hospitals that report discharge data with another hospital are so indicated in the 'Reports With' column.

* Exempt hospital. Includes those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).

** Not in compliance for this quarter.

*** No discharges for this quarter.

x^{iv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals has been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.

x^N Hospital did not certify data.