TEXAS DEPARTMENT OF STATE HEALTH SERVICES CENTER FOR HEALTH STATISTICS



Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF) Base Data File Charges File

2008

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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 was 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). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD).

The 2008 PUDF is available in two fixed length format text files, the Base Data (logical record length of 1486 bytes) and Charges (logical record length of 80 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

| First quarter, 521 hospitals: | | | | | |
|--------------------------------|--------------------|--------------------|---------|---------------|--------|
| Base data | 738,795 records | Fixed field format | 1049 MB | Tab-delimited | 428 MB |
| Charges | 11,538,152 records | Fixed field format | 903 MB | Tab-delimited | 503 MB |
| Second quarter, 526 hospitals: | | | | | |
| Base data | 715,623 records | Fixed field format | 1016 MB | Tab-delimited | 414 MB |
| Charges | 11,099847 records | Fixed field format | 869 MB | Tab-delimited | 483 MB |
| Third quarter, 529 hospitals: | | | | | |
| Base data | 732,680 records | Fixed field format | 1040 MB | Tab-delimited | 423 MB |
| Charges | 11,187,371 records | Fixed field format | 875 MB | Tab-delimited | 487 MB |
| Fourth quarter, 524 hospitals: | | | | | |
| Base data | 731,455 records | Fixed field format | 1038 MB | Tab-delimited | 433 MB |
| Charges | 11,271,851 records | Fixed field format | 882 MB | Tab-delimited | 491 MB |
| | | | | | |

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.

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

| BASE DATA FILE | |
|----------------------|-------------------------------|
| FAC_LONG_TERM_AC_IND | Added 2004 |
| PAT_COUNTRY | Added 2004 |
| FIRST_PAYMENT_SRC | Replaces PAYMENT_SOURCE_1 and |
| | SOURCE_PAYMENT_CODE_1 |
| SECOND_PAYMENT_SRC | Replaces PAYMENT_SOURCE_2 and |
| | SOURCE_PAYMENT_CODE_2 |
| REVENUE_CODE_23 | No longer available |

| TOTAL CHARGES | Replaces TOTAL CHARGES 23 |
|---|---------------------------------------|
| TOTAL CHARGES ACCOMM | Replaces CLAIM CHARGES ACCOMM |
| TOTAL NON COV CHARGES ACCOMM | Replaces CLAIM NON COV CHARGES ACCOMM |
| TOTAL CHARGES ANCIL | Replaces CLAIM_CHARGES_ANCIL |
| TOTAL NON COV CHARGES ANCIL | Replaces CLAIM_NON_COV_CHARGES_ANCIL |
| EXTERNAL CAUSE OF INJURY 1 | Replaces EXTNAL_CAUSE_OF_INJURY |
| EXTERNAL CAUSE OF INJURY 2 to | Added 2004 |
| EXTERNAL CAUSE OF INJURY 10 | |
| OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25 | Added 2004 |
| OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25 | Added 2004 |
| OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25 | Added 2004 |
| OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25 | Added 2004 |
| CONDITION_CODE_1 to CONDITION_CODE_8 | Added 2004 |
| OCCUR_CODE_1 to OCCUR_CODE_12 | Added 2004 |
| OCCUR_DAY_1 to OCCUR_DAY_12 | Added 2004 |
| OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4 | Added 2004 |
| OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 | Added 2004 |
| OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 | Added 2004 |
| VALUE_CODE_1 to VALUE_CODE_12 | Added 2004 |
| VALUE_AMOUNT_1 to VALUE_AMOUNT_12 | Added 2004 |
| HCFA_MDC | Added 2004 |
| INBOUND_INDICATOR | Available 2004 only |
| CHARGES FILE | |
| REVENUE_CODE | Added 2004 |
| HCPCS_QUALIFIER | Added 2004 |
| HCPCS_PROCEDURE_CODE | Added 2004 |
| MODIFIER_1 to MODIFIER_4 | Added 2004 |
| UNIT_MEASUREMENT_CODE | Added 2004 |
| UNITS_OF_SERVICE | Added 2004 |
| UNIT_RATE | Added 2004 |
| CHRGS_LINE_ITEM | Added 2004 |
| CHRGS_NON_COV | Added 2004 |

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (UB-92) format to the THCIC 837 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 DSHS 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, DSHS 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, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. 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 DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the 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, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The 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'.
- The country code is suppressed if a hospital has fewer than five discharges from a particular country.
- 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 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

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

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify

an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file: *Texas Hospital Inpatient Discharge Public Use Data File,* [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

DATA LIMITATIONS

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

- The THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- 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 fewer than thirty 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 less than the minimum cell size of five.
- 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 selfpay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the limited number of diagnoses and procedure codes collected by DSHS and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as casemix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization.
- DSHS 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 DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

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

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



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:

| Field | Unique, abbreviated 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 claim form (Claim) |
| | Assigned by DSHS (Assigned) |
| | Calculated by DSHS (Calculated) |
| | Note: For those data elements that have been temporarily suppressed, the quarter of data |
| | for which the data element will be released is noted following the Data Source. |
| Туре | Alphanumeric or numeric |
| Coding scheme | Valid codes for a data field. Values taken from specifications manuals. |
| | |

Any code provided by a hospital that has been determined to be invalid has been assigned the value '*'. Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

| Field 1: | DISCHARGE | | | | | |
|----------------------------|---|------------------------|---|--|--|--|
| Description: | Discharge Quarter. Year and quarter of discharge. yyyyQn. | | | | | |
| Beginning Position: | 1 | Data Source: | Assigned | | | |
| Length: | 6 | Туре: | Alphanumeric | | | |
| Field 2: | THCIC_ID | | | | | |
| Description: | Provider ID. Unique ide | entifier assigned to t | the provider by DSHS. | | | |
| Suppression: | Hospitals with fewer the | an 50 discharges ha | ve been aggregated into the Provider ID '999999'. | | | |
| | If a hospital has fewer t | han 5 discharges of | a particular gender, including 'unknown', | | | |
| | Provider ID is '999998'. | | | | | |
| Beginning Position: | 7 | Data Source: | Assigned | | | |
| Length: | 6 | Туре: | Alphanumeric | | | |
| Field 3: | PROVIDER_NAME | | | | | |
| Description: | Hospital name provided | l by the hospital. | | | | |
| Suppression: | Hospitals with fewer the | an 50 discharges (Pr | rovider ID equals '999999') are assigned the | | | |
| | name 'Low Discharge V | Volume Hospital'. I | f a hospital has fewer than 5 discharges of a | | | |
| | particular gender, inclue | ding 'unknown', Ho | ospital Name is blank. | | | |
| Beginning Position: | 13 | Data Source: | Provider | | | |
| Length: | 55 | Туре: | Alphanumeric | | | |
| Field 4: | FAC_TEACHING_IN | D | | | | |
| Description: | Teaching Facility Indica | ator. | | | | |
| Suppression: | Suppressed for hospital | s with fewer than 50 | 0 discharges (Provider ID equals '999999'). | | | |
| Coding Scheme: | A Member, Council of | | | | | |
| | X Other teaching facilit | У | | | | |
| Beginning Position: | 68 | Data Source: | Provider | | | |
| | | | | | | |

BASE DATA FILE

| Length: | 1 | Туре: | Alphanumeric | |
|----------------------------|---|---------------------------|------------------------------|------------------------------------|
| Field 5: | FAC PSYCH IND | rype. | Tuphananone | |
| Description: | Psychiatric Facility Ind | icator | | |
| Suppression: | | |) discharges (Provider ID e | equals '999999') |
| Beginning Position: | 69 | Data Source: | Provider | (uu lo <i>))))</i> . |
| Length: | 1 | Туре: | Alphanumeric | |
| Field 6: | FAC REHAB IND | - , F | | |
| Description: | Rehabilitation Facility | Indicator. | | |
| Suppression: | | |) discharges (Provider ID e | equals '999999'). |
| Beginning Position: | 70 | Data Source: | Provider | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 7: | FAC ACUTE CARE | | 4 | |
| Description: | Acute Care Facility Ind | | | |
| Suppression: | | |) discharges (Provider ID e | equals '999999'). |
| Beginning Position: | 71 | Data Source: | Provider | 1 |
| Length: | 1 | Туре: | Alphanumeric | |
| Field 8: | FAC SNF IND | | • | |
| Description: | | v Indicator. Hospital | facility type indicator pro- | vided by the hospital. |
| Suppression: | | |) discharges (Provider ID e | |
| Beginning Position: | 72 | Data Source: | Provider | 1 |
| Length: | 1 | Туре: | Alphanumeric | |
| Field 9: | FAC LONG TERM | | • | |
| Description: | Long Term Acute Care | | | |
| Suppression: | | |) discharges (Provider ID e | equals '999999'). |
| Beginning Position: | 73 | Data Source: | Provider | 1 / |
| Length: | 1 | Туре: | Alphanumeric | |
| Field 10: | FAC OTHER LTC | | • | |
| Description: | Other Long Term Care | | | |
| Suppression: | | |) discharges (Provider ID e | equals '999999'). |
| Beginning Position: | 74 | Data Source: | Provider | 1 , |
| Length: | 1 | Туре: | Alphanumeric | |
| Field 11: | FAC PEDS IND | | | |
| Description: | Pediatric Facility Indica | ator. | | |
| Suppression: | Suppressed for hospital | s with fewer than 50 |) discharges (Provider ID e | equals '999999'). |
| Coding Scheme: | C Member, National As X Facilities that also tre | | en's Hospitals and Related | Institutions (NACHRI) |
| Beginning Position: | 75 | Data Source: | Provider | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 12: | SPEC UNIT | i ype. | 7 iipiuliulione | |
| Description: | — | h most days during | stay occurred based on nur | nber of days by Type of |
| - ···· · r ····· | | | of days in the unit. SPEC_ | |
| | | | n the Tab Delimited file ar | |
| | individually in the fixed | | | |
| Coding Scheme: | C | Coronary Care Unit | Р | Pediatric Unit |
| eoung senemer | D | Detoxification Unit | Y | Psychiatric Unit |
| | I | Intensive Care Unit | R | Rehabilitation Unit |
| | H N | Hospice Unit | U S | Sub-acute Care Unit |
| | B | Nursery Obstetric Unit | Blank | Skilled Nursing Unit Acute Care |
| | 0 | Oncology Unit | Diunk | |
| Beginning Position: | 76 | Data Source: | Calculated | |
| Length: | 5 | Type: | Alphanumeric | |
| Field 12a: | SPEC UNIT 1 (fixed | | * | |
| Description: | | | tay occurred based on num | ber of days by Type of |
| Coding Scheme: | Same as Field 12. | | | |
| Beginning Position: | 76 | Data Source: | Calculated | |

| Length: | 1 | Туре: | Alphanumeric |
|--------------------------------|--|-------------------------------|--|
| Field 12b: | SPEC_UNIT_2 (fixed le | ngth file only) | |
| Description: | of Bill or Revenue Code. | nd most days durin | ng stay occurred based on number of days by Type |
| Coding Scheme: | Same as Field 12. | | |
| Beginning Position: | 77 | Data Source: | |
| Length: | 1 | Туре: | Alphanumeric |
| Field 12c: | SPEC UNIT 3 (fixed le | | • |
| Description: | | | g stay occurred based on number of days by Type |
| Coding Scheme: | Same as Field 12. | | |
| Beginning Position: | 78 | Data Source: | |
| Length: | 1 | Туре: | Alphanumeric |
| Field 12d: | SPEC UNIT 4 (fixed le | | Alphanamerie |
| | Si EC_UNII_4 (lixeu le | th most down durin | g stay occurred based on number of days by Type |
| Description: | of Bill or Revenue Code. Same as Field 12. | most days durm | g stay occurred based on number of days by Type |
| Coding Scheme: | | D () | |
| Beginning Position: | 79 | Data Source: | 41.1 |
| Length: | 1 | Туре: | Alphanumeric |
| Field 12e: | SPEC_UNIT_5 (fixed le | ngth file only) | |
| Description: | of Bill or Revenue Code. | ^m most days durin | g stay occurred based on number of days by Type |
| Coding Scheme: | Same as Field 12. | | |
| Beginning Position: | 80 | Data Source: | |
| Length: | 1 | Туре: | Alphanumeric |
| Field 13: | ENCOUNTER INDICA | ATOR | • |
| Description: | Indicates the number of c | | te the encounter |
| Beginning Position: | 81 | Data Source: | Calculated |
| Length: | 2 | Туре: | Alphanumeric |
| Field 14: | SEX CODE | турс. | Alphanumene |
| Description: | | acorded at date of | admission or start of care. |
| Suppression: | | | idicates drug or alcohol use or an HIV diagnosis. |
| Coding Scheme: | If a hospital has fewer that is '999998' and Hospital M Male F Female | an 5 patients of a p | particular gender, including unknown, Provider ID ZIP Code are blank for those patients. |
| | U Unknown * Invalid | | |
| Beginning Position: | 83 | Data Source: | Claim |
| | 1 | | |
| Length: | | Type: | Alphanumeric |
| Field 15: | TYPE_OF_ADMISSIO | | |
| Description: | Code indicating the type | of admission | |
| Coding Scheme: | 1 Emergency 2 Urgent | | |
| | 3 Elective | | |
| | 4 Newborn | | |
| | 5 Trauma Center | | |
| | 9 Information not availab* Invalid | le | |
| Beginning Position: | 84 | Data Source: | Claim |
| Length: | 1 | Туре: | Alphanumeric |
| Field 16: | SOURCE_OF_ADMISS | SION | |
| Description: | Code indicating source of | | |
| Suppression: Coding Scheme: | If Type of Admission is ' 1 Physician referral 2 Clinic referral | Newborn', Code | 4, SOURCE_OF_ADMISSION is suppressed. |
| | 3 HMO referral 4 Transfer from a hospita | 1 | |

| | 9 Information not | t available | | |
|--------------------------------|---|---|--|---|
| | | sychiatric, substance abuse, re critical access hospital | ehab hospital | |
| | D Transfer from I 4-1-2006 | 1 | Facility Resulting in a Separa | te Claim to the Payer, effective |
| Designing Desitions | * Invalid 85 | Data Source: | Claim | |
| Beginning Position: Length: | 1 | Type: | Alphanumeric | |
| Field 17: | PAT STATE | i ype. | riphaneme | |
| Description: | _ | 's mailing address in Te | xas and contiguous state | s. Standard 2-character |
| L. L. | Postal Service abbi | | 0 | |
| Coding Scheme: | AR Arkansas | | | |
| 0 | LA Louisiana NM New Mexico | | | |
| | OK Oklahoma | | | |
| | TX Texas | | | |
| | ZZ All other states a FC Foreign country | nd American Territories | | |
| | XX Foreign country | | | |
| Beginning Position: | 86 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphanumeric | |
| Field 18: | PAT_ZIP | | | |
| Description: | Patient's five-digit | | | |
| Suppression: | | | | s. If state equals 'ZZ', ZIP |
| | | | | e is blank. If ICD-9-CM |
| | | r drug use or an HIV dia | | |
| | | | | fewer than 5 discharges of |
| Designing Desitions | a particular gender | , including 'unknown', t | Claim | |
| Beginning Position: Length: | 88 5 | Data Source: Type: | Alphanumeric | |
| Field 19: | PAT COUNTRY | Type. | Alphanument | |
| Description: | | s residential address. Li | st maintained by the Inte | ernational Organization for |
| Description. | Standardization (IS | | fi manificance of the mit | inational organization for |
| Suppression: | | r than 5 patients from or | ne country. | |
| Coding scheme: | See www.ISO.org | | j. | |
| Beginning Position: | 93 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphanumeric | |
| Field 20: | COUNTY | | | |
| Description: | FIPS code of patien | 2 | | |
| Coding scheme: | 001 Anderson 003 Andrews | 129 Donley 131 Duval | 257 Kaufman 259 Kendall | 385 Real387 Red River |
| | 005 Angelina | 133 Eastland | 261 Kenedy | 389 Reeves |
| | 007 Aransas | 135 Ector | 263 Kent | 391 Refugio |
| | 009 Archer 011 Armstrong | 137 Edwards 139 Ellis | 265 Kerr 267 Kimble | 393 Roberts395 Robertson |
| | 013 Atascosa | 141 El Paso | 269 King | 397 Rockwall |
| | 015 Austin 017 Bailey | 143 Erath 145 Falls | 271 Kinney 273 Kleberg | 399 Runnels 401 Rusk |
| | 019 Bandera | 143 Fans 147 Fannin | 275 Knox | 401 Rusk 403 Sabine |
| | 021 Bastrop | 149 Fayette | 283 La Salle | 405 San Augustine |
| | 023 Baylor 025 Bee | 151 Fisher 153 Floyd | 277 Lamar 279 Lamb | 407 San Jacinto 409 San Patricio |
| | 027 Bell | 155 Foard | 281 Lampasas | 411 San Saba |
| | 029 Bexar | 157 Fort Bend | 285 Lavaca | 413 Schleicher |
| | 031 Blanco 033 Borden | 159 Franklin 161 Freestone | 287 Lee 289 Leon | 415 Scurry 417 Shackelford |
| | 035 Bosque | 163 Frio | 291 Liberty | 419 Shelby |
| | 037 Bowie 039 Brazoria | 165 Gaines 167 Galveston | 293 Limestone295 Lipscomb | 421 Sherman 423 Smith |
| | 039 Brazona 041 Brazos | 167 Galveston 169 Garza | 295 Lipscomb 297 Live Oak | 423 Smith 425 Somervell |
| | 043 Brewster | 171 Gillespie | 299 Llano | 427 Starr |
| | | | | |

| | 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens | |
|--------------------------------|---|---|--|---|--|---|---|---|---|
| | 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling | |
| | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall | |
| | 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton | |
| | 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher | |
| | 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant | |
| | 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor | |
| | 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell | |
| | 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry | |
| | 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton | |
| | 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus | |
| | 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green | |
| | 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis | |
| | 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity | |
| | 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler | |
| | 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur | |
| | 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton | |
| | 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde | |
| | 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde | |
| | 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt | |
| | 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria | |
| | 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker | |
| | 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller | |
| | 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward | |
| | 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington | |
| | 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb | |
| | 097 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton | |
| | 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler | |
| | 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita | |
| | 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger | |
| | 105 | Crockett | 233 | Hutchinson | 361 | Orange | 489 | Willacy | |
| | 107 | Crosby | 235 | Irion | 363 | Palo Pinto | 491 | Williamson | |
| | 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson | |
| | 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler | |
| | 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise | |
| | 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood | |
| | 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum | |
| | 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young | |
| | 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata | |
| | 123 125 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala | |
| | | Dickens | 253 | Jones | 381 | Randall Reagan | * | Turne 12 d | |
| | | Dimmit | | | | | • | Invalid | |
| р і і р і /і | 127 | Dimmit | 255 | Karnes | 383 | | · · /7ID | 1 | |
| Beginning Position: | 127 95 | Dimmit | 255 | Data Source: | Assign | ed; based on pa | atient ZIP | code | |
| Beginning Position: Length: | 127 | Dimmit | 255 | | | ed; based on pa | atient ZIP | code | |
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| Length: Field 21: | 127 95 3 PUBL | JC_HEALTH | _REGIO | Data Source: Type: N | Assign | ed; based on pa | atient ZIP | code | |
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| Length: Field 21: | 127 95 3 PUBL Public 1 | IC_HEALTH Health Region Armstrong, Bailey | _REGIO of patier , Briscoe, C | Data Source: Type: N tt's address. Carson, Castro, Chile | Assigne Alphan | ed; based on pa umeric man, Collingswort | h, Crosby, E | Dallam, Deaf Smith, | |
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| | McMullen, Nueces, Re | | o, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, ; Webb, Willacy, Zapata counties |
|--------------------------------|---|---|---|
| Doginning Desition. | * Invalid 98 | Data Source: | Assigned |
| Beginning Position: Length: | 2 | Type: | Alphanumeric |
| Field 22: | ADMIT WEEKDAY | Type: | Alphanumenc |
| Description: | Code indicating day of w | real nationt is admit | tad |
| Coding Scheme: | 1 Monday | eek patient is admit | 5 Friday |
| Coung Scheme. | 2 Tuesday | | 6 Saturday |
| | 3 Wednesday | | 7 Sunday |
| D | 4 Thursday | D. (. C. | * Invalid |
| Beginning Position: | 100 | Data Source: | Assigned |
| Length: | | Туре: | Alphanumeric |
| Field 23: | LENGTH_OF_STAY | 1. Statement and | |
| Description: | | | ers period through date <i>minus</i> Admission/start of |
| D | | | ay. The maximum is 9999 days. |
| Beginning Position: | 101 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 24: | PAT_AGE | | |
| Description: | Code indicating age of pa 00 1-28 days | | |
| Coding Scheme: | 00 1-28 days 01 29-365 days | 10 35-39 11 40-44 | $\begin{array}{ccc} 20 & 85-89 \\ 21 & 90+ \end{array}$ |
| | 02 1-4 years | 12 45-49 | HIV and drug/alcohol use patients |
| | 03 5-9 | 13 50-54 | 22 0-17 |
| | 04 10-14 | 14 55-59 | 23 18-44 |
| | 05 15-17 | 15 60-64 | 24 45-64 |
| | 06 18-19 | 16 65-69 | 25 65-74 |
| | 07 20-24 08 25-29 | 17 70-74 18 75-79 | 26 75+ * Invalid |
| | 09 30-34 | 19 80-84 | invalid |
| Beginning Position: | 105 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |
| Field 25: | PAT STATUS | J I | |
| D | _ | · · · · · · · · · · · · · · · · · · · | |
| Description: | Code indicating patient s | tatus as of the endin | g date of service for the period of care reported |
| | 1 Discharged to home or | self-care (routine discha | g date of service for the period of care reported rge) |
| | Discharged to home or Discharged to other sh | self-care (routine discha ort term general hospital | |
| | Discharged to home or Discharged to other sh Discharged to skilled r | self-care (routine discha ort term general hospital nursing facility | |
| | Discharged to home or Discharged to other sh Discharged to skilled r Discharged to intermed | self-care (routine discha ort term general hospital nursing facility diate care facility | rge) |
| | Discharged to home or Discharged to other sh Discharged to skilled r Discharged to intermed | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer | |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged to care of I7Left against medical ad | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer nome health service dvice | rge) |
| | Discharged to home or Discharged to other sh Discharged to skilled r Discharged to intermed Discharged/transferred Discharged to care of I Left against medical ad Discharged to care of I | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer nome health service dvice Home IV provider | rge) |
| Description: Coding Scheme: | Discharged to home or Discharged to other sh Discharged to skilled r Discharged to intermed Discharged/transferred Discharged to care of I Left against medical ad Discharged to care of I Admitted as inpatient t | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer nome health service dvice Home IV provider | rge) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer nome health service dvice Home IV provider | rge) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired30Still patient40Expired at home | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer nome health service dvice Home IV provider to this hospital | rge) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged/transferred7Left against medical ad8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired in a medical fa | self-care (routine discha ort term general hospital nursing facility diate care facility t to a Designated Cancer of nome health service dvice Home IV provider to this hospital | rge) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged to care of H7Left against medical ad8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired in a medical fa42Expired, place unknow | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer of nome health service dvice Home IV provider to this hospital | rge) Center or Children's Hospital (effective 10-1-2007) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged/transferred6Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired in a medical fa42Expired, place unknow43Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer (nome health service dvice Home IV provider to this hospital acility n to federal health care fac | rge) Center or Children's Hospital (effective 10-1-2007) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to care of I6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired in a medical fa42Expired, place unknow43Discharged to hospice- | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer home health service dvice Home IV provider to this hospital acility m to federal health care fac -home | rge) Center or Children's Hospital (effective 10-1-2007) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to care of I6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired30Still patient40Expired at home41Expired in a medical fa42Expired, place unknow43Discharged to hospice-51Discharged to hospice- | self-care (routine discha ort term general hospital nursing facility diate care facility l to a Designated Cancer home health service dvice Home IV provider to this hospital acility n l to federal health care fac -home -medical facility | rge) Center or Children's Hospital (effective 10-1-2007) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermee5Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired30Still patient40Expired at home41Expired in a medical fa42Expired, place unknow43Discharged to hospice-50Discharged to hospice-51Discharged to hospice-61Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer home health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermee5Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired30Still patient40Expired at home41Expired, place unknow43Discharged to hospice-51Discharged to hospice-61Discharged/transferred62Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer home health service dvice Home IV provider to this hospital acility to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility |
| | 1Discharged to home or2Discharged to other sh3Discharged to intermed5Discharged to intermed6Discharged/transferred6Discharged to care of I7Left against medical ac8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired, place unknow43Discharged to hospice-51Discharged to hospice-51Discharged/transferred62Discharged/transferred63Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer home health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified low | rge) Center or Children's Hospital (effective 10-1-2007) Sility Medicare-approved swing bed n facility ng term care hospital |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to intermed6Discharged to care of H7Left against medical ad8Discharged to care of H9Admitted as inpatient th20Expired30Still patient41Expired at home41Expired, place unknow43Discharged to hospice-51Discharged to hospice-51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer one health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified lon to Medicaid-certified nu | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to intermed6Discharged/transferred6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient t20Expired30Still patient40Expired at home41Expired, place unknow43Discharged to hospice-50Discharged to hospice-51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer (nome health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified for to Medicaid-certified nu to psychiatric hospital o | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility r psychiatric distinct part of a hospital |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to intermed6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient to20Expired30Still patient40Expired at home41Expired, place unknow43Discharged to hospice-51Discharged to hospice-51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer (nome health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified lon to Medicaid-certified nu to psychiatric hospital o to Critical Access Hospi | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility r psychiatric distinct part of a hospital tal (CAH) |
| | 1Discharged to home or2Discharged to other sh3Discharged to other sh3Discharged to intermed5Discharged to intermed6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient th20Expired30Still patient40Expired at home41Expired, place unknow43Discharged/transferred50Discharged/transferred51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred67Discharged/transferred68Discharged/transferred69Discharged/transferred60Discharged/transferred61Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred66Discharged/transferred67Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility it to a Designated Cancer home health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified fou to Medicaid-certified nu to psychiatric hospital o to Critical Access Hospi to other outpatient service | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility r psychiatric distinct part of a hospital tal (CAH) |
| | 1Discharged to home or2Discharged to other sh3Discharged to skilled r4Discharged to intermed5Discharged to care of I6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient th20Expired30Still patient40Expired at home41Expired, place unknow43Discharged/transferred50Discharged to hospice-51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred71Discharged/transferred72Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility to a Designated Cancer (nome health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified lon to Medicaid-certified nu to psychiatric hospital o to Critical Access Hospi | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility r psychiatric distinct part of a hospital tal (CAH) |
| | 1Discharged to home or2Discharged to other sh3Discharged to other sh3Discharged to intermed5Discharged to intermed6Discharged to care of I7Left against medical ad8Discharged to care of I9Admitted as inpatient th20Expired30Still patient40Expired at home41Expired, place unknow43Discharged/transferred50Discharged/transferred51Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred67Discharged/transferred68Discharged/transferred69Discharged/transferred60Discharged/transferred61Discharged/transferred62Discharged/transferred63Discharged/transferred64Discharged/transferred65Discharged/transferred66Discharged/transferred66Discharged/transferred67Discharged/transferred | self-care (routine discha ort term general hospital nursing facility diate care facility it to a Designated Cancer home health service dvice Home IV provider to this hospital acility n to federal health care fac -home -medical facility within this institution to to inpatient rehabilitatio to Medicare-certified lou to Medicaid-certified nu to psychiatric hospital o to Critical Access Hospi to other outpatient service | rge) Center or Children's Hospital (effective 10-1-2007) cility Medicare-approved swing bed n facility ng term care hospital rsing facility r psychiatric distinct part of a hospital tal (CAH) |

| Length: | 2 | Туре: | Alphanumeric | | | | | |
|----------------------------|--|----------------------------|----------------------------|--|--|--|--|--|
| Field 26: | RACE | | | | | | | |
| Description: | Code indicating the patient' | | | | | | | |
| Suppression: | If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). American Indian/Eskimo/Aleut | | | | | | | |
| Coding Scheme: | 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander | | | | | | | |
| | 3 Black | | | | | | | |
| | 4 White | | | | | | | |
| | 5 Other * Invalid | | | | | | | |
| Beginning Position: | * Invalid 109 | Data Source: | Claim | | | | | |
| Length: | 105 | Type: | Alphanumeric | | | | | |
| Field 27: | ETHNICITY | турс. | 7 riphanamerie | | | | | |
| Description: | Code indicating the Hispani | ic origin of the p | ntient | | | | | |
| Suppression: | If a hospital has fewer than | | | of patients of that race is | | | | |
| Suppression | suppressed (code is blank). | ten panento or or | •••••••••••• | | | | | |
| Coding Scheme: | 1 Hispanic Origin | | | | | | | |
| | 2 Not of Hispanic Origin | | | | | | | |
| D I I D III | * Invalid | D () | | | | | | |
| Beginning Position: | 110 | Data Source: | Claim | | | | | |
| Length: | | Туре: | Alphanumeric | | | | | |
| Field 28: | FIRST_PAYMENT_SRC | | - C | | | | | |
| Description: | Code indicating the expecte 09 Self Pay | ed primary source | | aintenance Organization | | | | |
| Coding Scheme: | 10 Central Certification | | LI Liability | annenance Organization | | | | |
| | 11 Other Non-federal Program | ms | LM Liability | Medical | | | | |
| | 12 Preferred Provider Organi | zation (PPO) | MA Medicare | | | | | |
| | Point of Service (POS) Exclusive Provider Organ | ization (FPO) | MB Medicare MC Medicaid | | | | | |
| | 15 Indemnity Insurance | | TV Title V | | | | | |
| | 16 Health Maintenance Orga Medicare Risk | nization (HMO) | OF Other Fee | leral Program | | | | |
| | AM Automobile Medical | | VA Veteran A | Administration Plan | | | | |
| | BL Blue Cross/Blue Shield | | | Compensation Health Claim | | | | |
| | CH CHAMPUS CI Commercial Insurance | | | ndigent or Unknown and ZZ, combined for 2004 & 2005 | | | | |
| | DS Disability Insurance | | * Invalid | | | | | |
| Beginning Position: | 111 | Data Source: | Claim | | | | | |
| Length: | 2 | Type: | Alphanumeric | | | | | |
| Field 29: | SECONDARY PAYMEN | | Alphanumene | | | | | |
| Description: | Code indicating the expecte | | ce of navment | | | | | |
| Coding Scheme: | Same as field 28, FIRST P. | | ee of payment. | | | | | |
| Beginning Position: | 113 | Data Source: | Claim | | | | | |
| Length: | 2 | Type: | Alphanumeric | | | | | |
| Field 30: | TYPE OF BILL | 1,500 | | | | | | |
| Description: | Provides specific information | on about the clair | n data submitted. Fi | irst digit = type of facility. | | | | |
| | Second digit = type of care. | | | | | | | |
| Coding Scheme: | 1 st digit–Type of Facility | 2 nd digit–Type | of Care | 3 rd digit–Sequence of claim | | | | |
| g ~ | 1 Hospital | 1 Inpatient Part A | , including Medicare | 0 Non-payment/Zero claim | | | | |
| | 2 Skilled nursing | | , Medicare Part B only | 1 Admit through discharge claim | | | | |
| | 3 Home health | 3 Outpatie | | 2 Interim–first claim | | | | |
| | 4 Religious non-medical healt care–Hospital | h 4 Outpatie Part B of | nt Other, Medicare | 3 Interim–continuing claim | | | | |
| | 5 Religious non-medical healt care–Extended care | | liate Care–Level I | 4 Interim–last claim | | | | |
| | 6 Intermediate care | 6 Intermed | liate Care–Level II | 5 Late charge(s) only claim | | | | |
| | 7 Clinic | | te inpatient – Level III | 6 Adjustment of prior claim (Not used by Medicare) | | | | |
| | 8 Special facility | 8 Swing b | ed | 7 Replacement of prior claim | | | | |
| Beginning Position: | 115 | Data Source: | Claim | 8 Void/cancel of prior claim | | | | |
| beginning i Ushtivil. | | Data Source. | | | | | | |

| Length: | 3 | Туре: | Alphanumeric | |
|----------------------------|---|---------------------------------------|--|--|
| Field 31: | PRIVATE_AMOUNT | · · · · · · · · · · · · · · · · · · · | | |
| Description: | algorithm. Sum of charges a | associated with re | rge Amount. Calculated using MEDPAR evenue codes 0100-0219, revenue center 11X, 14X | |
| Beginning Position: | 118 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 32: | SEMI_PRIVATE_AMOU | | | |
| | | | n Charge Amount. Calculated using MEDPAR | |
| | algorithm. Sum of charges a 14X, 16X-19X | associated with re | evenue codes 0100-0219, revenue center 10X, 12X- | |
| Beginning Position: | 130 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 33: | WARD_AMOUNT | | | |
| | | ard Charge Amo | unt. Calculated using MEDPAR algorithm. Sum of | |
| | charges associated with rev | | | |
| Beginning Position: | 142 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 34: | ICU AMOUNT | | | |
| | | tensive Care Uni | t Charge Amount. Calculated using MEDPAR | |
| | | | evenue codes 0100-0219, revenue center 20X. | |
| Beginning Position: | 154 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 35: | CCU AMOUNT | | | |
| | | oronary Care Uni | t Charge Amount. Calculated using MEDPAR | |
| | | | evenue codes 0100-0219, revenue center 21X. | |
| Beginning Position: | 166 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 36: | OTHER AMOUNT | • | | |
| | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum | | | |
| | | | er than 0100-0219, revenue center 002-099, 22X- | |
| | 24X, 52X-53X, 55X-60X, 6 | | | |
| Beginning Position: | 178 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 37: | PHARM AMOUNT | | | |
| | — | Pharmacy Charge | Amount. Calculated using MEDPAR algorithm. | |
| | | | es other than 0100-0219, revenue center 26X, 63X. | |
| | 25?? | | | |
| Beginning Position: | 190 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 38: | MEDSURG AMOUNT | | | |
| | | Medical/Surgical | Supply Charge Amount. Calculated using | |
| | , | 0 | ated with revenue codes other than 0100-0219, | |
| | revenue center 27X, 62X. | U | , | |
| Beginning Position: | 202 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 39: | DME AMOUNT | -) [• • • | | |
| | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using | | | |
| | MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, | | | |
| | revenue centers 290-292, 29 | | | |
| Beginning Position: | 214 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 40: | USED DME AMOUNT | 1 JPC. | | |
| 1 IUIU TV. | | Ised Durable Me | dical Equipment Charge Amount. Calculated | |
| | | | associated with revenue codes other than 0100- | |
| | 0219, revenue center 293. | Sum of charges a | association with revenue coues other than 0100- | |
| | 6219, Tevenue center 295. | | | |
| | | | | |

| Beginning Position: | 226 12 | Data Source: | Calculated |
|----------------------------|-----------------------------|---------------------|---|
| Length: | | Туре: | Numeric |
| Field 41: | PT_AMOUNT | hand al Thomas | Change Amount Coloulated using MEDDAD |
| | | | Charge Amount. Calculated using MEDPAR |
| | | associated with re | evenue codes other than 0100-0219, revenue center |
| л · · л · /· | 42X. | D (6 | |
| Beginning Position: | 238 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 42: | OT_AMOUNT | | |
| | | | rapy Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center |
| | 42X. | | |
| Beginning Position: | 250 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 43: | SPEECH AMOUNT | | |
| | Ancillary Service Charge, S | speech Pathology | Charge Amount. Calculated using MEDPAR |
| | | | evenue codes other than 0100-0219, revenue center |
| | 44X, 47X. | | |
| Beginning Position: | 262 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 44: | IT AMOUNT | . | |
| | | nhalation Therap | y Charge Amount. Calculated using MEDPAR |
| | | | evenue codes other than 0100-0219, revenue center |
| | 41X, 46X. | | |
| Beginning Position: | 274 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 45: | BLOOD AMOUNT | Type. | Numerie |
| 1 ICIU 4 3. | | Palculated using I | MEDPAR algorithm. Sum of charges associated |
| | with revenue codes other th | | |
| Deginning Desition. | 286 | Data Source: | Calculated |
| Beginning Position: | 12 | | |
| Length: | | Type: | Numeric |
| Field 46: | BLOOD_ADMIN_AMOU | | |
| | | | MEDPAR algorithm. Sum of charges associated |
| | with revenue codes other th | | |
| Beginning Position: | 298 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 47: | OR_AMOUNT | | |
| | Ancillary Service Charge, C | Operating Room | Charge amount. Calculated using MEDPAR |
| | algorithm. Sum of charges a | associated with re | evenue codes other than 0100-0219, revenue center |
| | 36X, 71X-72X. | | |
| Beginning Position: | 310 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 48: | LITH AMOUNT | | |
| | | Lithotripsy Charg | e Amount. Calculated using MEDPAR algorithm. |
| | | | es other than 0100-0219, revenue center 79X. |
| Beginning Position: | 322 | Data Source: | Calculated |
| Length: | 12 | Туре: | Numeric |
| Field 49: | CARD AMOUNT | 1900 | Truinene |
| 1 IVIU 77, | | ardiology Charg | e Amount. Calculated using MEDPAR algorithm. |
| | | | es other than 0100-0219, revenue center 48X, 73X |
| Roginning Desition | - | Data Source: | Calculated |
| Beginning Position: | 334 | | |
| Length: | 12 ANEC AMOUNT | Туре: | Numeric |
| Field 50: | ANES_AMOUNT | | |
| | | | e Amount. Calculated using MEDPAR algorithm. |
| | Sum of charges associated y | with revenue code | es other than 0100-0219, revenue center 37X. |

| Beginning Position: | 346 | Data Source: | Calculated | |
|--|--|--|---|--|
| Length: | 12 1.4.D. AMOUNT | Туре: | Numeric | |
| Field 51: | LAB_AMOUNT | | | |
| | | | e Amount. Calculated using MEDPAR algorithm. | |
| | e | with revenue code | es other than 0100-0219, revenue center 30X-31X, | |
| | 74X-75X. | D (C | | |
| Beginning Position: | 358 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 52: | RAD_AMOUNT | | | |
| | | | Amount. Calculated using MEDPAR algorithm. | |
| | | with revenue code | es other than 0100-0219, revenue center 28X, 32X- | |
| | 35X, 40X. | | | |
| Beginning Position: | 370 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 53: | MRI_AMOUNT | | | |
| | | | unt. Calculated using MEDPAR algorithm. Sum of | |
| | | | than 0100-0219, revenue center 61X. | |
| Beginning Position: | 382 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 54: | OP_AMOUNT | | | |
| | | | es Charge Amount. Calculated using MEDPAR | |
| | algorithm. Sum of charges | associated with re | evenue codes other than 0100-0219, revenue center | |
| | 49X-50X. | | | |
| Beginning Position: | 394 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 55: | ER AMOUNT | <i>u</i> . | | |
| | Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR | | | |
| | algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center | | | |
| | 45X. | | · · · · · · · · · · · · · · · · · · · | |
| Beginning Position: | 406 | Data Source: | Calculated | |
| Length: | 12 | Туре: | Numeric | |
| Field 56: | AMBULANCE AMOUN | | | |
| | | | e Amount. Calculated using MEDPAR algorithm. | |
| | | | es other than 0100-0219, revenue center 54X. | |
| Beginning Position: | 418 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 57: | PRO FEE AMOUNT | 1 ypc. | Truinene | |
| | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR | | | |
| | | | | |
| | | | • • | |
| | algorithm. Sum of charges | | evenue codes other than 0100-0219, revenue center | |
| Roginning Position. | algorithm. Sum of charges 96X-98X. | associated with re | evenue codes other than 0100-0219, revenue center | |
| Beginning Position: | algorithm. Sum of charges 96X-98X. 430 | associated with re Data Source: | evenue codes other than 0100-0219, revenue center Calculated | |
| Length: | algorithm. Sum of charges 96X-98X. 430 12 | associated with re | evenue codes other than 0100-0219, revenue center | |
| 0 0 | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT | associated with re Data Source: Type: | evenue codes other than 0100-0219, revenue center Calculated Numeric | |
| Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, | associated with re Data Source: Type: Organ Acquisition | Calculated Numeric Charge Amount. Calculated using MEDPAR | |
| Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges | associated with re Data Source: Type: Organ Acquisition | evenue codes other than 0100-0219, revenue center Calculated Numeric | |
| Length: Field 58: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. | associated with re Data Source: Type: Organ Acquisition associated with re | Calculated Numeric A Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center | |
| Length: Field 58: Beginning Position: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated | |
| Length: Field 58: Beginning Position: Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 | associated with re Data Source: Type: Organ Acquisition associated with re | Calculated Numeric A Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center | |
| Length: Field 58: Beginning Position: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 ESRD_AMOUNT | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: Type: | A Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric | |
| Length: Field 58: Beginning Position: Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 ESRD_AMOUNT Ancillary Service Charge, | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: Type: End Stage Renal I | A Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Evenue codes other than 0100-0219, revenue center Calculated Numeric Dialysis Charge Amount. Calculated using | |
| Length: Field 58: Beginning Position: Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 ESRD_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: Type: End Stage Renal I of charges associa | A Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric | |
| Length: Field 58: Beginning Position: Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 ESRD_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum revenue center 80X, 82X-8 | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: Type: End Stage Renal I of charges associa 38X. | Calculated Numeric Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219, | |
| Length: Field 58: Beginning Position: Length: | algorithm. Sum of charges 96X-98X. 430 12 ORGAN_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 81X, 89X. 442 12 ESRD_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum | associated with re Data Source: Type: Organ Acquisition associated with re Data Source: Type: End Stage Renal I of charges associa | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Dialysis Charge Amount. Calculated using | |

| | | | e Amount. Calculated using MEDPAR algorithm | |
|--|---|--|---|--|
| | Sum of charges associated with | th revenue code | es other than 0100-0219, revenue center 51X. | |
| Beginning Position: | | Data Source: | Calculated | |
| Length: | | Гуре: | Numeric | |
| Field 61: | TOTAL_CHARGES | | | |
| | Sum of accommodation charg | es, non-covered | d accommodation charges, ancillary charges, non | |
| | covered ancillary charges. Rep | places TOTAL | _CHARGES_23. | |
| Beginning Position: | 478 | Data Source: | Claim | |
| Length: | 12 | Гуре: | Numeric | |
| Field 62: | TOTAL NON COV CHAR | | | |
| | | | , non-covered ancillary charges. | |
| Beginning Position: | | Data Source: | Claim | |
| Length: | | Гуре: | Numeric | |
| Field 63: | TOTAL CHARGES ACCO | | T WINDING | |
| | Sum of covered and non-cove | | ation charges | |
| Beginning Position: | | Data Source: | Claim | |
| Length: | | Гуре: | Numeric | |
| Field 64: | | | | |
| riela 04: | TOTAL_NON_COV_CHAP Sum of non-covered accommo | | | |
| D | | 0 | | |
| Beginning Position: | | Data Source: | Claim | |
| Length: | | Гуре: | Numeric | |
| Field 65: | TOTAL_CHARGES_ANCI | | | |
| | Sum of covered and non-cove | | | |
| Beginning Position: | | Data Source: | Claim | |
| Length: | | Гуре: | Numeric | |
| Field 66: | TOTAL_NON_COV_CHAP | | | |
| | Sum of non-covered ancillary | charges. | | |
| Beginning Position: | 538 | Data Source: | Claim | |
| Length: | | Гуре: | Numeric | |
| Field 67: | ADMITTING DIAGNOSIS | | | |
| | | | and 5th digits if applicable. Decimal is implied | |
| | following the third character. | 0 | | |
| Beginning Position: | | Data Source: | Claim | |
| Length: | | Гуре: | Alphanumeric | |
| Field 68: | PRINC DIAG CODE | rype. | Alphanumerie | |
| riciu vo. | ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if | | | |
| | applicable. Decimal is implied | | | |
| | adducable Decimal is induced | i ionowing me | third abaratar | |
| | | | | |
| | 556 | Data Source: | Claim | |
| Length: | 556 I 6 | | | |
| Length: | 556 1 6 OTH_DIAG_CODE_1 | Data Source: Гуре: | Claim Alphanumeric | |
| Beginning Position: Length: Field 69: | 556 I 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, inc | Data Source: Гуре: | Claim | |
| Length: Field 69: | 556 I 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, in following the third character. | Data Source: Type: cluding the 4th | Claim Alphanumeric and 5th digits if applicable. Decimal is implied | |
| Length: Field 69: | 556 I 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, in following the third character. | Data Source: Гуре: | Claim Alphanumeric | |
| Length: Field 69: Beginning Position: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, inc following the third character. 562 6 | Data Source: Type: cluding the 4th | Claim Alphanumeric and 5th digits if applicable. Decimal is implied | |
| Length: Field 69: Beginning Position: Length: | 556 I 6 I OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, interfollowing the third character. 562 | Data Source: Type: cluding the 4th Data Source: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim | |
| Length: Field 69: Beginning Position: Length: | 556 I 6 I OTH_DIAG_CODE_1 I ICD-9-CM diagnosis code, ind following the third character. 562 I 6 I OTH_DIAG_CODE_2 I | Data Source: Type: cluding the 4th Data Source: Type: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric | |
| Length: Field 69: Beginning Position: Length: | 556 I 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, in following the third character. 562 I 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, in | Data Source: Type: cluding the 4th Data Source: Type: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim | |
| Length: Field 69: Beginning Position: Length: Field 70: | 556 I 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, ind following the third character. 562 I 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, ind following the third character. | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied | |
| Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: | 556 I 6 I OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, interfollowing the third character. 562 I 6 I OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, interfollowing the third character. 568 I | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim | |
| Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, inc following the third character. 562 I 6 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, inc following the third character. 568 I 6 6 | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied | |
| Length: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, incomposition of the third character. 562 I 6 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, incomposition of the third character. 568 I 6 6 6 7 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, incomposition of the third character. 568 I 6 7 OTH_DIAG_CODE_3 10 | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: Type: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric | |
| Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, incomposition of the third character. 562 I 6 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, incomposition of the third character. 568 I 6 6 OTH_DIAG_CODE_3 ICD-9-CM diagnosis code, incomposition of the third character. | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: Type: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim | |
| Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, incomposition of the third character. 562 I 6 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, incomposition of the third character. 568 I 6 6 OTH_DIAG_CODE_3 ICD-9-CM diagnosis code, incomposition of the third character. 568 I 6 I 6 I 6 I 6 I 6 I 6 I 6 I 6 I 6 I 6 I 6 I 10 I </td <td>Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th</td> <td>Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied</td> | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied | |
| Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: | 556 I 6 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, incomposition of the character. 562 I 6 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, incomposition of the character. 568 I 6 6 OTH_DIAG_CODE_3 ICD-9-CM diagnosis code, incomposition of the character. 568 I 6 5 7 1000000000000000000000000000000000000 | Data Source: Type: cluding the 4th Data Source: Type: cluding the 4th Data Source: Type: | Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric | |

| | following the third character | | and still digits if applicable. Decimal is implied | |
|---|---|----------------------|--|--|
| Beginning Position: | 580 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 73: | OTH DIAG CODE 5 | <u> </u> | minument | |
| 101U /J. | | including the 4th | and 5th digits if applicable. Decimal is implied | |
| | following the third character | r | and sen digits it applicable. Deciliar is iniplied | |
| Beginning Position: | 586 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 74: | OTH DIAG CODE 6 | Type. | Alphanumene | |
| rielu /4: | | including the Ath | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | and 5th digits if applicable. Decimal is implied | |
| Beginning Position: | 592 | Data Source: | Claim | |
| 0 0 | 6 | | Alphanumeric | |
| Length: Field 75: | OTH DIAG CODE 7 | Туре: | Alphanumenc | |
| field /5: | | including the 1th | and 5th digits if applicable Desired is implied | |
| | | | and 5th digits if applicable. Decimal is implied | |
| D | following the third character | | Claim | |
| Beginning Position: | 598 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 76: | OTH_DIAG_CODE_8 | · 1 1· .4 .4 | | |
| | | | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 604 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 77: | OTH_DIAG_CODE_9 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied | | | |
| | following the third character | | | |
| Beginning Position: | 610 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 78: | OTH_DIAG_CODE_10 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied | | | |
| | following the third character | | | |
| Beginning Position: | 616 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 79: | OTH_DIAG_CODE_11 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied | | | |
| | following the third character | r. | | |
| Beginning Position: | 622 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 80: | OTH_DIAG_CODE_12 | | | |
| | | including the 4th | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 628 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 81: | OTH DIAG CODE 13 | v 1 | ł | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied | | | |
| | following the third character | | | |
| Beginning Position: | 634 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| <u> </u> | OTH DIAG CODE 14 | - , p | | |
| Field 82 · | | | | |
| Field 82: | | including the 4 th | and 5th digits if applicable. Decimal is implied | |
| Field 82: | ICD-9-CM diagnosis code, i | | and 5th digits if applicable. Decimal is implied | |
| | ICD-9-CM diagnosis code, i following the third character | r. | | |
| Field 82: Beginning Position: Length: | ICD-9-CM diagnosis code, i | | Claim Alphanumeric | |

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

| | following the third character | | and stirtuigits in applicable. Deenhar is implied | |
|--------------------------------|---|-----------------------|--|--|
| Beginning Position: | 646 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 84: | OTH DIAG CODE 16 | rype. | Alphandmene | |
| rielu 04: | | naluding the Ath | and 5th digits if applicable. Decimal is implied | |
| | | | and stil digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 652 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 85: | OTH_DIAG_CODE_17 | | | |
| | | | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 658 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 86: | OTH DIAG CODE 18 | | | |
| | | ncluding the 4th | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 664 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 87: | OTH DIAG CODE 19 | rype. | <i>i</i> ipitululitite | |
| riciu o/. | | naluding the Ath | and 5th digits if annliaghly. Desimal is implied | |
| | following the third character | | and 5th digits if applicable. Decimal is implied | |
| Desimation Desitions | e | | | |
| Beginning Position: | 670 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 88: | OTH_DIAG_CODE_20 | | | |
| | | | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 676 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 89: | OTH_DIAG_CODE_21 | | | |
| | ICD-9-CM diagnosis code, i | ncluding the 4th | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 682 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 90: | OTH DIAG CODE 22 | | 1 | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied | | | |
| | following the third character | | | |
| Beginning Position: | 688 | Data Source: | Claim | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 91: | OTH DIAG CODE 23 | турс. | Alphandmene | |
| rielu 91. | | naluding the 1th | and 5th digits if applicable. Decimal is implied | |
| | e , | 0 | and stil digits if applicable. Declinal is implied | |
| р · · р · /· | following the third character | | | |
| Beginning Position: | 694 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 92: | OTH_DIAG_CODE_24 | | | |
| | | | and 5th digits if applicable. Decimal is implied | |
| | following the third character | | | |
| Beginning Position: | 700 | Data Source: | Claim | |
| Length: | 6 | Туре: | Alphanumeric | |
| Field 93: | PRINC_SURG_PROC_CO | | | |
| | | | procedure performed during the period covered by | |
| | | | | |
| | the bill. ICD-9, HCPCS, or 0 | LPT code. | | |
| Beginning Position: | · · · · · · | | Claim | |
| Beginning Position: Length: | the bill. ICD-9, HCPCS, or 0 706 7 | Data Source: Type: | Claim Alphanumeric | |

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

| | Day of principal surgical pro Admission/Start of Care Da | - | rincipal Surgical Procedure Date minus | |
|--|---|-----------------------|---|--|
| Beginning Position: Length: | 713 4 | Data Source: Type: | Calculated Alphanumeric | |
| Field 95: | PRINC_ICD9_CODE | | F | |
| | | | ical procedure, including the 4th and 5th digits if | |
| | applicable. Decimal is impli | | | |
| Beginning Position: | 717 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 96: | OTH_SURG_PROC_COI | | | |
| | | | her than the principal procedure performed during | |
| D | the period covered by the bi | | | |
| Beginning Position: | 722 7 | Data Source: | Claim | |
| Length: Field 97: | OTH SURG PROC DAY | Type: | Alphanumeric | |
| Field 97: | | | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Da | | e equais Other Surgical Procedure Date minus | |
| Beginning Position: | 729 | Data Source: | Calculated | |
| Length: | 4 | Type: | Alphanumeric | |
| Field 98: | OTH ICD9 CODE 1 | rype. | Alphanumene | |
| riciu 70. | | for surgical or ob | stetrical procedure other than the principal | |
| | | | applicable. Decimal is implied following the third | |
| | character. | i and 5th digits h | applicable. Deciliar is implied following the time | |
| Beginning Position: | 733 | Data Source: | Assigned | |
| Length: | 5 | Type: | Alphanumeric | |
| Field 99: | OTH SURG PROC COI | | / ipiuliulione | |
| | | | her than the principal procedure performed during | |
| | Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | | | |
| Beginning Position: | 738 | Data Source: | Claim | |
| Length: | 7 | Type: | Alphanumeric | |
| Field 100: | OTH SURG PROC DAY | | | |
| | | | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Da | | | |
| Beginning Position: | 745 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 101: | OTH ICD9 CODE 2 | | 1 | |
| | | for surgical or obs | stetrical procedure other than the principal | |
| | procedure, including the 4th | n and 5th digits if | applicable. Decimal is implied following the third | |
| | character. | C | | |
| Beginning Position: | 749 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 102: | OTH SURG PROC COI | | • | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | | | |
| Beginning Position: | 754 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 103: | OTH SURG PROC DAY | | • | |
| | | | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Da | | | |
| | 761 | Data Source: | Calculated | |
| Beginning Position: | | | Alphanumeric | |
| Beginning Position: Length: | 4 | Type. | <i>i</i> inplication include the second se | |
| Beginning Position: Length: Field 104: | 4 OTH ICD9 CODE 3 | Туре: | Tiphanumerie | |
| Length: | OTH_ICD9_CODE_3 | | - | |
| Length: | OTH_ICD9_CODE_3 ICD-9-CM diagnosis code f | for surgical or obs | stetrical procedure other than the principal applicable. Decimal is implied following the third | |

| Beginning Position: | 765 | Data Source: | Assigned | |
|----------------------------|--|---------------------|--|--|
| Length: | 5 | Type: | Alphanumeric | |
| Field 105: | OTH_SURG_PROC_COI | | handhan dha mainainal muar danna mar Canna dada sina | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | | | |
| Beginning Position: | 770 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 106: | OTH_SURG_PROC_DAY | | | |
| | Day of other surgical or obs | tetrical procedure | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Dat | te | | |
| Beginning Position: | 777 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 107: | OTH ICD9 CODE 4 | · · | * | |
| | | or surgical or ob | stetrical procedure other than the principal | |
| | | | applicable. Decimal is implied following the third | |
| | character. | and 5th digits h | applicable. Deemai is implied following the unit | |
| Doginaring Dogitions | 781 | Data Source: | Assigned | |
| Beginning Position: | | | 6 | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 108: | OTH_SURG_PROC_COL | | | |
| | Code for surgical or obstetri | cal procedure of | her than the principal procedure performed during | |
| | the period covered by the bi | | | |
| Beginning Position: | 786 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 109: | OTH SURG PROC DAY | 5 | | |
| | Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> | | | |
| | Admission/Start of Care Date | | | |
| Beginning Position: | 793 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 110: | OTH ICD9 CODE 5 | 1 урс. | T inplication in the second seco | |
| | | or surgical or ob | statrical procedure other than the principal | |
| | ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third | | | |
| | character. | and 5th digits h | applicable. Decimal is implied following the till d | |
| Beginning Position: | 797 | Data Source: | Assigned | |
| 0 0 | | | | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 111: | OTH_SURG_PROC_COI | | | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | | | |
| Beginning Position: | 802 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 112: | OTH_SURG_PROC_DAY | Z_6 | | |
| | Day of other surgical or obs | tetrical procedure | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Dat | te | | |
| Beginning Position: | 809 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 113: | OTH ICD9 CODE 6 | J 1 | | |
| 11010 1101 | ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal | | | |
| | | | applicable. Decimal is implied following the third | |
| | character. | and 5th digits h | applicable. Deemial is implied following the third | |
| Doginning Desition | | Data Samaa | Assigned | |
| Beginning Position: | 813 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 114: | OTH_SURG_PROC_COI | | | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | ll. ICD-9, HCPC | S, or CPT code. | |
| Beginning Position: | 818 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| | | * • | | |

| F'.11115. | OTH SUDC DDOC DAY | | | | | |
|----------------------------|-------------------------------|--|--|--|--|--|
| Field 115: | OTH_SURG_PROC_DAY | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Dat | | e equais Onier Surgical Frocedure Date minus | | | |
| Designing Desitions | 825 | e Data Source: | Calculated | | | |
| Beginning Position: | 4 | | Alphanumeric | | | |
| Length: | | Туре: | Alphanumenc | | | |
| Field 116: | OTH_ICD9_CODE_7 | | statuinal was and was athen they the wain singl | | | |
| | | | stetrical procedure other than the principal | | | |
| | character. | and 5th digits II | applicable. Decimal is implied following the third | | | |
| Destanta Destina | 829 | Data Camaaa | Assigned | | | |
| Beginning Position: | | Data Source: | Assigned | | | |
| Length: | 5 OTH SUDG DDOG COD | Туре: | Alphanumeric | | | |
| Field 117: | OTH_SURG_PROC_COD | | han than the main size I and a dama new former of demine | | | |
| | | | her than the principal procedure performed during | | | |
| D | the period covered by the bil | | | | | |
| Beginning Position: | 834 | Data Source: | Claim | | | |
| Length: | 7 OTH SUDG DDOG DAN | Type: | Alphanumeric | | | |
| Field 118: | OTH_SURG_PROC_DAY | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Dat | | e equais Other Surgical Procedure Date minus | | | |
| Destanta Destina | | | Colmited | | | |
| Beginning Position: | 841 4 | Data Source: | Calculated | | | |
| Length: Field 119: | | Туре: | Alphanumeric | | | |
| Field 119: | OTH_ICD9_CODE_8 | | statuinal muses duna ath an than the muinainal | | | |
| | | ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third | | | | |
| | character. | and 5th digits II | applicable. Decimal is implied following the third | | | |
| Designing Desitions | 845 | Data Courses | Assigned | | | |
| Beginning Position: | | Data Source: | Assigned | | | |
| Length: | 5 OTH SURG PROC COD | Туре: | Alphanumeric | | | |
| Field 120: | | | her than the principal procedure performed during | | | |
| | the period covered by the bil | | | | | |
| Beginning Position: | 850 | Data Source: | Claim | | | |
| Length: | 7 | Type: | Alphanumeric | | | |
| Field 121: | OTH SURG PROC DAY | | Alphanumene | | | |
| r iciu 121. | | Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> | | | | |
| | Admission/Start of Care Dat | | e equais Other Surgical Procedure Date minus | | | |
| Beginning Position: | 857 | Data Source: | Calculated | | | |
| Length: | 4 | Type: | Alphanumeric | | | |
| Field 122: | OTH ICD9 CODE 9 | турс. | Alphanumerie | | | |
| r iciu 122. | | or surgical or ob | stetrical procedure other than the principal | | | |
| | | | applicable. Decimal is implied following the third | | | |
| | character. | und 5 in digits if | applicable. Deelling is implied following the unit | | | |
| Beginning Position: | 861 | Data Source: | Assigned | | | |
| Length: | 5 | Type: | Alphanumeric | | | |
| Field 123: | OTH SURG PROC COD | | 1 ipituluitorite | | | |
| 11010 120. | | Code for surgical or obstetrical procedure other than the principal procedure performed during | | | | |
| | the period covered by the bil | | | | | |
| Beginning Position: | 866 | Data Source: | Claim | | | |
| Length: | 7 | Type: | Alphanumeric | | | |
| Field 124: | OTH SURG PROC DAY | | | | | |
| | | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Dat | | - equals outer surgiour riboodule Duce minus | | | |
| Beginning Position: | 873 | Data Source: | Calculated | | | |
| Length: | 4 | Type: | Alphanumeric | | | |
| Field 125: | OTH ICD9 CODE 10 | - , P | r | | | |
| 1 1010 1400 | | | | | | |

| | ICD-9-CM diagnosis code f | or surgical or ob | stetrical procedure other than the principal |
|--------------------------------|-------------------------------------|---------------------|--|
| | 1 , 2 | and 5th digits if | applicable. Decimal is implied following the third |
| | character. | | |
| Beginning Position: | 877 | Data Source: | Assigned |
| Length: | 5 | Туре: | Alphanumeric |
| Field 126: | OTH_SURG_PROC_COL | | han then the main singland and a dume mentaneous data wing |
| | | | her than the principal procedure performed during |
| Doginning Dogitions | the period covered by the bi 882 | Data Source: | Claim |
| Beginning Position: Length: | 882 7 | Type: | Alphanumeric |
| Field 127: | OTH SURG PROC DAY | | Alphanumene |
| | | | e equals Other Surgical Procedure Date minus |
| | Admission/Start of Care Dat | | e equals other burglear i locedare Date minus |
| Beginning Position: | 889 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 128: | OTH ICD9 CODE 11 | | |
| | | or surgical or ob | stetrical procedure other than the principal |
| | procedure, including the 4th | and 5th digits if | applicable. Decimal is implied following the third |
| | character. | - | |
| Beginning Position: | 893 | Data Source: | Assigned |
| Length: | 5 | Туре: | Alphanumeric |
| Field 129: | OTH_SURG_PROC_COI | | |
| | | | her than the principal procedure performed during |
| | the period covered by the bi | | |
| Beginning Position: | 898 | Data Source: | Claim |
| Length: | 7 | Туре: | Alphanumeric |
| Field 130: | OTH_SURG_PROC_DAY | | a survey of the Survey of Deconductor Data minute |
| | Admission/Start of Care Da | | e equals Other Surgical Procedure Date minus |
| Beginning Position: | 905 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 131: | OTH ICD9 CODE 12 | турс. | mphanamene |
| | | or surgical or ob | stetrical procedure other than the principal |
| | | | applicable. Decimal is implied following the third |
| | character. | | |
| Beginning Position: | 909 | Data Source: | Assigned |
| Length: | 5 | Туре: | Alphanumeric |
| Field 132: | OTH_SURG_PROC_COI | DE_13 | |
| | | | her than the principal procedure performed during |
| | the period covered by the bi | | |
| Beginning Position: | 914 | Data Source: | Claim |
| Length: | 7 | Туре: | Alphanumeric |
| Field 133: | OTH_SURG_PROC_DAY | | |
| | | | e equals Other Surgical Procedure Date minus |
| р · · р · /· | Admission/Start of Care Dat | | |
| Beginning Position: | 921 | Data Source: | Calculated |
| Length: | 4 ОТИ 1СРО СОРЕ 12 | Туре: | Alphanumeric |
| Field 134: | OTH_ICD9_CODE_13 | or surgical or ab | stetrical procedure other than the principal |
| | | | applicable. Decimal is implied following the third |
| | character. | and Jui uigits II | appreade. Deeman is implied following the till d |
| Beginning Position: | 925 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 135: | OTH SURG PROC COI | | |
| | | | |

| | | | her than the principal procedure performed during | | | |
|----------------------------|---|--|---|--|--|--|
| | the period covered by the bill. | | | | | |
| Beginning Position: | | Data Source: | Claim | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 136: | OTH_SURG_PROC_DAY_ | | | | | |
| | Day of other surgical or obster Admission/Start of Care Date. | trical procedure | e equals Other Surgical Procedure Date minus | | | |
| Beginning Position: | 937 | Data Source: | Calculated | | | |
| Length: | 4 | Гуре: | Alphanumeric | | | |
| Field 137: | OTH ICD9 CODE 14 | * * | | | | |
| | | | stetrical procedure other than the principal applicable. Decimal is implied following the third | | | |
| | character. | nu 5th uights h | applicable. Decinial is implied following the tille | | | |
| Beginning Position: | | Data Source: | Assigned | | | |
| Length: | | Type: | Alphanumeric | | | |
| Field 138: | OTH SURG PROC CODE | | Alphanumenc | | | |
| rielu 158: | | | her than the principal procedure performed during | | | |
| | the period covered by the bill. | | | | | |
| D | 1 5 | , | | | | |
| Beginning Position: | | Data Source: | Claim | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 139: | OTH_SURG_PROC_DAY_ | | | | | |
| | | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Date. | | | | | |
| Beginning Position: | | Data Source: | Calculated | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 140: | OTH_ICD9_CODE_15 | | | | | |
| | | ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal | | | | |
| | procedure, including the 4th at | nd 5th digits if | applicable. Decimal is implied following the third | | | |
| | character. | | | | | |
| Beginning Position: | 957 | Data Source: | Assigned | | | |
| Length: | 5 | Гуре: | Alphanumeric | | | |
| Field 141: | OTH SURG PROC CODE | 2 16 | | | | |
| | Code for surgical or obstetrica | I procedure oth | her than the principal procedure performed during | | | |
| | the period covered by the bill. | | | | | |
| Beginning Position: | | Data Source: | Claim | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 142: | OTH SURG PROC DAY | | | | | |
| 1 1010 1 12. | | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Date. | | equals other surgicul ricecture Dute minus | | | |
| Beginning Position: | | Data Source: | Calculated | | | |
| Length: | | | Alphanumeric | | | |
| Field 143: | | Гуре: | Alphanumenc | | | |
| riela 145: | OTH_ICD9_CODE_16 ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal | | | | | |
| | | | | | | |
| | · · · | nd 5th digits if | applicable. Decimal is implied following the third | | | |
| | character. | | | | | |
| Beginning Position: | | Data Source: | Assigned | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 144: | OTH_SURG_PROC_CODE | | | | | |
| | Code for surgical or obstetrica | l procedure oth | her than the principal procedure performed during | | | |
| | the period covered by the bill. | | | | | |
| Beginning Position: | | Data Source: | Claim | | | |
| Length: | | Гуре: | Alphanumeric | | | |
| Field 145: | OTH_SURG_PROC_DAY_ | | 1 | | | |
| 1 IVIU 1 IVI | | | e equals Other Surgical Procedure Date minus | | | |
| | Admission/Start of Care Date. | | equals Other Surgreat i locedure Date millus | | | |
| | Aumission/start of Care Date. | | | | | |

Code for surgical or obstetrical procedure other than the principal procedure performed during

| | 00 7 | | | |
|----------------------------|--|---------------------|--|--|
| Beginning Position: | 985 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 146: | OTH_ICD9_CODE_17 | | | |
| | ICD-9-CM diagnosis code f | or surgical or ob | stetrical procedure other than the principal | |
| | | and 5th digits if | applicable. Decimal is implied following the third | |
| | character. | | | |
| Beginning Position: | 989 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 147: | OTH SURG PROC COI | | • | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | | | |
| Beginning Position: | 994 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 148: | OTH SURG PROC DAY | | The phane more than the phane manual states and the phane manual states an | |
| 11010 140. | | | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Da | | e equais Other Surgreat Floeedure Date minus | |
| Desiration Desitions | 1001 | Data Source: | Coloulated | |
| Beginning Position: | 4 | | Calculated | |
| Length: | | Туре: | Alphanumeric | |
| Field 149: | OTH_ICD9_CODE_18 | | | |
| | | | stetrical procedure other than the principal | |
| | | and 5th digits if | applicable. Decimal is implied following the third | |
| | character. | | | |
| Beginning Position: | 1005 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 150: | OTH_SURG_PROC_COL | DE_19 | | |
| | Code for surgical or obstetrical procedure other than the principal procedure performed during | | | |
| | the period covered by the bi | II. ICD-9, HCPC | S, or CPT code. | |
| Beginning Position: | 1010 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 151: | OTH SURG PROC DAY | | 1 | |
| 11010 1011 | | | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Dat | | e equais other surgreat i recourte Date minus | |
| Beginning Position: | 1017 | Data Source: | Calculated | |
| Length: | 4 | Type: | Alphanumeric | |
| Field 152: | TH ICD9 CODE 19 | Type. | Alphandmene | |
| rielu 152: | | Cor auraical ar ab | stetrical procedure other than the principal | |
| | | | | |
| | 1 0 | and 5th digits if | applicable. Decimal is implied following the third | |
| | character. | | | |
| Beginning Position: | 1021 | Data Source: | Assigned | |
| Length: | 5 | Туре: | Alphanumeric | |
| Field 153: | OTH_SURG_PROC_COI | | | |
| | | | her than the principal procedure performed during | |
| | the period covered by the bi | | S, or CPT code. | |
| Beginning Position: | 1026 | Data Source: | Claim | |
| Length: | 7 | Туре: | Alphanumeric | |
| Field 154: | OTH SURG PROC DAY | 20 | | |
| | Day of other surgical or obs | tetrical procedur | e equals Other Surgical Procedure Date minus | |
| | Admission/Start of Care Day | te. | | |
| Beginning Position: | 1033 | Data Source: | Calculated | |
| Length: | 4 | Туре: | Alphanumeric | |
| Field 155: | OTH ICD9 CODE 20 | | r | |
| 1 IVIU 1331 | | or surgical or ob | stetrical procedure other than the principal | |
| | | | applicable. Decimal is implied following the third | |
| | character. | and Jui uights II | appreade. Deennal is implied following the till d | |
| Doginning Dogition | 1037 | Data Sauraa | Assigned | |
| Beginning Position: | 1037 | Data Source: | Assigned | |
| | | | | |

| Length: | 5 | Туре: | Alphanumeric |
|--|---|---|--|
| Field 156: | OTH_SURG_PROC_COL | | |
| | | | her than the principal procedure performed during |
| | the period covered by the bi | | S, or CPT code. |
| Beginning Position: | 1042 | Data Source: | Claim |
| Length: | 7 | Туре: | Alphanumeric |
| Field 157: | OTH SURG PROC DAY | | • |
| | | | e equals Other Surgical Procedure Date minus |
| | Admission/Start of Care Dat | | |
| Beginning Position: | 1049 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 158: | OTH ICD9 CODE 21 | Турс | Alphanumerte |
| riciu 130. | | or surgical or ob | stetrical procedure other than the principal |
| | | | applicable. Decimal is implied following the third |
| | character. | and still digits if | applicable. Decimal is implied following the third |
| п п | | | A * 1 |
| Beginning Position: | 1053 | Data Source: | Assigned |
| Length: | 5 | Туре: | Alphanumeric |
| Field 159: | OTH_SURG_PROC_COL | | |
| | | | her than the principal procedure performed during |
| | the period covered by the bi | | |
| Beginning Position: | 1058 | Data Source: | Claim |
| Length: | 7 | Туре: | Alphanumeric |
| Field 160: | OTH SURG PROC DAY | 22 | |
| | Day of other surgical or obs | tetrical procedur | e equals Other Surgical Procedure Date minus |
| | Admission/Start of Care Dat | | |
| Beginning Position: | 1065 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 161: | OTH ICD9 CODE 22 | J | |
| | | or surgical or ob | stetrical procedure other than the principal |
| | | | applicable. Decimal is implied following the third |
| | | | |
| | | und still digits if | applicable. Decimal is implied following the unit |
| Reginning Position. | character. | - | |
| Beginning Position: | character. 1069 | Data Source: | Assigned |
| Length: | character. 1069 5 | Data Source: Type: | |
| | character. 1069 5 OTH_SURG_PROC_COE | Data Source: Type: DE_23 | Assigned Alphanumeric |
| Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri | Data Source: <u>Type:</u> DE_23 cal procedure otl | Assigned Alphanumeric her than the principal procedure performed during |
| Length: Field 162: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi | Data Source: Type: DE_23 cal procedure otl II. ICD-9, HCPC | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. |
| Length: Field 162: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 | Data Source: <u>Type:</u> DE_23 cal procedure otl II. ICD-9, HCPC Data Source: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim |
| Length: Field 162: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 | Data Source: <u>Type:</u> DE_23 cal procedure otl II. ICD-9, HCPC Data Source: Type: | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. |
| Length: Field 162: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COE Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY | Data Source: Type: DE_23 cal procedure otl ll. ICD-9, HCPC Data Source: Type: 7_23 | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. Claim Alphanumeric |
| Length: Field 162: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs | Data Source: Type: DE_23 cal procedure otl 11. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim |
| Length: Field 162: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COE Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY | Data Source: Type: DE_23 cal procedure otl 11. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. Claim Alphanumeric |
| Length: Field 162: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs | Data Source: Type: DE_23 cal procedure otl 11. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. Claim Alphanumeric |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Data | Data Source: Type: DE_23 cal procedure oth II. ICD-9, HCPC Data Source: Type: 223 tetrical procedure te. Data Source: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e <i>equals</i> Other Surgical Procedure Date <i>minus</i> |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 | Data Source: Type: DE_23 cal procedure otl 11. ICD-9, HCPC Data Source: Type: (_23 tetrical procedure te. | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e <i>equals</i> Other Surgical Procedure Date <i>minus</i> Calculated |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 | Data Source: Type: DE_23 cal procedure oth II. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure tet. Data Source: Type: Type: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e <i>equals</i> Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for | Data Source: Type: DE_23 cal procedure otil 11. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure te. Data Source: Type: or surgical or observed. | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e <i>equals</i> Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric stetrical procedure other than the principal |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th | Data Source: Type: DE_23 cal procedure otil 11. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure te. Data Source: Type: or surgical or observed. | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e <i>equals</i> Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code fi procedure, including the 4th character. | Data Source: Type: DE_23 cal procedure ottl II. ICD-9, HCPC Data Source: Type: (_23 tetrical procedure te. Data Source: Type: for surgical or obset and 5th digits if | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code fi procedure, including the 4th character. 1085 | Data Source: Type: DE_23 cal procedure other ll. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure te. Data Source: Type: for surgical or obset and 5th digits iff Data Source: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Day 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th character. 1085 5 | Data Source: Type: DE_23 cal procedure off ll. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure te. Data Source: Type: for surgical or observed and 5th digits iff Data Source: Type: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COL Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Day 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th character. 1085 5 OTH_SURG_PROC_COL | Data Source: Type: DE_23 cal procedure other ll. ICD-9, HCPC Data Source: Type: 223 tetrical procedure tetrical procedure Data Source: Type: Data Source: Type: DE_24 | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned Alphanumeric |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: Length: | character. 1069 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code f procedure, including the 4th character. 1085 5 OTH_SURG_PROC_COI Code for surgical or obstetri | Data Source: Type: DE_23 cal procedure otl ll. ICD-9, HCPC Data Source: Type: 223 tetrical procedure tetrical procedure tetrical or obs and 5th digits if Data Source: Type: DE_24 cal procedure otl | Assigned Alphanumeric her than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned Alphanumeric her than the principal procedure performed during |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: Length: Field 165: | character. 1069 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th character. 1085 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi | Data Source: Type: DE_23 cal procedure otill. II. ICD-9, HCPC Data Source: Type: 7_23 tetrical procedure tetrical procedure te. Data Source: Type: or surgical or obs and 5th digits if Data Source: Type: DE_24 cal procedure otill. I. ICD-9, HCPC | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: Length: Field 165: Beginning Position: | character. 1069 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th character. 1085 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1090 | Data Source: Type: DE_23 cal procedure otl II. ICD-9, HCPC Data Source: Type: Z_23 tetrical procedure te. Data Source: Type: or surgical or obs and 5th digits if Data Source: Type: DE_24 cal procedure otl II. ICD-9, HCPC Data Source: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim |
| Length: Field 162: Beginning Position: Length: Field 163: Beginning Position: Length: Field 164: Beginning Position: Length: Field 165: | character. 1069 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi 1074 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Dat 1081 4 OTH_ICD9_CODE_23 ICD-9-CM diagnosis code for procedure, including the 4th character. 1085 5 OTH_SURG_PROC_COI Code for surgical or obstetri the period covered by the bi | Data Source: Type: DE_23 cal procedure otl II. ICD-9, HCPC Data Source: Type: Z_23 tetrical procedure te. Data Source: Type: or surgical or obs and 5th digits if Data Source: Type: DE_24 cal procedure otl II. ICD-9, HCPC Data Source: Type: | Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric stetrical procedure other than the principal applicable. Decimal is implied following the third Assigned Alphanumeric ner than the principal procedure performed during S, or CPT code. |

| | , | 1 | e equals Other Surgical Procedure Date minus |
|--------------------------------|-------------------------------|---------------------|--|
| | Admission/Start of Care Dat | | |
| Beginning Position: | 1097 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 167: | OTH_ICD9_CODE_24 | | |
| | | or surgical or ob | stetrical procedure other than the principal |
| | | | applicable. Decimal is implied following the third |
| | character. | | |
| Beginning Position: | 1101 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 168: | | Type: | Alphanumenc |
| Field 168: | E_CODE_1 | 1 1 44 | |
| | | | digit if applicable, of the primary external cause |
| | of injury. A decimal is impli | | • |
| Beginning Position: | 1106 | Data Source: | Claim |
| Length: | 6 | Туре: | Alphanumeric |
| Field 169: | E_CODE_2 | | |
| | ICD-9-CM diagnosis code, i | including the 4th | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | | |
| Beginning Position: | 1112 | Data Source: | Claim |
| Length: | 6 | Туре: | Alphanumeric |
| Field 170: | E CODE 3 | - , p | |
| riciu 170. | | including the 4th | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | | |
| Destudine Destitions | 1118 | | Claim |
| Beginning Position: | | Data Source: | |
| Length: | 6 | Туре: | Alphanumeric |
| Field 171: | E_CODE_4 | | |
| | | | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | d following the the | hird digit. |
| Beginning Position: | 1124 | Data Source: | Claim |
| Length: | 6 | Туре: | Alphanumeric |
| Field 172: | E CODE 5 | | • |
| | | including the 4th | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | | |
| Beginning Position: | 1130 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 173: | E CODE 6 | Type. | Alphaliditette |
| riela 1/5: | | | disit if annliaghla af an additional automal asuas |
| | | | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | - | - |
| Beginning Position: | 1136 | Data Source: | Claim |
| Length: | 6 | Туре: | Alphanumeric |
| Field 174: | E_CODE_7 | | |
| | | | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | d following the th | hird digit. |
| Beginning Position: | 1142 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 175: | E CODE 8 | | 1 |
| i iciu i / ci | | including the 4th | digit if applicable, of an additional external cause |
| | of injury. Decimal is implied | | |
| Doginning Dogiticate | 1148 | Data Source: | Claim |
| Beginning Position: | | | |
| Length: | 6 | Туре: | Alphanumeric |
| Field 176: | E_CODE_9 | | |
| | ICD Q CM diagnosis code i | including the 4th | digit if applicable, of an additional external cause |
| | | | |
| | of injury. Decimal is implied | d following the th | |
| Beginning Position: | | | |
| Beginning Position: Length: | of injury. Decimal is implied | d following the th | nird digit. |

Day of other surgical or obstetrical procedure equals Other Surgical Procedure Date minus

| Field 177: | | ODE_10 | | |
|----------------------------|------|--|-----------------|---|
| | ICD- | 9-CM diagnosis code, including the 4th | digit if ap | plicable, of an additional external cause |
| | | jury. Decimal is implied following the th | | |
| Beginning Position: | 1160 | | Claim | |
| Length: | 6 | Туре: | Alphanu | imeric |
| Field 178: | | DITION CODE 1 | <i>i</i> upnunu | |
| riciu 170. | | e describing a condition relating to the cla | | |
| | | Military service related | 49 | Product replacement within product lifecycle |
| Coding Scheme: | 1 | winnary service related | 70 | Self-Administered Anemia Management Drug |
| | 2 | Condition is employment related | 76 | Back-up in facility dialysis |
| | 3 | Patient covered by insurance not reflected here | 77 | Provider accepts or is obligated/required due to contractual arrangement or law to accept payment by a primary payer as payment |
| | 4 | Information only bill. | 78 | New coverage not implemented by HMO |
| | 4 | Patient is HMO enrollee | 70 79 | CORF services provided offsite |
| | 5 | Lien has been filed | 80 | Home dialysis - nursing facility |
| | 6 | ESRD patient in first 18 months of entitlement covered by EGHP | A0 | CHAMPUS external partnership program |
| | 7 | Treatment of non-terminal condition for hospice patient | A1 | EPSDT/CHAP |
| | 8 | Beneficiary would not provide information concerning other insurance coverage | A2 | Physically handicapped children's program |
| | 9 | Neither patient or spouse is employed | A3 | Special Federal Funding |
| | 10 | Patient and/or spouse is employed but no EGHP exists | A4 | Family planning |
| | 11 | Disabled beneficiary but no LGHP coverage exists | A5 | Disability |
| | 17 | Patient is homeless | A6 | Vaccines/Medicare 100% payment |
| | 18 | Maiden name retained | A7 | Induced abortion - danger to life |
| | 19 | Child retains mother's name | A8 | Induced abortion - victim rape/incest |
| | 20 | Beneficiary requested billing | A9 | Second opinion surgery |
| | 21 | Billing for denial notice | AA | Abortion performed due to rape |
| | 22 | Patient on multiple drug regimen | AB | Abortion performed due to incest |
| | 23 | Home care giver available | AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| | 24 | Home IV patient also receiving HHA services | AD | Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself |
| | 25 | Patient is non-US resident | AE | Abortion performed due to physical health of mother that is not life endangering |
| | 26 | VA eligible patient chooses to receive services in a Medicare certified facility | n AF | Abortion performed due to emotional/psychological health of mother |
| | 27 | Patient referred to a sole community hospital for a diagnostic laboratory test | AG | Abortion performed due to social or economic reasons |
| | 28 | Patient and/or spouse's EGHP is secondary to Medicare | AH | Elective abortion |
| | 29 | Disabled beneficiary and/or family member's LGHP is secondary to Medicare | AI | Sterilization |
| | 30 | Non-research services provided to patients enrolled in a qualified clinical trial | AJ | Payer responsible for co-payment |
| | 31 | Patient is student (full time - day) | AJ | Payer responsible for co-payment |
| | 32 | Patient is student (cooperative/work study program) | AK | Air ambulance required |
| | 33 | Patient is student (full time - night) | AL | Specialized treatment/bed unavailable |
| | 34 | Patient is student (part-time) | AM | Non-emergency medically necessary stretcher transport required |
| | 36 | General care patient in a special unit | AN | Pre-admission screening not required |
| | 37 | Ward accommodation at patient request | B0 | Medicare coordinated care demonstration claim |
| | 38 | Semi-private room not available | B1 | Beneficiary is ineligible for demonstration program |
| | 39 | Private room medically necessary | B2 | Critical access hospital ambulance attestation |
| | 40 | Same day transfer | B3 | Pregnancy indicator |
| | 41 | Partial hospitalization | B4 | Admission unrelated to discharge on same day |
| | 42 | Continuing care not related to inpatient admission | C1 | Approved as billed |

| • | 1166 | Data Source | Claim | |
|---|----------|---|----------|--|
| | | | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| | 74 | Home | P1 | Do not Resuscitate Order (DNR) |
| | 73 | Self care training | M2 | HHA payment significantly exceeds total charges |
| | 72 | Self care in unit | M1 | pneumococcal pneumonia vaccine (PPV) |
| | 71 | | M0 | All inclusive rate for outpatient services Roster billed influenza virus vaccine or |
| | 70 71 | Self-administered anemia management drug Full care in unit | H0 M0 | Delayed Filing, Statement of Intent Submitted |
| | 69 70 | IME/DGME/N&AH Payment Only | G0 | Distinct Medical Visit |
| | 69 (0 | IME/DGME/N&AH Payment Only | E0 | Changes in Patient Status |
| | 69 (0 | IME payment only bill. | DR | Katrina disaster related |
| | 68 | Beneficiary elects to use life time reserve (LTR) days | D9 | Any Other Change |
| | 67 | Beneficiary elects not to use life time reserve (LTR) days | D8 | Change to Make Medicare the Primary Payer |
| | 66 | Provider does not wish cost outlier payment | D7 | Change to Make Medicare the Secondary Payer |
| | 61 | Cost outlier | D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |
| | 60 | Day outlier | D5 | Cancel to correct HICN or Provider ID |
| | 59 | Non-primary ESRD facility | D4 | Change in ICD-9-CM diagnosis and/or procedure codes. |
| | 58 | Terminated Medicare+Choice organization enrollee | D3 | Second or Subsequent Interim PPS Bill |
| | 57 | SNF readmission | D2 | Changes in Revenue Codes/HCPCS/HIPPS rate code |
| | 56 | Medical appropriateness | D1 | Changes to Charges |
| | 55 | SNF bed not available | D0 | Changes to Service Dates |
| | 48 | Psychiatric residential treatment centers for children and adolescents (RTCs) | C7 | Extended Authorization |
| | 47 | Reserved for CHAMPUS | C6 | Admission Preauthorization |
| | 46 | Non-availability statement on file | C5 | Postpayment review applicable |
| | 44 | postdischarge window Inpatient admission changed to outpatient | C4 | Admission/services denied |
| | 43 | review Continuing care not provided within prescribed | C3 | Partial approval |
| | C2 | Automatic approval as billed based on focused | 75 | Home - 100% reimbursement |
| | | | | |

| | | | Demonstration indicator |
|----------------------------|-----------------------------|---------------------|-------------------------|
| Beginning Position: | 1166 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 179: | CONDITION_CODE_2 | | |
| | Code describing a condition | relating to the cl | aim. |
| Coding Scheme: | Same as Field 178. | | |
| Beginning Position: | 1168 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 180: | CONDITION_CODE_3 | | |
| | Code describing a condition | relating to the cl | aim. |
| Coding Scheme: | Same as Field 178. | | |
| Beginning Position: | 1170 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 181: | CONDITION_CODE_4 | | |
| | Code describing a condition | relating to the cl | aim. |
| Coding Scheme: | Same as Field 178. | | |
| Beginning Position: | 1174 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 182: | CONDITION_CODE_5 | | |
| | Code describing a condition | relating to the cl | aim. |
| Coding Scheme: | Same as Field 178. | | |
| Beginning Position: | 1176 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 183: | CONDITION_CODE_6 | | |
| | Code describing a condition | relating to the cl | aim. |

| Coding Scheme: | Same as Fie | d 178. | | |
|---------------------|----------------------|--|-----------------|---|
| Beginning Position: | 1178 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphan | umeric |
| Field 184: | CONDITIC | N_CODE_7 | | |
| | | bing a condition relating to the cl | laim. | |
| Coding Scheme: | Same as Fie | | | |
| Beginning Position: | 1180 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphan | imeric |
| Field 185: | | N CODE 8 | - inpituit | ****** |
| | | bing a condition relating to the cl | laim | |
| Coding Scheme: | Same as Fie | | G 11111. | |
| Beginning Position: | 1182 | Data Source: | Claim | |
| Length: | 2 | Туре: | | Imaria |
| Field 186: | | *1 | Alphan | differic |
| | OCCUR_C | | | |
| | | bing a significant event relating t | | |
| Coding Scheme: | | It Insurance Involved - Including Auto | 40 41 | Scheduled date of admission Date of first test of pre-admission testing |
| | | nt/Other | 71 | Date of first test of pre-admission testing |
| | | nt/ Tort Liability | 42 | Date of discharge (hospice only) |
| | | nt/ Employment Related | 43 | Scheduled date of canceled surgery |
| | | ccident | 44 | Date treatment started - OT |
| | 6 Crime 9 Start o | Infertility Treatment Cycle | 45 46 | Date treatment started - ST Date treatment started - Cardiac rehabiliation |
| | | enstrual Period | 40 | Date cost outlier status begins |
| | | f Symptoms/ Illness | Al | Birthdate - Insured A |
| | | Onset for a Chronically Dependent | A2 | Effective Date - Insured A Policy |
| | Individ | | | |
| | | Last Therapy | A3 | Payer A benefits exhausted |
| | 17 Date C Reviev | utpatient OT Plan Established or Last | A4 | Split Bill Date |
| | | Retirement - Patient/Beneficiary | B1 | Birthdate - Insured B |
| | | Retirement - Spouse | B2 | Effective date - Insured B Policy |
| | | uarantee of Payment Began | B3 | Payer B benefits exhausted |
| | | R Notice Received | C1 | Birthdate - Insured C |
| | | ctive Care Ended | C2 | Effective date - Insured C Policy |
| | | surance Denied | C2 C3 | Payer C benefits exhausted |
| | | | DR | Katrina disaster related |
| | | enefits Terminated by Primary Payer | | |
| | | NF Bed Became Available | E1 | Birthdate - Insured D |
| | 27 Date H Review | ome Health Plan Established or Last | E2 | Effective date - Insured D Policy |
| | | omprehensive Outpatient Rehabilitation | E3 | Payer D benefits exhausted |
| | | tablished or Last Reviewed | | |
| | | utpatient PT Plan established or last | F1 | Birthdate - Insured E |
| | review 30 Date C | a utpatient ST Plan established or last | F2 | Effective date - Insured E Policy |
| | review | | 12 | Effective dute insured E Folley |
| | | meficiary notified of intent to bill | F3 | Payer E benefits exhausted |
| | | modations) | ~. | |
| | | neficiary notified of intent to bill ures or treatments) | Gl | Birthdate - Insured F |
| | | inpatient hospital discharge for non- | G2 | Effective date - Insured F Policy |
| | covere | l transplant patients | | - |
| | | eatment started for home IV therapy | G3 | Payer F benefits exhausted |
| | | scharged on a continuous course if IV | | |
| . | therapy | | C1 · | |
| Beginning Position: | 1182 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphan | umeric |
| Field 187: | OCCUR_D | | | |
| | | Day equals Occurrence Date min | | |
| Beginning Position: | 1184 | Data Source: | Calcula | ted |
| Length: | 4 | Туре: | Alphan | umeric |

| | Code describing a significar | nt event relating t | to the claim. |
|--------------------------------|--|---------------------|---|
| Coding Scheme: | Same as Field 186. | - | |
| Beginning Position: | 1188 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 189: | OCCUR_DAY_2 | | |
| | Occurrence Day equals Occ | urrence Date mir | nus Admission/Start of Care Date. |
| Beginning Position: | 1190 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 190: | OCCUR_CODE_3 | | |
| | Code describing a significant | nt event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 1194 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 191: | OCCUR_DAY_3 | | |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1196 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 192: | OCCUR_CODE_4 | | |
| | Code describing a significant | nt event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 1200 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 193: | OCCUR_DAY_4 | | |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1202 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 194: | OCCUR_CODE_5 | | |
| | Code describing a significant | nt event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 1206 | Data Source: | Claim |
| Length: | 2 | Туре: | Alphanumeric |
| Field 195: | OCCUR_DAY_5 | | |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1208 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 196: | OCCUR_CODE_6 | | |
| | Code describing a significant Same as Field 186. | it event relating t | to the claim. |
| Coding Scheme: | | D. (. C. | Claim |
| Beginning Position: | 1212 | Data Source: | |
| Length: Field 197: | $\frac{2}{0}$ | Туре: | Alphanumeric |
| Fleid 197: | OCCUR_DAY_6 | urranaa Data mii | nus Admission/Start of Caro Data |
| Doginning Desition. | 1214 | Data Source: | nus Admission/Start of Care Date. Calculated |
| Beginning Position: Length: | 4 | | |
| Field 198: | OCCUR CODE 7 | Туре: | Alphanumeric |
| rielu 190: | Code describing a significar | nt avant relating t | to the claim |
| Coding Scheme: | Same as Field 186. | it event relating t | |
| Beginning Position: | 1218 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 199: | OCCUR DAY 7 | 1 jpc. | - apaulumene |
| 1 ICIU 177. | | urrence Date min | nus Admission/Start of Care Date. |
| Beginning Position: | 1220 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 200: | OCCUR CODE 8 | - jpc. | i i praniumente |
| 1 IVIU 400. | Code describing a significar | nt event relating t | to the claim |
| | coue acconting a significal | it event relating t | |

| Coding Scheme: | Same as Field 186. | | |
|---|--|--|---|
| Beginning Position: | 1224 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 201: | OCCUR DAY 8 | турс. | Aphanumene |
| riela 201: | | | A Aminging Start of Come Data |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1226 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 202: | OCCUR_CODE_9 | | |
| | Code describing a signific | ant event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | • | |
| Beginning Position: | 1230 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 203: | OCCUR DAY 9 | 1 урс. | 7 uphunumene |
| r ielu 205. | | | A Aminging Start of Come Data |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1232 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 204: | OCCUR_CODE_10 | | |
| | Code describing a signific | ant event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | U | |
| Beginning Position: | 1236 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 205: | OCCUR_DAY_10 | Type. | 7 Aphanamerie |
| rielu 205. | | | A Aminging Start of Come Data |
| | | | nus Admission/Start of Care Date. |
| Beginning Position: | 1238 | Data Source: | Calculated |
| Length: | 4 | Туре: | Alphanumeric |
| Field 206: | OCCUR_CODE_11 | | |
| | Code describing a signific | ant event relating t | to the claim. |
| Coding Scheme: | Same as Field 186. | - | |
| Beginning Position: | 1242 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 207: | OCCUR DAY 11 | 1,100 | |
| 11010 207. | | ourranca Data min | nus Admission/Start of Care Date. |
| Doginaing Dogitions | 1244 | Data Source: | Calculated |
| Beginning Position: | | | |
| Length: | 4 | Туре: | Alphanumeric |
| Field 208: | OCCUR CODE 12 | | |
| | | | |
| | Code describing a signific | ant event relating t | to the claim. |
| Coding Scheme: | | ant event relating t | to the claim. |
| | Code describing a signific | ant event relating t Data Source: | o the claim. Claim |
| Beginning Position: | Code describing a signific Same as Field 186. | Data Source: | Claim |
| Beginning Position: Length: | Code describing a signific Same as Field 186. 1248 2 | | |
| Beginning Position: Length: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 | Data Source: Type: | Claim Alphanumeric |
| Beginning Position: Length: Field 209: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day <i>equals</i> Oc | Data Source: Type: ccurrence Date <i>mir</i> | Claim Alphanumeric nus Admission/Start of Care Date. |
| Beginning Position: Length: Field 209: Beginning Position: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day <i>equals</i> Oc 1250 | Data Source: Type: ccurrence Date <i>mir</i> Data Source: | Claim Alphanumeric nus Admission/Start of Care Date. Calculated |
| Beginning Position: Length: Field 209: Beginning Position: Length: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day <i>equals</i> Oc 1250 4 | Data Source: Type: ccurrence Date <i>mir</i> Data Source: Type: | Claim Alphanumeric nus Admission/Start of Care Date. |
| Beginning Position: Length: Field 209: Beginning Position: Length: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day <i>equals</i> Oc 1250 4 OCCUR_SPAN_CODE_ | Data Source: Type: ccurrence Date <i>mir</i> Data Source: Type: 1 | Claim Alphanumeric nus Admission/Start of Care Date. Calculated Alphanumeric |
| Beginning Position: Length: Field 209: Beginning Position: Length: Field 210: | Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day <i>equals</i> Oc 1250 4 OCCUR_SPAN_CODE Code describing a signific | Data Source: Type: ccurrence Date <i>mir</i> Data Source: Type: 1 ant event relating t | Claim Alphanumeric nus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. |
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| Beginning Position: | 1282 Da | ita Source: | Claim | | | |
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| Field 217: | OCCUR_SPAN_FROM_3 | | | | | |
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| Field 218:Beginning Position:Length:Field 219:Coding Scheme:Beginning Position:Length:Field 220:Beginning Position:Length:Field 221:Beginning Position:Length:Field 221:Beginning Position:Length:Field 222: | OCCUR_SPAN_THRU_3 Occurrence Span Thru equals Exite 1290 Date 6 Ty OCCUR_SPAN_CODE_4 Code describing a significant ev Same as Field 210. 1296 1296 Date 2 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Date 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1304 Date OCCUR_SPAN_THRU_4 Occurrence Span Thru equals Exite 1304 Date Ode describing information that 1 Most common semi-private rate 2 Hospital has no semi-private rate 3 Professional component <td co<="" th=""><th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and</th><th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72</th><th>nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge</th></td> | <th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and</th> <th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72</th> <th>nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge</th> | nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and | f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72 | nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge | |
| Field 218:Beginning Position:Length:Field 219:Coding Scheme:Beginning Position:Length:Field 220:Beginning Position:Length:Field 221:Beginning Position:Length:Field 221:Beginning Position:Length:Field 222: | OCCUR_SPAN_THRU_3 Occurrence Span Thru equals Exite 1290 Date 6 Ty OCCUR_SPAN_CODE_4 Code describing a significant ev Same as Field 210. 1296 1296 Date 2 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exitence 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exitence 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exitence 1304 Date OCCUR_SPAN_THRU_4 Occurrence Span Thru equals Exitence 1304 Date Ode describing information that 1 Most common semi-private rate 2 Hospital has no semi-private rate Otopote describing information that <td con<="" th=""><th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and</th><th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> Calculate Alphanun</th><th>nus Admission/Start of Care Date. ed meric n that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage</th></td> | <th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and</th> <th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> Calculate Alphanun</th> <th>nus Admission/Start of Care Date. ed meric n that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage</th> | nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: at may affect pe oms nt charges which ed in charges and | f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> calculate Alphanun f Event <i>mi</i> Calculate Alphanun f Event <i>mi</i> Calculate Alphanun | nus Admission/Start of Care Date. ed meric n that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage | |
| Field 218:Beginning Position:Length:Field 219:Coding Scheme:Beginning Position:Length:Field 220:Beginning Position:Length:Field 221:Beginning Position:Length:Field 221:Beginning Position:Length:Field 222: | OCCUR_SPAN_THRU_3 Occurrence Span Thru equals Exite 1290 Date 6 Ty OCCUR_SPAN_CODE_4 Code describing a significant ev Same as Field 210. 1296 1296 Date 2 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite Date 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1304 Date OCCUR_SPAN_THRU_4 Occurrence Span Thru equals Exite 1304 Date O VALUE_CODE_1 Code describing information that 1 Oscurrence Span Thru equals Exite 1304 <td <="" colspan="2" th=""><th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: nt may affect pe oms nt charges which ed in charges and unt in the first</th><th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72</th><th>nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge Drug deductible</th></td> | <th>nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: nt may affect pe oms nt charges which ed in charges and unt in the first</th> <th>f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72</th> <th>nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge Drug deductible</th> | | nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: nt may affect pe oms nt charges which ed in charges and unt in the first | f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 69 72 | nus Admission/Start of Care Date. ed meric that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge Drug deductible |
| Field 218:Beginning Position:Length:Field 219:Coding Scheme:Beginning Position:Length:Field 220:Beginning Position:Length:Field 221:Beginning Position:Length:Field 221:Beginning Position:Length:Field 222: | OCCUR_SPAN_THRU_3 Occurrence Span Thru equals Exite 1290 Date 6 Ty OCCUR_SPAN_CODE_4 Code describing a significant ev Same as Field 210. 1296 1296 Date 2 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1298 Date 6 Ty OCCUR_SPAN_FROM_4 Occurrence Span From equals Exite 1304 Date 6 Ty OCCUR_SPAN_THRU_4 Occurrence Span Thru equals Exite 1304 Date 6 Ty VALUE_CODE_1 Code describing information that 1 Most common semi-private rate Op | nding Date of ta Source: pe: rent relating to ta Source: pe: Beginning Date ta Source: pe: nding Date of ta Source: pe: nt may affect pe oms nt charges which ed in charges and unt in the first | f Event <i>mi</i> Calculate Alphanun o the claim Claim Alphanun te of Even Calculate Alphanun f Event <i>mi</i> Calculate Alphanun payer proc 66 67 68 1 69 72 73 | nus Admission/Start of Care Date. ed meric t that may affect payer processing. meric t minus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric nus Admission/Start of Care Date. ed meric state charity care percentage Flat rate surgery charge | | |

| 10 | Medicare lifetime reserve amount in the second | 77 |
|----|--|----|
| 11 | calendar year Medicare coinsurance amount in the second | A0 |
| 12 | calendar year Working aged beneficiary/spouse with employer | A1 |
| 13 | group health plan ESRD beneficiary in a Medicare coordination period with an employer group health plan | A2 |
| 14 | No fault, including auto/other | A3 |
| 15 | Worker's compensation | A4 |
| 16 | Public health service (PHS) or other federal | A5 |
| 21 | agency Catastrophic | A6 |
| 22 | Surplus | A7 |
| 23 | Recurring monthly income | A8 |
| 24 | Medicaid Rate Code | A9 |
| 25 | Offset to the patient - payment amount - prescription drugs | AA |
| 26 | Offset to the patient - payment amount - hearing and ear services | AB |
| 27 | Offset to the patient - payment amount - vision and eye services | B1 |
| 28 | Offset to the patient - payment amount - dental services | B2 |
| 29 | Offset to the patient - payment amount - chiropractic services | В3 |
| 30 | Preadmission testing | B7 |
| 31 | Patient Liability Amount | BA |
| 32 | Multiple patient ambulance transport | BB |
| 33 | Offset to the patient - payment amount - podiatric services | C1 |
| 34 | Offset to the patient - payment amount - other medical services | C2 |
| 35 | Offset to the patient - payment amount - health insurance premiums | C3 |
| 37 | Pints of blood furnished | C7 |
| 38 | Blood deductible pints | CA |
| 39 | Pints of blood replaced | CB |
| 40 | New coverage not implemented by HMO | D3 |
| 41 | Black lung | DR |
| 42 | VA | E1 |
| 43 | Disabled beneficiary under age 65 with LGHP | E2 |
| 44 | Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received | E3 |
| 45 | Accident hour | E7 |
| 46 | Number of grace days | EA |
| 47 | Any liability insurance | EB |
| 48 | Hemoglobin reading | F1 |
| 49 | Hematocrit reading | F2 |
| 50 | PT visits | F3 |
| 51 | OT visits | F7 |
| 52 | ST visits | FA |
| 53 | Cardiac rehab visits | FB |
| | | |
| 54 | Newborn birth weight in grams | G1 |
| 55 | Eligibility threshold for charity care | G1 |

| 55 Eligibility threshold for charity ca | re |
|---|----|
|---|----|

| .1 | Deductible payer A |
|--------|---|
| 2 | Coinsurance payer A |
| 3 | Estimated responsibility payer A |
| 4 | Covered self-administrable drugs - emergency |
| .5 | Covered self-administrable drugs - administrable in form and situation furnished to patient |
| .6 | Covered self-administrable drugs - diagnostic study and other |
| 7 | Co-payment payer A |
| .8 | Patient weight |
| 9 | Patient height |
| A | Regulatory surcharges, assessments, allowances or health care related taxes - payer A |
| В | Other assessments or allowances (e.g., medical eduction) - payer A |
| 1 | Deductible payer B |
| 2 | Coinsurance payer B |
| 3 | Estimated responsibility payer B |
| 7 | Co-payment payer B |
| A | Regulatory surcharges, assessments, allowances or health care related taxes - payer B |
| В | Other assessments or allowances (e.g., medical |
| 1 | eduction) - payer B Deductible payer C |
| 2 | Coinsurance payer C |
| 3 | Estimated responsibility payer C |
| 7 | Co-payment payer C |
| А | Regulatory surcharges, assessments, allowances |
| В | or health care related taxes - payer C Other assessments or allowances (e.g., medical |
| 3 | eduction) - payer C Patient estimated responsibility |
| R | Katrina disaster related |
| 1 | Deductible Payer D |
| 2 | Coinsurance Payer D |
| 3 | Coinsurance Payer D |
| 7 | Co-payment payer D |
| A | Regulatory surcharges, assessments, allowances or health care related taxes - payer D |
| B | Other assessments or allowances (e.g. medical education) - payer D |
| 1 | Deductible Payer E |
| 2 | Coinsurance Payer E |
| 3 7 | Coinsurance Payer E |
| 7 | Co-payment payer E |
| A B | Regulatory surcharges, assessments, allowances or health care related taxes - payer E Other assessments or allowances (e.g. medical |
| D | education) - payer E |
| 1 | Deductible Payer F |
| 1 | Deductible Payer F |

New technology add-on payment

Special zip code reporting

| | | | G2 | |
|----------------------------|---|-------------------------------------|-----------------|--|
| | | 56 Skilled nurse - home visit hours | | Coinsurance Payer F |
| | 57 Home health aide - home visit hours | | G3 | Coinsurance Payer F |
| | 58 Arterial blood gas | | G7 | Co-payment payer F |
| | 59 Oxygen saturation | | GA | Regulatory surcharges, assessments, allowances or health care related taxes - payer F |
| | 60 HHA branch MSA | | GB | Other assessments or allowances (e.g. medical education) - payer F |
| | 61 Location where service is the hospice) | furnished (HHA and | P1 | Do not resuscitate order (DNR) |
| | nospice) | | Y1 | Part A Demonstration Payment |
| | | | Y2 | Part B Demonstration Payment |
| | | | Y3 | Part B Coinsurance |
| | | | Y4 | Conventional Provider Payment Amount for Non-Demonstration Claims |
| Beginning Position: | 1310 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphanu | meric |
| Field 223: | VALUE_AMOUNT_1 | | | |
| | Dollar amount that may be a | affected. | | |
| Beginning Position: | 1312 | Data Source: | Claim | |
| Length: | 9 | Туре: | Alphanu | meric |
| Field 224: | VALUE CODE 2 | | 1 | |
| | Code describing information that may affect payer processing. | | | |
| Coding Scheme: | Same as Field 222. | | | |
| Beginning Position: | 1321 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanumeric | |
| | | Type: | Alphanu | linenc |
| Field 225: | VALUE_AMOUNT_2 Dollar amount that may be affected. | | | |
| D D | | | Claim | |
| Beginning Position: | 1323 | Data Source: | Claim | |
| Length: | 9 | Туре: | Alphanu | imeric |
| Field 226: | VALUE_CODE_3 | | | |
| | Code describing information that may affect payer processing. | | | |
| Coding Scheme: | Same as Field 222. | | | |
| Beginning Position: | 1332 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphanu | meric |
| Field 227: | VALUE_AMOUNT_3 | | | |
| | Dollar amount that may be a | | | |
| Beginning Position: | 1334 | Data Source: | Claim | |
| Length: | 9 | Туре: | Alphanu | meric |
| Field 228: | VALUE_CODE_4 | | | |
| | Code describing information that may affect payer processing. | | | |
| Coding Scheme: | Same as Field 222. | | | |
| Beginning Position: | 1343 | Data Source: | Claim | |
| Length: | 2 | Туре: | Alphanu | meric |
| Field 229: | VALUE AMOUNT 4 | | | |
| | Dollar amount that may be a | affected. | | |
| Beginning Position: | 1345 | Data Source: | Claim | |
| Length: | 9 | Туре: | Alphanu | meric |
| Field 230: | VALUE CODE 5 | 1,500 | 1 11 p 11 41 14 | |
| Ficiu 250. | Code describing information that may affect payer processing. | | | |
| Coding Scheme: | Same as Field 222. | | | |
| Beginning Position: | 1354 | Data Source: | Claim | |
| | | | | maria |
| Length: | 2 | Туре: | Alphanu | lineric |
| Field 231 | VALUE_AMOUNT_5 | | | |
| | Dollar amount that may be a | | <u> </u> | |
| Beginning Position: | 1356 | Data Source: | Claim | |
| Length: | 9 | Туре: | Alphanu | meric |
| Field 232: | VALUE_CODE_6 | | | |
| | | | | |

| Code describing information that may affect payer processing.Same as Field 222.Beginning Position:1365Data Source:ClaimLength:2Type:AlphanumericField 233:VALUE_AMOUNT_6 Dollar amount that may be affected.Beginning Position:1367Data Source:ClaimImage: Description:1367Data Source:ClaimField 234:VALUE_CODE_7 Code describing information that may affect payer processing.Field 234:VALUE_CODE_7 Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:ClaimLength:2Type:AlphanumericField 235:VALUE_AMOUNT_7 Dollar amount that may be affected. |
|---|
| Beginning Position:1365Data Source:ClaimLength:2Type:AlphanumericField 233:VALUE_AMOUNT_6Dollar amount that may be affected.Beginning Position:1367Data Source:ClaimLength:9Type:AlphanumericField 234:VALUE_CODE_7Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:ClaimClaimLength:2Type:Alphanumeric |
| Length:2Type:AlphanumericField 233:VALUE_AMOUNT_6 Dollar amount that may be affected.Dollar amount that may be affected.Beginning Position:1367Data Source:ClaimLength:9Type:AlphanumericField 234:VALUE_CODE_7 Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:ClaimLength:2Type:AlphanumericField 235:VALUE_AMOUNT_7Claim |
| Dollar amount that may be affected. Beginning Position: 1367 Data Source: Claim Length: 9 Type: Alphanumeric Field 234: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as Field 222. Beginning Position: 1376 Data Source: Claim Length: 2 Type: Alphanumeric Field 235: VALUE_AMOUNT_7 |
| Beginning Position:1367Data Source:ClaimLength:9Type:AlphanumericField 234:VALUE_CODE_7Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:Alphanumeric |
| Length:9Type:AlphanumericField 234:VALUE_CODE_7 Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:AlphanumericField 235:VALUE_AMOUNT_7 |
| Length:9Type:AlphanumericField 234:VALUE_CODE_7 Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:AlphanumericField 235:VALUE_AMOUNT_7 |
| Field 234:VALUE_CODE_7 Code describing information that may affect payer processing.Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:Field 235:VALUE_AMOUNT_7 |
| Coding Scheme:Code describing information that may affect payer processing.Beginning Position:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:Field 235:VALUE_AMOUNT_7 |
| Coding Scheme:Same as Field 222.Beginning Position:1376Data Source:Length:2Type:Field 235:VALUE_AMOUNT_7 |
| Beginning Position: 1376 Data Source: Claim Length: 2 Type: Alphanumeric Field 235: VALUE_AMOUNT_7 |
| Field 235: VALUE_AMOUNT_7 |
| |
| Dollar amount that may be affected. |
| |
| Beginning Position: 1378 Data Source: Claim |
| Length: 9 Type: Alphanumeric |
| Field 236: VALUE_CODE_8 |
| Code describing information that may affect payer processing. |
| Coding Scheme: Same as Field 222. |
| Beginning Position: 1387 Data Source: Claim |
| Length: 2 Type: Alphanumeric |
| Field 237: VALUE AMOUNT 8 |
| Dollar amount that may be affected. |
| Beginning Position: 1389 Data Source: Claim |
| Length: 9 Type: Alphanumeric |
| Field 238: VALUE_CODE_9 |
| Code describing information that may affect payer processing. |
| Coding Scheme: Same as Field 222. |
| Beginning Position: 1398 Data Source: Claim |
| Length: 2 Type: Alphanumeric |
| Field 239: VALUE_AMOUNT_9 |
| Dollar amount that may be affected. |
| Beginning Position: 1400 Data Source: Claim |
| Length:9Type:Alphanumeric |
| Field 240:VALUE_CODE_10 |
| Code describing information that may affect payer processing. |
| Coding Scheme: Same as Field 222. |
| Beginning Position:1409Data Source:Claim |
| Length: 2 Type: Alphanumeric |
| Field 241: VALUE_AMOUNT_10 |
| Dollar amount that may be affected. |
| Beginning Position: 1411 Data Source: Claim |
| Length:9Type:Alphanumeric |
| Field 242: VALUE_CODE_11 |
| Code describing information that may affect payer processing. |
| Coding Scheme: Same as Field 222. |
| Beginning Position: 1420 Data Source: Claim |
| Length: 2 Type: Alphanumeric |
| Field 243: VALUE_AMOUNT_11 |
| Dollar amount that may be affected. |
| |
| Beginning Position: 1422 Data Source: Claim |
| Beginning Position:1422Data Source:ClaimLength:9Type:Alphanumeric |
| Beginning Position: 1422 Data Source: Claim |

| Coding Scheme: | Same as Field 222. | | | | | |
|--|--|--|--|--|--|--|
| Beginning Position: | 1431 | Data Source: | Claim | | | |
| Length: | 2 | Туре: | Alphanumeric | | | |
| Field 245: | VALUE AMOUNT 12 | | • | | | |
| | Dollar amount that may be affected. | | | | | |
| Beginning Position: | 1433 | Data Source: | Claim | | | |
| Length: | 9 | Туре: | Alphanumeric | | | |
| Field 246: | CMS-MDC | • • | * | | | |
| | Major Diagnostic Categ | ory (MDC) as assign | ed by Centers for Medicare and Medicaid Services | | | |
| | (CMS) (formerly Health | Care Financing Adn | ninistration (HCFA)) for hospital payment for | | | |
| | Medicare beneficiaries. | First available 2004. | | | | |
| Beginning Position: | 1442 | Data Source: | Assigned | | | |
| Length: | 2 | Туре: | Alphanumeric | | | |
| Field 247: | APR-MDC | | | | | |
| | | ory (MDC) as assign | ed by 3M APR-DRG Grouper, version 25. | | | |
| Beginning Position: | 1444 | Data Source: | Assigned | | | |
| Length: | 2 | Туре: | Alphanumeric | | | |
| Field 248: | CMS-DRG | | | | | |
| | | | (CMS) Diagnosis Related Group (DRG), version | | | |
| | 25, as assigned for hosp | ital payment for Med | | | | |
| Beginning Position: | 1446 | Data Source: | Assigned | | | |
| Length: | 3 | Туре: | Alphanumeric | | | |
| Field 249: | APR-DRG | | | | | |
| | | R) Diagnosis Related | l Group (DRG) as assigned by 3M APR-DRG | | | |
| | Grouper, version 25. | | | | | |
| Beginning Position: | 1449 | Data Source: | Assigned | | | |
| Length: | 3 | Туре: | Alphanumeric | | | |
| Field 250: | RISK_MORTALITY | | | | | |
| | | | the All Patient Refined (APR) Diagnosis Related | | | |
| | | 3M APR-DRG Grou | per, version 25. Indicates the likelihood of dying. | | | |
| Coding Scheme: | 1 Minor 2 Moderate | | | | | |
| | 3 Major | | | | | |
| | 4 Extreme | | | | | |
| Beginning Position: | 1452 | Data Source: | Assigned | | | |
| Length: | | | | | | |
| | 1 | Туре: | Alphanumeric | | | |
| Field 251: | ILLNESS_SEVERITY | Туре: | • | | | |
| Field 251: | ILLNESS_SEVERITY Assignment of a severity | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| Field 251: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 2 | Type: y of illness score from | • | | | |
| | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| Field 251: Coding Scheme: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| Coding Scheme: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major | Type: y of illness score from | n the All Patient Refined (APR) Diagnosis Related | | | |
| Coding Scheme: Beginning Position: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme | Type: y of illness score from 3M APR-DRG Group Data Source: | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic | | | |
| Coding Scheme: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 | Type: y of illness score from 3M APR-DRG Group Data Source: Type: | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Un | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unio | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Unexpected to certify medi patient's medical care and | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unit cal necessity of servind treatment. Physici | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Unexpected to certify medi patient's medical care and | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unit cal necessity of servind treatment. Physici | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSI Attending Physician Un expected to certify medi patient's medical care an under the Medical Pract | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unit cal necessity of servi nd treatment. Physici ice Act. Can include | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSI Attending Physician Un expected to certify medi patient's medical care an under the Medical Pract patients to hospitals or v | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unid cal necessity of servind treatment. Physici- ice Act. Can include vho provides diagnos | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSI Attending Physician Un expected to certify medi patient's medical care an under the Medical Pract patients to hospitals or v | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Union cal necessity of servites ind treatment. Physicial ice Act. Can include who provides diagnos , chiropractors, dentis | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits tic or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and | | | |
| Coding Scheme: Beginning Position: Length: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Un expected to certify medi patient's medical care an under the Medical Pract: patients to hospitals or v including psychologists, podiatrists authorized by | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unidentifier. Unidentifier. Unidentifier. Unidentifier discussioned the servit of | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits tic or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and | | | |
| Coding Scheme: Beginning Position: Length: Field 252: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Un expected to certify medi patient's medical care an under the Medical Pract: patients to hospitals or v including psychologists, podiatrists authorized by | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unic cal necessity of servi nd treatment. Physici ice Act. Can include who provides diagnos , chiropractors, dentis y the hospital to admi mber of physicians re- | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits the or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and t or treat patients. | | | |
| Coding Scheme: Beginning Position: Length: Field 252: | ILLNESS_SEVERITY Assignment of a severity Group (DRG) from the 3 decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Un expected to certify medi patient's medical care at under the Medical Pract patients to hospitals or w including psychologists, podiatrists authorized by Suppressed when the nu | Type: y of illness score from 3M APR-DRG Group Data Source: Type: CIAN_UNIF_ID iform Identifier. Unic cal necessity of servi nd treatment. Physici ice Act. Can include who provides diagnos , chiropractors, dentis y the hospital to admi mber of physicians re- | n the All Patient Refined (APR) Diagnosis Related per, version 25. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ces rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits the or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and t or treat patients. | | | |

| Length: | 10 | Туре: | Alphanumeric |
|----------------------------|---|---|--|
| Field 253: | Operating or othe the operating phy individual license individual other t therapeutic proce | sician or physician other the ed to practice medicine under han a physician who admits dures to inpatients, includin | fier (if applicable). Unique identifier assigned to an the attending physician. Physician is an er the Medical Practice Act. Can include an spatients to hospitals or who provides diagnostic or g psychologists, chiropractors, dentists, nurse s authorized by the hospital to admit or treat |
| Suppression: | Suppressed when minimum cell siz | 1 1 | epresented in a DRG for a hospital is less than the |
| Coding Scheme: | 9999999998 9999999999 | Cell size less than 5 Temporary license or license num | aber could not be matched |
| Beginning Position: | 1464 | Data Source: | Assigned |
| Length: | 10 | Туре: | Alphanumeric |
| Field 254: | CERT STATUS | 5 | |
| Coding Scheme: | hospital. First ava 1 Certified, 2 Certified, 3 Certified, 4 Hospital e 5 Hospital c | code to indicate the certifica nilable 3 rd quarter 1999. without comment with comment with comment, comment not receiv- lected not to certify losed, data not certified ut of compliance, did not certify data | - |
| Beginning Position: | 1474 | Data Source: | Assigned |
| Length: | 1 | Туре: | Alphanumeric |
| Field 255: | RECORD_ID | | |
| Description: | Record Identifica 1 st quarter 2002. | tion Number. Unique numb | er assigned to identify the record. First available |
| Beginning Position: | 1475 | Data Source: | Assigned |
| Length: | 12 | Туре: | Alphanumeric |

References:

There are currently three major versions of the Diagnosis Related Groups (DRGs) in use. The basic DRGs are used by the Centers for Medicare and Medicaid Services (CMS) (formerly known as 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 CMS DRGs and the APR-DRGs are included in this data.

| Field 1: | REC | ORD ID | | | | |
|----------------------------|--|--|-------------|---|--|--|
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. | | | | | |
| 2 courprisit | | | | | | |
| Beginning Position: | 1 | Data Source: | Assign | ed | | |
| 0 0 | 12 | Туре: | | umeric | | |
| Length: | | ** | Alphan | lumenc | | |
| Field 2: | | ENUE_CODE | | | | |
| Description: | | corresponding to each specific accommo | dation, a | incillary service or billing calculation | | |
| | relate | d to the services being billed. | | | | |
| Coding Scheme: | 100 | All-inclusive room charges plus ancillary | 516 | Clinic - urgent care | | |
| | 101 | All-inclusive room charges | 517 | Clinic - family practice | | |
| | 110 111 | Room charges for private rooms - general Room charges for private rooms - | 519 520 | Clinic - other Freestanding Clinic - general | | |
| | 111 | medical/surgical/GYN | 520 | reestanding Chine - general | | |
| | 112 | Room charges for private rooms - obstetrics | 521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC | | |
| | 113 | Room charges for private rooms - pediatric | 522 | Freestanding Clinic - Home Visit by | | |
| | | | | RHC/FQHC Practitioner | | |
| | 114 | Room charges for private rooms - psychiatric | 523 | Freestanding Clinic - family practice | | |
| | 115 | Room charges for private rooms - hospice | 524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A | | |
| | | | | Stay at SNF | | |
| | 116 | Room charges for private rooms - detoxification | 525 | Freestanding Clinic - Visit by RHC/FQHC | | |
| | | 0 1 | | Practitioner to a Member in a SNF (not Covere | | |
| | | | | Part A Stay) or NF or ICF MR or Other | | |
| | | | 50 (| Residential Facility | | |
| | 117 118 | Room charges for private rooms - oncology Room charges for private rooms - rehabilitation | 526 527 | Freestanding Clinic - urgent care Freestanding Clinic - Visiting Nurse Services(s | | |
| | 110 | Koom charges for private rooms - renaomation | 521 | to a Member's Home when in a Home Health | | |
| | | | | Shortage Area | | |
| | 119 | Room charges for private rooms - other | 528 | Freestanding Clinic – Visit by RHC/FQHC | | |
| | | | | Practitioner to Other non RHC/FQHC Site (e.g. | | |
| | 120 | | 520 | Scene of Accident) | | |
| | 120 121 | Room charges for semi-private rooms - general Room charges for semi-private rooms - | 529 530 | Freestanding Clinic - other Osteopathic service - general | | |
| | 121 | medical/surgical/GYN | 550 | Osteopatile service - general | | |
| | 122 | Room charges for semi-private rooms - obstetrics | 531 | Osteopathic service - therapy | | |
| | 123 | Room charges for semi-private rooms - pediatric | 539 | Osteopathic service - other | | |
| | 124 | Room charges for semi-private rooms - psychiatric | 540 | Ambulance service - general | | |
| | 125 | Room charges for semi-private rooms - hospice | 541 | Ambulance service - supplies | | |
| | 126 | Room charges for semi-private rooms - detoxification | 542 | Ambulance service - medical transport | | |
| | 127 | Room charges for semi-private rooms - oncology | 543 | Ambulance service - heart mobile | | |
| | 128 | Room charges for semi-private rooms - rehabilitation | 544 | Ambulance service - oxygen | | |
| | 129 | Room charges for semi-private rooms - other | 545 | Ambulance service - air ambulance | | |
| | 130 | Room charges for semi-private - 3/4 beds - rooms - general | 546 | Ambulance service - neonatal | | |
| | 131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | 547 | Ambulance service - pharmacy | | |
| | 132 133 | Room charges for semi-private - 3/4 beds - rooms - obstetrics Room charges for semi-private - 3/4 beds - | 548 549 | Ambulance service - telephone transmission EKG Ambulance service - other | | |
| | 133 | rooms - pediatric Room charges for semi-private - 3/4 beds - | 550 | Skilled nursing - general | | |
| | 134 | rooms - psychiatric Room charges for semi-private - 3/4 beds - | 551 | Skilled nursing - visit charge | | |
| | 135 | rooms - hospice Room charges for semi-private - 3/4 beds - | 552 | Skilled nursing - hourly charge | | |
| | 130 | rooms - detoxification Room charges for semi-private - 3/4 beds - | 552 | Skilled nursing - other | | |
| | 1.57 | rooms - oncology | 557 | Skilled huising outer | | |

CHARGES DATA FILE

| rooms - rehabilitation rooms - otherges for semi-private - 3/4 beds - rooms - other rooms - rooms - other rooms - rooms - other rooms - rooms - other rooms - other rooms - other rooms | 138 | Room charges for semi-private - 3/4 beds - | 560 | Medical social services - general |
|---|-----|---|-----|---|
| 140 Room charges for private (deluxe) rooms - medical/surgical/CVN 562 Medical social services - other medical/surgical/CVN 141 Room charges for private (deluxe) rooms - observices - other medical/surgical/CVN 569 Medical social services - other 143 Room charges for private (deluxe) rooms - pediatric 570 Home health aide - general 144 Room charges for private (deluxe) rooms - pediatric 571 Home health aide - visit charge 145 Room charges for private (deluxe) rooms - forme health aide - other hoespice 146 Room charges for private (deluxe) rooms - fold forme health) - general detoxification 147 Room charges for private (deluxe) rooms - fold for visits (home health) - general detoxification 148 Room charges for ward rooms - general 580 Other visits (home health) - burly charge 149 Room charges for ward rooms - general 580 Other visits (home health) - general 150 Room charges for ward rooms - pediatric 590 Units of service (home health) - general 151 Room charges for ward rooms - solettric 590 Units of service (home health) - general 152 Room charges for ward rooms - obstetric 590 Units of service (home health) - general </td <td>139</td> <td></td> <td>561</td> <td>Medical social services - visit charge</td> | 139 | | 561 | Medical social services - visit charge |
| 141 Room charges for private (deluxe) rooms - obstetries 569 Medical social services - other 142 Room charges for private (deluxe) rooms - obstetries 570 Home health aide - general 143 Room charges for private (deluxe) rooms - pediatric 571 Home health aide - visit charge 144 Room charges for private (deluxe) rooms - bospice 572 Home health aide - other hospice 145 Room charges for private (deluxe) rooms - bospice 579 Home health aide - other hospice 146 Room charges for private (deluxe) rooms - other 580 Other visits (home health) - general 147 Room charges for private (deluxe) rooms - other 581 Other visits (home health) - hourly charge roboley 148 Room charges for variat (deluxe) rooms - other 582 Other visits (home health) - hourly charge roboley 150 Room charges for vard rooms - other 590 Units of service (home health) - general 151 Room charges for vard rooms - other 590 Units of service (home health) - general 153 Room charges for vard rooms - obstetrics 590 Units of service (home health) - statequip/supply or contents 154 Roo | 140 | Room charges for private (deluxe) rooms - | 562 | Medical social services - hourly charge |
| 142 Room charges for private (deluxe) rooms - 570 Home health aide - general 143 Room charges for private (deluxe) rooms - 571 Home health aide - visit charge 144 Room charges for private (deluxe) rooms - 572 Home health aide - visit charge 145 Room charges for private (deluxe) rooms - 579 Home health aide - other 146 Room charges for private (deluxe) rooms - 580 Other visits (home health) - general 146 Room charges for private (deluxe) rooms - 581 Other visits (home health) - hourly charge 147 Room charges for private (deluxe) rooms - 582 Other visits (home health) - hourly charge 148 Room charges for vard rooms - 583 Other visits (home health) - other 150 Room charges for vard rooms - 590 Units of service (home health) - other 151 Room charges for vard rooms - 590 Units of service (home health) - other 153 Room charges for vard rooms - obstetrics 601 Oxygen (home health) - statequip/supply or contents 153 Room charges for vard rooms - obstetrics 602 Oxygen (home health) - statequip/supply or contents 154 Room charges for vard rooms - | 141 | Room charges for private (deluxe) rooms - | 569 | Medical social services - other |
| 143 Room charges for private (deluxe) rooms - psychittic 571 Home health aide - visit charge psychittic 144 Room charges for private (deluxe) rooms - hospice 572 Home health aide - other 145 Room charges for private (deluxe) rooms - detoxification 579 Home health aide - other 147 Room charges for private (deluxe) rooms - detoxification 580 Other visits (home health) - general 148 Room charges for private (deluxe) rooms - oncology 581 Other visits (home health) - burly charge oncology 148 Room charges for private (deluxe) rooms - oncology 582 Other visits (home health) - burly charge ofther visits (home health) - other 150 Room charges for private (deluxe) rooms - rehabilitation 580 Other visits (home health) - other 151 Room charges for ward rooms - sequenti 589 Units of service (home health) - general medical/surgical/GYN 153 Room charges for ward rooms - psychittric 600 Oxygen (home health) - stat/cquip/supply or contents 154 Room charges for ward rooms - oncology 604 Oxygen (home health) - stat/cquip/supply or contents 155 Room charges for ward rooms - neopice 610 MKI - general | 142 | Room charges for private (deluxe) rooms - | 570 | Home health aide - general |
| 144 Room charges for private (deluxe) rooms - psychiatric 572 Home health aide - hourly charge psychiatric 145 Room charges for private (deluxe) rooms - detoxification 579 Home health aide - other hospice 146 Room charges for private (deluxe) rooms - detoxification 580 Other visits (home health) - general detoxification 147 Room charges for private (deluxe) rooms - | 143 | Room charges for private (deluxe) rooms - | 571 | Home health aide - visit charge |
| 145 Room charges for private (deluxe) rooms - detoxification 579 Home health aide - other 146 Room charges for private (deluxe) rooms - detoxification 580 Other visits (home health) - general 147 Room charges for private (deluxe) rooms - oncology 581 Other visits (home health) - foury charge rehabilitation 148 Room charges for private (deluxe) rooms - oncology 582 Other visits (home health) - foury charge rehabilitation 150 Room charges for vard rooms - general 589 Other visits (home health) - other 151 Room charges for ward rooms - bostetrics 590 Units of service (home health) - other 153 Room charges for ward rooms - pediatric 600 Oxygen (home health) - general 154 Room charges for ward rooms - hospice 602 Oxygen (home health) - stat/equip/supply or contents 155 Room charges for ward rooms - neology 604 Oxygen (home health) - pathele add-in 157 Room charges for ward rooms - neohilitation 610 MRI - primate 158 Room charges for ward rooms - neohilitation 611 MRI - primate 158 Room charges for other rooms - general 612 Medical/surgical supplies - incident to radiology | 144 | Room charges for private (deluxe) rooms - | 572 | Home health aide - hourly charge |
| 146 Room charges for private (deluxe) rooms - detoxification 580 Other visits (home health) - general 147 Room charges for private (deluxe) rooms - oncology 581 Other visits (home health) - visit charge 148 Room charges for private (deluxe) rooms - rehabilitation 582 Other visits (home health) - hourly charge 149 Room charges for private (deluxe) rooms - other 583 Other visits (home health) - other 150 Room charges for ward rooms - general 589 Other visits (home health) - other 151 Room charges for ward rooms - pediatric 600 Oxygen (home health) - general 154 Room charges for ward rooms - pospetiatric 601 Oxygen (home health) - stat/equip/supply or contents 155 Room charges for ward rooms - noology 604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 156 Room charges for ward rooms - other 611 MRI - spinal cord (including brain stem) 160 Room charges for other rooms - general 612 Medical/surgical supplies - incident to radiology 161 Room charges for other rooms - other 611 MRI - spinal cord (including spine) 157 Room charges for other rooms - pediatric 621 Medical/sur | 145 | Room charges for private (deluxe) rooms - | 579 | Home health aide - other |
| encology 148 Room charges for private (deluxe) rooms - chabilitation 582 Other visits (home health) - hourly charge 149 Room charges for private (deluxe) rooms - other 583 Other visits (home health) - assessment 150 Room charges for ward rooms - general 589 Other visits (home health) - other 151 Room charges for ward rooms - pediatric 590 Units of service (home health) - other 153 Room charges for ward rooms - psychiatric 601 Oxygen (home health) - stat/equip/supply or contents 155 Room charges for ward rooms - obspice 602 Oxygen (home health) - stat/equip/supply or contents 156 Room charges for ward rooms - oclogy 604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 157 Room charges for ward rooms - oncology 604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 158 Room charges for other rooms - other 611 MRI - spinal cord (including spine) 161 Room charges for other rooms - obstetrice 621 Medical/surgical supplies - incident to radiology 163 Room charges for other rooms - byschiatric 623 Medical/surgical supplies - incident to radiology 164 Room charges for other r | 146 | Room charges for private (deluxe) rooms - | 580 | Other visits (home health) - general |
| 148 Room Charges for private (deluxe) rooms - other 582 Other visits (home health) - hourly charge rehabilitation 149 Room charges for private (deluxe) rooms - other 583 Other visits (home health) - assessment 150 Room charges for ward rooms - general 589 Other visits (home health) - other 151 Room charges for ward rooms - pediatric 600 Oxygen (home health) - general 153 Room charges for ward rooms - pediatric 600 Oxygen (home health) - stat/equip/supply or contents 155 Room charges for ward rooms - obspice 601 Oxygen (home health) - stat/equip/supply or contents 156 Room charges for ward rooms - oncology 604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 157 Room charges for other rooms - nechology 604 Oxygen (home health) - portable add-in 158 Room charges for other rooms - general 611 MRI - spinal cord (including brain stem) 160 Room charges for other rooms - general 612 MRI - spinal cord (including spine) 161 Room charges for other rooms - pediatric 621 Medical/surgical supplies - incident to radiology 162 Room charges for other rooms - pediatric 623 Medical/sur | 147 | Room charges for private (deluxe) rooms - | 581 | Other visits (home health) - visit charge |
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| 151 Room charges for ward rooms - medical/surgical/GYN 590 Units of service (home health) - general 152 Room charges for ward rooms - obstetrics 599 Units of service (home health) - other 153 Room charges for ward rooms - psychiatric 600 Oxygen (home health) - stat/equip/supply or contents 154 Room charges for ward rooms - hospice 601 Oxygen (home health) - stat/equip/supply under 1 liter per minute 155 Room charges for ward rooms - oncology 604 Oxygen (home health) - stat/equip/supply over 4 liters per minute 157 Room charges for ward rooms - oncology 604 Oxygen (home health) - portable add-in 158 Room charges for ward rooms - other 611 MRI - spinal cord (including spine) 161 Room charges for other rooms - medical/surgical/GYN 612 MRI - other 162 Room charges for other rooms - medical/surgical/GYN 623 Medical/surgical supplies - incident to radiology 163 Room charges for other rooms - bospice 621 Medical/surgical supplies - incident to radiology 164 Room charges for other rooms - speciatric 622 Medical/surgical supplies - incident to radiology 165 Room charges for other rooms - oncology 630 | 149 | | 583 | Other visits (home health) - assessment |
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| 152 Room charges for ward rooms - obstetrics 599 Units of service (home health) - other 153 Room charges for ward rooms - psychiatric 600 Oxygen (home health) - stat/equip/supply or contents 154 Room charges for ward rooms - hospice 602 Oxygen (home health) - stat/equip/supply or contents 155 Room charges for ward rooms - hospice 602 Oxygen (home health) - stat/equip/supply over 4 litters per minute 156 Room charges for ward rooms - oncology 604 Oxygen (home health) - portable add-in 157 Room charges for ward rooms - oncology 604 Oxygen (home health) - portable add-in 158 Room charges for other rooms - other 611 MRI - general MRI - spinal cord (including brain stem) 160 Room charges for other rooms - general 612 MRI - spinal cord (including spine) MRI - spinal cord (including spine) 161 Room charges for other rooms - polatric 622 Medical/surgical supplies - incident to radiology 163 Room charges for other rooms - posychiatric 621 Medical/surgical supplies - surgical dressings 164 Room charges for other rooms - hospice 624 Medical/surgical supplies - surgical dressings 165 Room charges | 151 | | 590 | Units of service (home health) - general |
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| 180Room charges for LOA - generalcentral line642Home IV therapy services - IV site care, central | 174 | Room charges for nursery - newborn level IV | 640 | Home IV therapy services - general |
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| 182 | Room charges for LOA - patient convenice- charges billable | 643 | Home IV therapy services - IV start/change, peripheral line |
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| 183 | Room charges for LOA - therapeutic leave | 644 | Home IV therapy services - nonroutine nursing, peripheral line |
| 184 | Room charges for LOA - ICF mentally retarded - any reason | 645 | Home IV therapy services - training patient/caregiver, central line |
| 185 | Room charges for LOA - hospitalization | 646 | Home IV therapy services - traning, disabled patient, central line |
| 189 | Room charges for LOA - other | 647 | Home IV therapy services - training, patient/caregiver, peripheral |
| 190 | Room charges for subacute care - general | 648 | Home IV therapy services - training, disabled patient, peripheral |
| 191 | Room charges for subacute care - Level I (skilled care) | 649 | Home IV therapy services - other |
| 192 | Room charges for subacute care - Level II (comprehensive care) | 650 | Hospice services - general |
| 193 | Room charges for subacute care - Level III (complex care) | 651 | Hospice services - routine home care |
| 194 | Room charges for subacute care - Level IV (intensive care) | 652 | Hospice services - continuous home care |
| 199 | Room charges for subacute care - other | 655 | Hospice services - inpatient respite care |
| 200 | Room charges for intensive care - general | 656 | Hospice services - general inpatient care |
| | | | (nonrespite) |
| 201 | Room charges for intensive care - surgical | 657 | Hospice services - physician services |
| 202 | Room charges for intensive care - medical | 658 | Hospice services - room and board - nursing facility |
| 203 | Room charges for intensive care - pediatric | 659 | Hospice services - other |
| 204 | Room charges for intensive care - psychiatric | 660 | Respite care - general |
| 206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 661 | Respite care - hourly charge/skilled nursing |
| 207 | Room charges for intensive care - burn care | 662 | Respite care - hourly charge/aide/homemaker/companion |
| 208 | Room charges for intensive care - trauma | 663 | Respite care - daily charge |
| 209 | Room charges for intensive care - other | 669 | Respite care - other |
| 210 | Room charges for coronary care - general | 670 | Outpatient special residence - general |
| 211 | Room charges for coronary care - myocardial infarction | 671 | Outpatient special residence - hospital based |
| 212 | Room charges for coronary care - pulmonary care | 672 | Outpatient special residence - contracted |
| 213 | Room charges for coronary care - heart transplant | 679 | Outpatient special residence - other |
| 214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 681 | Trauma response - level I |
| 219 | Room charges for coronary care - other | 682 | Trauma response - level II |
| 220 | Special charges - general | 683 | Trauma response - level III |
| 221 | Special charges - admission charge | 684 | Trauma response - level IV |
| 222 | Special charges - technical support charge | 689 | Trauma response - other |
| 223 | Special charges - UR service charge | 700 | Cast Room services - general |
| 224 | Special charges - late discharge, medically necessary | 709 | Cast Room services - other |
| 229 | Special charges - other | 710 | Recovery Room services - general |
| 230 | Incremental nursing care - general | 719 | Recovery Room services - other |
| 231 | Incremental nursing care - nursery | 720 | Labor/Delivery Room services - general |
| 232 | Incremental nursing care - OB | 721 | Labor/Delivery Room services - labor |
| 233 | Incremental nursing care - ICU (includes transitional care) | 722 | Labor/Delivery Room services - delivery |
| 234 | Incremental nursing care - CCU (includes transitional care) | 723 | Labor/Delivery Room services - circumcision |
| 235 | Incremental nursing care - hospice | 724 | Labor/Delivery Room services - birthing center |
| 239 | Incremental nursing care - other | 729 | Labor/Delivery Room services - other |
| 240 | All-inclusive ancillary - general | 730 | EKG/ECG services - general |
| 249 | All-inclusive ancillary - other | 731 | EKG/ECG services - holter monitor |
| 250 | Pharmacy - general | 732 | EKG/ECG services - telemetry |
| 251 | Pharmacy - generic drugs | 739 | EKG/ECG services - other |
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| 252 | Pharmacy - nongeneric drugs | 740 | EEG services - general |
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| 253 | Pharmacy - take-home drugs | 749 | EEG services - other |
| 254 | Pharmacy - drugs incident to other diagnostic services | 750 | Gastrointestinal services - general |
| 255 | Pharmacy - drugs incident to radiology | 759 | Gastrointestinal services - other |
| 256 | Pharmacy - experimental drugs | 760 | Treatment or observation room services - general |
| 257 | Pharmacy - nonprescription | 761 | Specialty Room - Treatment/ Observation Room - Treatment Room |
| 258 | Pharmacy - IV solutions | 762 | Specialty Room - Treatment/ Observation Room - Observation Room |
| 259 | Pharmacy - other | | |
| 260 | IV Therapy - general | 769 | Treatment or observation room services - other |
| 261 | IV Therapy - infusion pump | 770 | Preventive care services - general |
| 262 | IV Therapy - pharmacy services | 771 | Preventive care services - vaccine administration |
| 263 | IV Therapy - durg/supply delivery | 779 | Preventive care services - other |
| 264 | IV Therapy - supplies | 780 | Telemedicine services - general |
| 269 | IV Therapy - other | 789 | Telemedicine services - other |
| 270 | Medical surgical supplies and devices - general | 790 | Lithotripsy services - general |
| 271 | Medical surgical supplies and devices - nonsterile | 790 | Extra-corporeal shockwave therapy - general |
| 272 | Medical surgical supplies and devices - sterile | 799 | Extra-corporeal shockwave therapy - other |
| 273 | Medical surgical supplies and devices - take- home | 799 | Lithotripsy services - other |
| 274 | Medical surgical supplies and devices - prosthetic/orthotic | 800 | Inpatient renal dialysis services - general |
| 275 | Medical surgical supplies and devices - pacemaker | 801 | Inpatient renal dialysis services - hemodialysis |
| 276 | Medical surgical supplies and devices - intraocular lens (IOL) | 802 | Inpatient renal dialysis services - peritoneal (non-CAPD) |
| 277 | Medical surgical supplies and devices - oxygen - take-home | 803 | Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) |
| 278 | Medical surgical supplies and devices - other implants | 804 | Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) |
| 279 | Medical surgical supplies and devices - other | 809 | Inpatient renal dialysis services - other |
| 280 | Oncology - general | 810 | Organ acquisition - general |
| 289 | Oncology - other | 811 | Organ acquisition - living donor |
| 290 | DME - general | 812 | Organ acquisition - cadaver donor |
| 291 | DME - rental | 813 | Organ acquisition - unknown donor |
| 292 | DME - purchase of new | 814 | Organ acquisition - unsuccessful organ search- donor bank charges |
| 293 | DME - purchase of used | 819 | Organ acquisition - other donor |
| 294 | DME - supplies/drugs for DME effectiveness | 820 | Hemodialysis - outpatient or home - general |
| 299 | DME - other equipment | 821 | Hemodialysis - outpatient or home - composite or other rate |
| 300 | Laboratory - general | 825 | Hemodialysis - outpatient or home - support services |
| 301 | Laboratory - chemistry | 829 | Hemodialysis - outpatient or home - other |
| 302 | Laboratory - immunology | 830 | Peritoneal dialysis - outpatient or home - general |
| 303 | Laboratory - renal patient (home) | 831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 304 | Laboratory - nonroutine dialysis | 835 | Peritoneal dialysis - outpatient or home - support services |
| 305 | Laboratory - hemotology | 839 | Peritoneal dialysis - outpatient or home - other |
| 306 | Laboratory - bacteriology and microbiology | 840 | CAPD - outpatient or home - general |
| 307 | Laboratory - urology | 841 | CAPD - outpatient or home - composite or other rate |
| 309 | Laboratory - other | 845 | CAPD - outpatient or home - support services |
| 310 | Laboratory pathological - general | 849 | CAPD - outpatient or home - other |
| 311 | Laboratory pathological - cytology | 850 | CCPD - outpatient or home - general |
| 312 | Laboratory pathological - histology | 851 | CCPD - outpatient or home - composite or other rate |
| | | | |

| 313 | Laboratory pathological - biopsy | 855 | CCPD - outpatient or home - support services |
|------|--|------------|--|
| 319 | Laboratory pathological - other | 859 | CCPD - outpatient or home - other |
| 320 | Radiology - diagnostic - general | 880 | Miscellaneous dialysis - general |
| 321 | Radiology - diagnostic - angiocardiography | 881 | Miscellaneous dialysis - ultrafiltration |
| 322 | Radiology - diagnostic - arthrography | 882 | Miscellaneous dialysis - home aide visit |
| 323 | Radiology - diagnostic - arteriography | 889 | Miscellaneous dialysis - other |
| 324 | Radiology - diagnostic - chest x-ray | 900 | Behavior health reatments/services - general |
| 329 | Radiology - diagnostic - other | 901 | Behavior health treatments/services - |
| 330 | Padialagy therepaytic and/or characterany | 902 | electroshock Behavior health treatments/services - milieu |
| 330 | Radiology - therapeutic and/or chemotherapy adminstration - general | 902 | therapy |
| 331 | Radiology - therapeutic and/or chemotherapy | 903 | Behavioral health treatments/services - play |
| | adminstration - chemotherapy - injected | | therapy |
| 332 | Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral | 904 | Behavior health treatments/services - activity therapy |
| 333 | Radiology - therapeutic and/or chemotherapy | 905 | Behavior health treatments/services - intensive |
| | adminstration - radiation therapy | | outpatient services - psychiatric |
| 335 | Radiology - therapeutic and/or chemotherapy | 906 | Behavior health treatments/services - intensive |
| 339 | adminstration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy | 907 | outpatient services - chemical dependency Behavior health treatments/services - |
| 339 | administration - other | 907 | community behavioral health program |
| 340 | Nuclear medicine - general | 909 | Behavior health treatments - other |
| 341 | Nuclear medicine - diagnostic procedures | 910 | Reserved |
| 342 | Nuclear medicine - therapeutic procedures | 911 | Behavior health treatment/services - |
| | | | rehabilitation |
| 343 | Nuclear medicine - diagnostic radiopharmaceuticals | 912 | Behavior health treatment/services - partial |
| 344 | Nuclear medicine - therapeutic | 913 | hospitalization - less intensive Behavior health treatment/services - partial |
| 5 | radiopharmaceuticals | , 10 | hospitalization - intensive |
| 349 | Nuclear medicine - other | 914 | Behavior health treatment/services - individual |
| 350 | CT coop goporal | 915 | therapy Dehavior health treatment/convises group |
| 330 | CT scan - general | 915 | Behavior health treatment/services - group therapy |
| 351 | CT scan - head | 916 | Behavior health treatment/services - family therapy |
| 352 | CT scan - body | 917 | Behavior health treatment/services - |
| 359 | CT scan - other | 918 | biofeedback Behavior health treatment/services - testing |
| 360 | Operating room services - general | 919 | Behavior health treatment/services - other |
| 361 | Operating room services - minor surgery | 920 | Other diagnostic services - general |
| 362 | Operating room services - organ transplant | 920 921 | Other diagnostic services - general vascular |
| | other than kidney | | lab |
| 367 | Operating room services - kidney transplant | 922 | Other diagnostic services - electromyelogram |
| 369 | Operating room services - other | 923 | Other diagnostic services - pap smear |
| 370 | Anesthesia - general | 924 | Other diagnostic services - allergy test |
| 371 | Anesthesia - incident to radiology | 925 | Other diagnostic services - pregnancy test |
| 372 | Anesthesia - incident to other diagnostic services | 929 | Other diagnostic services - other |
| 374 | Anesthesia - acupuncture | 931 | Medical rehabilitation day program - half day |
| 379 | Anesthesia - other | 932 | Medical rehabilitation day program - full day |
| 380 | Blood - general | 940 | Other therapeutic services - general |
| 381 | Blood - packed red cells | 941 | Other therapeutic services - recreational therapy |
| 382 | Blood - whole blood | 942 | Other therapeutic services - education/training |
| 383 | Blood - plasma | 943 | Other therapeutic services - cardiac rehabilitation |
| 384 | Blood - platelets | 944 | Other therapeutic services - drug rehabilitation |
| 385 | Blood - leukocytes | 945 | Other therapeutic services - alcohol rehabilitation |
| 386 | Blood - other components | 946 | Other therapeutic services - complex medical equipment - routine |
| 387 | Blood - other derivatives (cryoprecipitates) | 947 | Other therapeutic services - complex medical |
| 389 | Blood - other | 949 | equipment - ancillary Other therapeutic services - other |
| | | | |

| 390 | Blood amd blood component administration, storage and processing - general | 960 | Professional fees - general |
|-----|--|------|--|
| 391 | Blood and blood component administration, storage and processing - administration | 961 | Professional fees - psychiatric |
| 399 | Blood and blood component administration, storage and processing - other | 962 | Professional fees - ophthalmology |
| 400 | Other imaging services - general | 963 | Professional fees - anesthesiologist (MD) |
| 401 | Other imaging services - diagnostic mammography | 964 | Professional fees - anesthetist (CRNA) |
| 402 | Other imaging services - ultrasound | 969 | Professional fees - other |
| 403 | Other imaging services - screening mammography | 970 | Professional fees - general |
| 404 | Other imaging services - PET | 971 | Professional fees - laboratory |
| 409 | Other imaging services - other | 972 | Professional fees - radiology - diagnostic |
| 410 | Respiratory services - general | 973 | Professional fees - radiology - therapeutic |
| 412 | Respiratory services - inhalation | 974 | Professional fees - readiology - nuclear medicine |
| 413 | Respiratory services - hyperbaric oxygen therapy | 975 | Professional fees - operating room |
| 419 | Respiratory services - other | 976 | Professional fees - respiratory therapy |
| 420 | Physical therapy - general | 977 | Professional fees - physical therapy |
| 421 | Physical therapy - visit charge | 978 | Professional fees - occupational therapy |
| 422 | Physical therapy - hourly charge | 979 | Professional fees - speech therapy |
| 423 | Physical therapy - group rate | 980 | Professional fees - general |
| 424 | Physical therapy - evaluation or reevaluation | 981 | Professional fees - emergency room |
| 429 | Physical therapy - other | 982 | Professional fees - outpatient services |
| 430 | Occupational therapy - general | 983 | Professional fees - clinic |
| 431 | Occupational therapy - visit charge | 984 | Professional fees - medical social services |
| 432 | Occupational therapy - hourly charge | 985 | Professional fees - EKG |
| 433 | Occupational therapy - group rate | 986 | Professional fees - EEG |
| 434 | Occupational therapy - evaluation or reevaluation | 987 | Professional fees - hospital visit |
| 439 | Occupational therapy - other | 988 | Professional fees - consultation |
| 440 | Speech-language pathology - general | 989 | Professional fees - private duty nurse |
| 441 | Speech-language pathology - visit charge | 990 | Patient convenience items - general |
| 442 | Speech-language pathology - hourly charge | 991 | Patient convenience items - cafeteria/guest tray |
| 443 | Speech-language pathology - group rate | 992 | Patient convenience items - private linen service |
| 444 | Speech-language pathology - evaluation or reevaluation | 993 | Patient convenience items - telephone/telegraph |
| 449 | Speech-language pathology - other | 994 | Patient convenience items - TV/radio |
| 450 | Emergency room - general | 995 | Patient convenience items - nonpatient room rentals |
| 451 | Emergency room - EMTALA emergency medical screening services | 996 | Patient convenience items - late discharge charge |
| 452 | Emergency room - beyond EMTALA screening | 997 | Patient convenience items - admission kits |
| 456 | Emergency room - urgent care | 998 | Patient convenience items - beauty shop/barber |
| 459 | Emergency room - other | 999 | Patient convenience items - other |
| 460 | Pulmonary function - general | 1000 | Behavior health accommodations - general |
| 469 | Pulmonary function - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
| 470 | Audiology - general | 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| 471 | Audiology - diagnostic | 1003 | Behavior health accommodations - supervised living |
| 472 | Audiology - treatment | 1004 | Behavior health accommodations - halfway house |
| 479 | Audiology - other | 1005 | Behavior health accommodations - group home |
| 480 | Cardiology - general | 2100 | Alternative therapy services - general |
| 481 | Cardiology - cardiac cath lab | 2101 | Alternative therapy services - acupuncture |
| 482 | Cardiology - stress test | 2102 | Alternative therapy services - acupressure |
| 483 | Cardiology - echocardiology | 2103 | Alternative therapy services - massage |
| 489 | Cardiology - other | 2104 | Alternative therapy services - reflexology |

| | 490 | Ambulatory surgical care - general | 2105 | Alternative therapy services - biofeedback |
|---------------------|----------|--|-----------|--|
| | 499 | Ambulatory surgical care - other | 2105 | Alternative therapy services - hypnosis |
| | 500 | Outpatient services - general | 2100 | Alternative therapy services - other |
| | 509 | Outpatient services - other | 3101 | Adult day care, medical and social - hourly |
| | 510 | Clinic - general | 3102 | Adult day care, social - hourly |
| | 511 | Clinic - chronic pain | 3102 | Adult day care, medical and social - daily |
| | 512 | Clinic - dental | 3104 | Adult day care, social - daily |
| | 512 | Clinic - psychiatric | 3104 | Adult foster care - daily |
| | 513 | Clinic - OB/GYN | 3109 | Adult foster care - other |
| | 514 | | 5109 | Adult loster care - other |
| р · · р ·/· | | Clinic - pediatric | C1 · | |
| Beginning Position: | 13 | Data Source: | Claim | |
| Length: | 4 | Туре: | Alphar | numeric |
| Field 3: | HCP | CS_QUALIFIER | | |
| Description: | 17 | Data Carrier | Claim | |
| Beginning Position: | 17 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphar | numeric |
| Field 4 | | CS_PROCEDURE_CODE | | 1 1· 1 1 · · · · |
| Description: | | A Common Procedure Coding System (H | CPCS) c | code applicable to ancillary services or |
| | | nmodations. | 10 | |
| Coding Scheme: | | ttp://www.cms.hhs.gov/HCPCSReleaseC | | ANHCPCS/list.asp for complete list. |
| Beginning Position: | 19 | Data Source: | Claim | |
| Length: | 5 | Туре: | Alphar | numeric |
| Field 5: | | DIFIER_1 | | |
| Description: | | ifies special circumstances related to the | | |
| Coding Scheme: | 0 | No assessment completed | F2 | Left hand, third digit |
| | 1 | Medicare 5 day assessment (full) | F3 | Left hand, fourth digit |
| | 2 3 | Medicare 30 day assessment (full) Medicare 60 day assessment (full) | F4 F5 | Left hand, fifth digit Right hand, thumb |
| | 4 | Medicare 90 day assessment (full) | F6 | Right hand, second digit |
| | 7 | Medicare 14 day assessment (comprehensive or | F7 | Right hand, third digit |
| | _ | full) | | |
| | 8 | Other Medicare required assessment (OMRA) | F8 | Right hand, fourth digit |
| | 11 | Admission assessment - Medicare 5 day assessment (comprehensive) | F9 | Right hand, fifth digit |
| | 25 | Significant, separately identifiable evaluation and | FA | Left hand, thumb |
| | | management service by the same physician on | | |
| | | the same day of the procedure o | ~ . | |
| | 31 | SCSA or OMRA/Medicare 5 day assessment (replacement) | G1 | Most recent URR of less than 60% |
| | 32 | SCSA or OMRA/Medicare 30 day assessment | G2 | Most recent URR of 60% to 64% |
| | | (replacement) | | |
| | 33 | SCSA or OMRA/Medicare 60 day assessment | G3 | Most recent URR of 65% to 69.9% |
| | 24 | (replacement) | <u>C1</u> | M (, , , , , , , , , , , , , , , , , , |
| | 34 | SCSA or OMRA/Medicare 90 day assessment (replacement) | G4 | Most recent URR of 70% to 74.9% |
| | 37 | SCSA or OMRA/Medicare 14 day assessment | G5 | Most recent URR of 75% or greater |
| | | (replacement) | | C |
| | 38 | Significant change in status assessment (SCSA) | GN | Service delivered personally by a speech- |
| | | | | language pathologist or under an outpatient |
| | 41 | Significant correction of prior full | GO | speech-language pathology plan of care. Service delivered personally by an occupation |
| | 71 | assessment/Medicare 5 day assessment | 00 | therapist or under an outpatient occupational |
| | | ···· · · ··· · ······················· | | therapy plan of care. |
| | 42 | Significant correction of prior full | GP | Service delivered personally by an physical |
| | | assessment/Medicare 30 day assessment | | therapist or under an outpatient physical therap |
| | 43 | Significant correction of prior full | LC | plan of care. Left circulflex coronary artery |
| | 43 | assessment/Medicare 60 day assessment | LC | Left encumer corollary artery |
| | 44 | Significant correction of prior full | LD | Left anterior descending coronary artery |
| | | assessment/Medicare 90 day assessment | | ······································ |
| | | Significant correction of prior full | LT | Left side of the body procedure |
| | 47 | | | |
| | | assessment/Medicare 14 day assessment | 0.1 | |
| | 47 48 | | QM | Ambulance service provided under arrangeme by a provider of services |

| | 50 | Bilateral procedure | | QN | Ambulance service furnished directly by a provider of services |
|----------------------------|----------------|--|---------------------|-----------|---|
| | 52 | Reduced services | | QP | Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil |
| | 53 | Discontinued procedure | | RC | Right coronary artery |
| | 54 | Quarterly review assessme assessment (full) | ent - Medicare 90 | RT | Right side of the body procedure |
| | 58 | Staged or related procedur same physician during the | | T1 | Left foot, second digit |
| | 59 | Distinct procedural service | 5 | T2 | Left foot, third digit |
| | 76 | Repeat procedure by same | physician | T3 | Left foot, fourth digit |
| | 77 | Repeat procedure by anoth | ner physician | T4 | Left foot, fifth digit |
| | 78 | Return to the operating roo | | T5 | Right foot, great toe |
| | 79 | procedure during the posto Unrelated procedure of ser physician during the posto | rvice by the same | T6 | Right foot, second digit |
| | E1 | Upper left eyelid | F | T7 | Right foot, third digit |
| | E2 | Lower left eyelid | | T8 | Right foot, fourth digit |
| | E3 | Upper right eyelid | | Т9 | Right foot, fifth digit |
| | E4 | Lower right eyelid | | TA | Left foot, great toe |
| | F1 | Left hand, second digit | | | |
| Beginning Position: | 24 | | Data Source: | Claim | |
| Length: | 2 | | Туре: | | numeric |
| Field 6: | MOI | DIFIER 2 | U I | | |
| Description: | | ifies special circumstar | nces related to the | performa | ance of the service. |
| Coding Scheme: | | e as Field 5 | | - | |
| Beginning Position: | 26 | | Data Source: | Claim | |
| Length: | 2 | | Туре: | Alphar | numeric |
| Field 7: | MOI | DIFIER 3 | | - | |
| Description: | Ident | ifies special circumstar | nces related to the | performa | ance of the service. |
| Coding Scheme: | | e as Field 5 | | - | |
| Beginning Position: | 28 | | Data Source: | Claim | |
| Length: | 2 | | Туре: | Alphar | numeric |
| Field 8: | | DIFIER_4 | | | |
| Description: | | ifies special circumstar | nces related to the | performa | ance of the service. |
| Coding Scheme: | | e as Field 5 | | | |
| Beginning Position: | 30 | | Data Source: | Claim | |
| Length: | 2 | | Туре: | Alphar | numeric |
| Field 9: | | Γ_MEASUREMENT | | | |
| Description: | | specifying the units in | which a value is | being exp | pressed. |
| Coding Scheme: | DA F2 UN | Days International unit Unit | | | |
| Beginning Position: | 32 | Unit | Data Source: | Claim | |
| Length: | 2 | | Type: | | numeric |
| Field 10: | | IS OF SERVICE | -, | . npilul | |
| Description: | | eric value of quantity | | | |
| Beginning Position: | 34 | | Data Source: | Claim | |
| Length: | 7 | | Туре: | Numer | ic |
| Field 11: | UNI | Г КАТЕ | | | |
| Description: | | per unit | | | |
| Beginning Position: | 41 | 1 | Data Source: | Claim | |
| Length: | 12 | | Туре: | Numer | ic |
| Field 12: | CHR | RGS LINE ITEM | * • | | |
| Description: | | amount of the charge | | | |
| Beginning Position: | 53 | U | Data Source: | Assign | ed |
| Length: | 14 | | Туре: | Numer | ic |
| Field 13: | CHR | RGS NON COV | | | |
| | | · | | | |

| Description: | Total non-covered amount of the charge | | | |
|----------------------------|--|---------------------|----------|--|
| Beginning Position: | 67 | Data Source: | Assigned | |
| Length: | 14 | Туре: | Numeric | |



Texas Hospital Inpatient Discharge Public Use Data File

Base Data File Charges Data File

Data Fields

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

Base Data File

| NUMBER | FIELD NAME | POSITION | LENGTH | FIELD TYPE |
|--------|--|----------|--------|--------------|
| 1 | DISCHARGE | 1 | 6 | Alphanumeric |
| 2 | THCIC_ID | 7 | 6 | Alphanumeric |
| 3 | PROVIDER_NAME | 13 | 55 | Alphanumeric |
| 4 | FAC_TEACHING_IND | 68 | 1 | Alphanumeric |
| 5 | FAC_PSYCH_IND | 69 | 1 | Alphanumeric |
| 6 | FAC_REHAB_IND | 70 | 1 | Alphanumeric |
| 7 | FAC_ACUTE_CARE_IND | 71 | 1 | Alphanumeric |
| 8 | FAC_SNF_IND | 72 | 1 | Alphanumeric |
| 9 | FAC_LONG_TERM_AC_IND | 73 | 1 | Alphanumeric |
| 10 | FAC_OTHER_LTC_IND | 74 | 1 | Alphanumeric |
| 11 | FAC_PEDS_IND | 75 | 1 | Alphanumeric |
| 12 | SPEC_UNIT | 76 | 5 | Alphanumeric |
| 12a | SPEC_UNIT_1 (fixed length format only) | 76 | 1 | Alphanumeric |
| 12b | SPEC_UNIT_2 (fixed length format only) | 77 | 1 | Alphanumeric |
| 12c | SPEC_UNIT_3 (fixed length format only) | 78 | 1 | Alphanumeric |
| 12d | SPEC UNIT 4 (fixed length format only) | 79 | 1 | Alphanumeric |
| 12e | SPEC UNIT 5 (fixed length format only) | 80 | 1 | Alphanumeric |
| 13 | ENCOUNTER INDICATOR | 81 | 2 | Alphanumeric |
| 14 | SEX CODE | 83 | 1 | Alphanumeric |
| 15 | TYPE OF ADMISSION | 84 | 1 | Alphanumeric |
| 16 | SOURCE OF ADMISSION | 85 | 1 | Alphanumeric |
| 17 | PAT STATE | 86 | 2 | Alphanumeric |
| 18 | PAT ZIP | 88 | 5 | Alphanumeric |
| 19 | PAT COUNTRY | 93 | 2 | Alphanumeric |
| 20 | COUNTY | 95 | 3 | Alphanumeric |
| 21 | PUBLIC HEALTH REGION | 98 | 2 | Alphanumeric |
| 22 | ADMIT WEEKDAY | 100 | 1 | Alphanumeric |
| 23 | LENGTH OF STAY | 101 | 4 | Numeric |
| 24 | PAT AGE | 105 | 2 | Alphanumeric |
| 25 | PAT STATUS | 107 | 2 | Alphanumeric |
| 26 | RACE | 109 | 1 | Alphanumeric |
| 27 | ETHNICITY | 110 | 1 | Alphanumeric |
| 28 | FIRST PAYMENT SRC | 111 | 2 | Alphanumeric |
| 29 | SECONDARY PAYMENT SRC | 113 | 2 | Alphanumeric |
| 30 | TYPE OF BILL | 115 | 3 | Alphanumeric |
| 31 | PRIVATE AMOUNT | 118 | 12 | Numeric |
| 32 | SEMI_PRIVATE_AMOUNT | 130 | 12 | Numeric |

| 33 | WARD AMOUNT | 142 | 12 | Numeric |
|----------|---|------------|--------|------------------------------|
| 34 | ICU AMOUNT | 154 | 12 | Numeric |
| 35 | CCU AMOUNT | 166 | 12 | Numeric |
| 36 | OTHER AMOUNT | 178 | 12 | Numeric |
| 37 | PHARM AMOUNT | 190 | 12 | Numeric |
| 38 | MEDSURG AMOUNT | 202 | 12 | Numeric |
| 39 | DME AMOUNT | 214 | 12 | Numeric |
| 40 | USED DME AMOUNT | 226 | 12 | Numeric |
| 41 | PT AMOUNT | 238 | 12 | Numeric |
| 42 | OT AMOUNT | 250 | 12 | Numeric |
| 43 | SPEECH AMOUNT | 262 | 12 | Numeric |
| 44 | IT AMOUNT | 274 | 12 | Numeric |
| 45 | BLOOD AMOUNT | 286 | 12 | Numeric |
| 46 | BLOOD ADM AMOUNT | 298 | 12 | Numeric |
| 47 | OR AMOUNT | 310 | 12 | Numeric |
| 48 | LITH AMOUNT | 322 | 12 | Numeric |
| 49 | CARD AMOUNT | 334 | 12 | Numeric |
| 50 | ANES AMOUNT | 346 | 12 | Numeric |
| 51 | LAB AMOUNT | 358 | 12 | Numeric |
| 52 | RAD AMOUNT | 370 | 12 | Numeric |
| 53 | MRI AMOUNT | 382 | 12 | Numeric |
| 54 | OP AMOUNT | 394 | 12 | Numeric |
| 55 | ER AMOUNT | 406 | 12 | Numeric |
| 56 | AMBULANCE AMOUNT | 400 | 12 | Numeric |
| 57 | PRO FEE AMOUNT | 418 | 12 | |
| 58 | ORGAN AMOUNT | 430 | 12 | Numeric |
| <u> </u> | ESRD AMOUNT | 442 | 12 | Numeric |
| <u> </u> | CLINIC AMOUNT | 434 466 | 12 | Numeric |
| 61 | TOTAL CHARGES | 400 | 12 | Numeric |
| 61 | TOTAL NON COV CHARGES | 4/8 | 12 | Numeric |
| 62 | TOTAL CHARGES ACCOMM | 502 | 12 | Numeric |
| 64 | | 514 | 12 | Numeric |
| 65 | TOTAL_NON_COV_CHARGES_ACCOMM TOTAL_CHARGES_ANCIL | 526 | 12 | Numeric Numeric |
| 66 | TOTAL NON COV CHARGES ANCIL | 538 | 12 | |
| 67 | ADMITTING DIAGNOSIS | 550 | 6 | Numeric |
| 68 | PRINC DIAG CODE | 556 | 6 | Alphanumeric Alphanumeric |
| 68 69 | OTH DIAG CODE 1 | 5562 | 6 | Alphanumeric |
| | OTH DIAG CODE 2 | | - | |
| 70 71 | | 568 574 | 6 | Alphanumeric |
| 71 | OTH_DIAG_CODE_3 | | 6 | Alphanumeric |
| | OTH_DIAG_CODE_4 | 580 | 6 | Alphanumeric |
| 73 | OTH_DIAG_CODE_5 | 586 | 6 | Alphanumeric |
| 74 75 | OTH_DIAG_CODE_6 | 592 | 6 6 | Alphanumeric |
| | OTH_DIAG_CODE_7 | 598 | | Alphanumeric |
| 76 | OTH_DIAG_CODE_8 | 604 | 6 | Alphanumeric |
| 77 | OTH_DIAG_CODE_9 | 610 | 6 | Alphanumeric |
| 78 | OTH_DIAG_CODE_10 | 616 | 6 | Alphanumeric |
| 79 | OTH_DIAG_CODE_11 | 622 | 6 | Alphanumeric |
| 80 | OTH_DIAG_CODE_12 | 628 | 6 | Alphanumeric |
| 81 | OTH_DIAG_CODE_13 | 634 | 6 | Alphanumeric |
| 82 | OTH_DIAG_CODE_14 | 640 | 6 | Alphanumeric |
| 83 | OTH_DIAG_CODE_15 | 646 | 6 | Alphanumeric |
| 84 | OTH_DIAG_CODE_16 | 652 | 6 | Alphanumeric |
| 85 | OTH_DIAG_CODE_17 | 658 | 6 | Alphanumeric |

| 86 | OTH DIAG CODE 18 | 664 | 6 | Alphanumeric |
|-----|-----------------------|-----|---|--------------|
| 87 | OTH DIAG CODE 19 | 670 | 6 | Alphanumeric |
| 88 | OTH DIAG CODE 20 | 676 | 6 | Alphanumeric |
| 89 | OTH DIAG CODE 21 | 682 | 6 | Alphanumeric |
| 90 | OTH DIAG CODE 22 | 688 | 6 | Alphanumeric |
| 91 | OTH DIAG CODE 23 | 694 | 6 | Alphanumeric |
| 92 | OTH DIAG CODE 24 | 700 | 6 | Alphanumeric |
| 93 | PRINC SURG PROC CODE | 706 | 7 | Alphanumeric |
| 94 | PRINC SURG PROC DAY | 713 | 4 | Alphanumeric |
| 95 | PRINC ICD9 CODE | 717 | 5 | Alphanumeric |
| 96 | OTH SURG PROC CODE 1 | 722 | 7 | Alphanumeric |
| 97 | OTH SURG PROC DAY 1 | 729 | 4 | Alphanumeric |
| 98 | OTH ICD9 CODE 1 | 733 | 5 | Alphanumeric |
| 99 | OTH SURG PROC CODE 2 | 738 | 7 | Alphanumeric |
| 100 | OTH SURG PROC DAY 2 | 745 | 4 | Alphanumeric |
| 100 | OTH ICD9 CODE 2 | 749 | 5 | Alphanumeric |
| 101 | OTH SURG PROC CODE 3 | 754 | 7 | Alphanumeric |
| 102 | OTH SURG PROC DAY 3 | 761 | 4 | Alphanumeric |
| 103 | OTH ICD9 CODE 3 | 765 | 5 | Alphanumeric |
| 104 | OTH SURG PROC CODE 4 | 703 | 7 | Alphanumeric |
| 105 | OTH SURG PROC DAY 4 | 777 | 4 | 1 |
| | | 781 | 5 | Alphanumeric |
| 107 | OTH_ICD9_CODE_4 | | | Alphanumeric |
| 108 | OTH_SURG_PROC_CODE_5 | 786 | 7 | Alphanumeric |
| 109 | OTH_SURG_PROC_DAY_5 | 793 | 4 | Alphanumeric |
| 110 | OTH_ICD9_CODE_5 | 797 | 5 | Alphanumeric |
| 111 | OTH_SURG_PROC_CODE_6 | 802 | 7 | Alphanumeric |
| 112 | OTH_SURG_PROC_DAY_6 | 809 | 4 | Alphanumeric |
| 113 | OTH_ICD9_CODE_6 | 813 | 5 | Alphanumeric |
| 114 | OTH_SURG_PROC_CODE_7 | 818 | 7 | Alphanumeric |
| 115 | OTH_SURG_PROC_DAY_7 | 825 | 4 | Alphanumeric |
| 116 | OTH_ICD9_CODE_7 | 829 | 5 | Alphanumeric |
| 117 | OTH_SURG_PROC_CODE_8 | 834 | 7 | Alphanumeric |
| 118 | OTH_SURG_PROC_DAY_8 | 841 | 4 | Alphanumeric |
| 119 | OTH_ICD9_CODE_8 | 845 | 5 | Alphanumeric |
| 120 | OTH_SURG_PROC_CODE_9 | 850 | 7 | Alphanumeric |
| 121 | OTH_SURG_PROC_DAY_9 | 857 | 4 | Alphanumeric |
| 122 | OTH_ICD9_CODE_9 | 861 | 5 | Alphanumeric |
| 123 | OTH_SURG_PROC_CODE_10 | 866 | 7 | Alphanumeric |
| 124 | OTH_SURG_PROC_DAY_10 | 873 | 4 | Alphanumeric |
| 125 | OTH_ICD9_CODE_10 | 877 | 5 | Alphanumeric |
| 126 | OTH_SURG_PROC_CODE_11 | 882 | 7 | Alphanumeric |
| 127 | OTH_SURG_PROC_DAY_11 | 889 | 4 | Alphanumeric |
| 128 | OTH_ICD9_CODE_11 | 893 | 5 | Alphanumeric |
| 129 | OTH_SURG_PROC_CODE_12 | 898 | 7 | Alphanumeric |
| 130 | OTH_SURG_PROC_DAY_12 | 905 | 4 | Alphanumeric |
| 131 | OTH_ICD9_CODE_12 | 909 | 5 | Alphanumeric |
| 132 | OTH_SURG_PROC_CODE_13 | 914 | 7 | Alphanumeric |
| 133 | OTH_SURG_PROC_DAY_13 | 921 | 4 | Alphanumeric |
| 134 | OTH_ICD9_CODE_13 | 925 | 5 | Alphanumeric |
| 135 | OTH_SURG_PROC_CODE_14 | 930 | 7 | Alphanumeric |
| 136 | OTH_SURG_PROC_DAY_14 | 937 | 4 | Alphanumeric |
| 137 | OTH_ICD9_CODE_14 | 941 | 5 | Alphanumeric |
| 138 | OTH_SURG_PROC_CODE_15 | 946 | 7 | Alphanumeric |

| 139 | OTH SURG PROC DAY 15 | 953 | 4 | Alphanumeric |
|-----|-----------------------|------|---|--------------|
| 140 | OTH ICD9 CODE 15 | 957 | 5 | Alphanumeric |
| 141 | OTH SURG PROC CODE 16 | 962 | 7 | Alphanumeric |
| 142 | OTH SURG PROC DAY 16 | 969 | 4 | Alphanumeric |
| 143 | OTH ICD9 CODE 16 | 973 | 5 | Alphanumeric |
| 144 | OTH SURG PROC CODE 17 | 978 | 7 | Alphanumeric |
| 145 | OTH SURG PROC DAY 17 | 985 | 4 | Alphanumeric |
| 146 | OTH ICD9 CODE 17 | 989 | 5 | Alphanumeric |
| 147 | OTH SURG PROC CODE 18 | 994 | 7 | Alphanumeric |
| 148 | OTH SURG PROC DAY 18 | 1001 | 4 | Alphanumeric |
| 149 | OTH ICD9 CODE 18 | 1005 | 5 | Alphanumeric |
| 150 | OTH SURG PROC CODE 19 | 1010 | 7 | Alphanumeric |
| 151 | OTH SURG PROC DAY 19 | 1017 | 4 | Alphanumeric |
| 152 | OTH ICD9 CODE 19 | 1021 | 5 | Alphanumeric |
| 153 | OTH SURG PROC CODE 20 | 1026 | 7 | Alphanumeric |
| 154 | OTH SURG PROC DAY 20 | 1033 | 4 | Alphanumeric |
| 155 | OTH ICD9 CODE 20 | 1037 | 5 | Alphanumeric |
| 156 | OTH SURG PROC CODE 21 | 1042 | 7 | Alphanumeric |
| 157 | OTH SURG PROC DAY 21 | 1049 | 4 | Alphanumeric |
| 158 | OTH ICD9 CODE 21 | 1053 | 5 | Alphanumeric |
| 159 | OTH SURG PROC CODE 22 | 1058 | 7 | Alphanumeric |
| 160 | OTH SURG PROC DAY 22 | 1065 | 4 | Alphanumeric |
| 161 | OTH ICD9 CODE 22 | 1069 | 5 | Alphanumeric |
| 162 | OTH SURG PROC CODE 23 | 1074 | 7 | Alphanumeric |
| 163 | OTH SURG PROC DAY 23 | 1081 | 4 | Alphanumeric |
| 164 | OTH ICD9 CODE 23 | 1085 | 5 | Alphanumeric |
| 165 | OTH SURG PROC CODE 24 | 1090 | 7 | Alphanumeric |
| 166 | OTH SURG PROC DAY 24 | 1097 | 4 | Alphanumeric |
| 167 | OTH_ICD9_CODE_24 | 1101 | 5 | Alphanumeric |
| 168 | E_CODE_1 | 1106 | 6 | Alphanumeric |
| 169 | E_CODE_2 | 1112 | 6 | Alphanumeric |
| 170 | E_CODE_3 | 1118 | 6 | Alphanumeric |
| 171 | E_CODE_4 | 1124 | 6 | Alphanumeric |
| 172 | E_CODE_5 | 1130 | 6 | Alphanumeric |
| 173 | E_CODE_6 | 1136 | 6 | Alphanumeric |
| 174 | E_CODE_7 | 1142 | 6 | Alphanumeric |
| 175 | E_CODE_8 | 1148 | 6 | Alphanumeric |
| 176 | E_CODE_9 | 1154 | 6 | Alphanumeric |
| 177 | E_CODE_10 | 1160 | 6 | Alphanumeric |
| 178 | CONDITION_CODE_1 | 1166 | 2 | Alphanumeric |
| 179 | CONDITION_CODE_2 | 1168 | 2 | Alphanumeric |
| 180 | CONDITION_CODE_3 | 1170 | 2 | Alphanumeric |
| 181 | CONDITION_CODE_4 | 1172 | 2 | Alphanumeric |
| 182 | CONDITION_CODE_5 | 1174 | 2 | Alphanumeric |
| 183 | CONDITION_CODE_6 | 1176 | 2 | Alphanumeric |
| 184 | CONDITION_CODE_7 | 1178 | 2 | Alphanumeric |
| 185 | CONDITION_CODE_8 | 1180 | 2 | Alphanumeric |
| 186 | OCCUR_CODE_1 | 1182 | 2 | Alphanumeric |
| 187 | OCCUR_DAY_1 | 1184 | 4 | Alphanumeric |
| 188 | OCCUR_CODE_2 | 1188 | 2 | Alphanumeric |
| 189 | OCCUR_DAY_2 | 1190 | 4 | Alphanumeric |
| 190 | OCCUR_CODE_3 | 1194 | 2 | Alphanumeric |
| 191 | OCCUR_DAY_3 | 1196 | 4 | Alphanumeric |

| 192 | OCCUR CODE 4 | 1200 | 2 | Alphanumeric |
|---------|----------------------------------|------|----------|------------------------------|
| 192 | OCCUR DAY 4 | 1200 | 4 | Alphanumeric |
| 194 | OCCUR CODE 5 | 1202 | 2 | Alphanumeric |
| 195 | OCCUR DAY 5 | 1208 | 4 | Alphanumeric |
| 196 | OCCUR CODE 6 | 1212 | 2 | Alphanumeric |
| 197 | OCCUR DAY 6 | 1212 | 4 | Alphanumeric |
| 198 | OCCUR CODE 7 | 1218 | 2 | Alphanumeric |
| 199 | OCCUR DAY 7 | 1220 | 4 | Alphanumeric |
| 200 | OCCUR CODE 8 | 1220 | 2 | Alphanumeric |
| 201 | OCCUR DAY 8 | 1226 | 4 | Alphanumeric |
| 202 | OCCUR CODE 9 | 1230 | 2 | Alphanumeric |
| 203 | OCCUR DAY 9 | 1232 | 4 | Alphanumeric |
| 204 | OCCUR CODE 10 | 1236 | 2 | Alphanumeric |
| 205 | OCCUR DAY 10 | 1238 | 4 | Alphanumeric |
| 205 | OCCUR CODE 11 | 1242 | 2 | Alphanumeric |
| 200 | OCCUR DAY 11 | 1244 | 4 | Alphanumeric |
| 208 | OCCUR CODE 12 | 1248 | 2 | Alphanumeric |
| 200 | OCCUR DAY 12 | 1240 | 4 | Alphanumeric |
| 210 | OCCUR SPAN CODE 1 | 1250 | 2 | Alphanumeric |
| 210 | OCCUR SPAN FROM 1 | 1254 | 6 | Alphanumeric |
| 211 212 | OCCUR SPAN THRU 1 | 1250 | 6 | Alphanumeric |
| 212 | OCCUR SPAN CODE 2 | 1262 | 2 | Alphanumeric |
| 213 | OCCUR SPAN FROM 2 | 1208 | 6 | Alphanumeric |
| 214 | OCCUR SPAN THRU 2 | 1276 | 6 | Alphanumeric |
| 215 | OCCUR SPAN CODE 3 | 1270 | 2 | Alphanumeric |
| 210 | OCCUR SPAN FROM 3 | 1282 | 6 | Alphanumeric |
| 217 | OCCUR SPAN THRU 3 | 1284 | 6 | Alphanumeric |
| 218 | OCCUR SPAN CODE 4 | 1290 | 2 | Alphanumeric |
| 219 | OCCUR SPAN_CODE_4 | 1290 | 6 | Alphanumeric |
| 220 | OCCUR SPAN_FROM_4 | 1298 | 6 | Alphanumeric |
| 221 | VALUE CODE 1 | 1304 | 2 | Alphanumeric |
| 222 | VALUE AMOUNT 1 | 1310 | 9 | Alphanumeric |
| 223 | VALUE CODE 2 | 1312 | 2 | Alphanumeric |
| 224 | VALUE AMOUNT 2 | 1321 | 9 | Alphanumeric |
| 223 | VALUE CODE 3 | 1323 | 2 | Alphanumeric |
| 220 | VALUE_CODE_5 | 1332 | 9 | Alphanumeric |
| 227 | VALUE CODE 4 | 1354 | 2 | Alphanumeric |
| 228 | VALUE_CODE_4 VALUE AMOUNT 4 | 1345 | 9 | Alphanumeric |
| 229 | VALUE CODE 5 | 1343 | 2 | Alphanumeric |
| 230 | VALUE AMOUNT 5 | 1354 | 9 | Alphanumeric |
| 231 | VALUE CODE 6 | 1350 | 2 | Alphanumeric |
| 232 | VALUE AMOUNT 6 | 1363 | 9 | Alphanumeric |
| 233 | VALUE CODE 7 | 1307 | 2 | - |
| 234 | VALUE_CODE_/ VALUE AMOUNT 7 | 1376 | <u> </u> | Alphanumeric Alphanumeric |
| 235 | VALUE CODE 8 | 1378 | 2 | Alphanumeric |
| 236 | VALUE_CODE_8 | 1387 | <u> </u> | Alphanumeric |
| 237 | VALUE CODE 9 | 1389 | 2 | Alphanumeric |
| 238 | VALUE_CODE_9 VALUE AMOUNT 9 | 1398 | <u> </u> | Alphanumeric |
| 239 | VALUE_AMOUN1_9 VALUE CODE 10 | 1400 | 2 | Alphanumeric |
| 240 | VALUE_CODE_10 VALUE AMOUNT 10 | 1409 | <u> </u> | - |
| | | | 2 | Alphanumeric |
| 242 | VALUE_CODE_11 | 1420 | <u> </u> | Alphanumeric |
| 243 | VALUE_AMOUNT_11 | 1422 | | Alphanumeric |
| 244 | VALUE_CODE_12 | 1431 | 2 | Alphanumeric |

| 245 | VALUE_AMOUNT_12 | 1433 | 9 | Alphanumeric |
|-----|-----------------------------|------|----|--------------|
| 246 | HCFA_MDC | 1442 | 2 | Alphanumeric |
| 247 | APR_MDC | 1444 | 2 | Alphanumeric |
| 248 | HCFA_DRG | 1446 | 3 | Alphanumeric |
| 249 | APR_DRG | 1449 | 3 | Alphanumeric |
| 250 | RISK_MORTALITY | 1452 | 1 | Alphanumeric |
| 251 | ILLNESS_SEVERITY | 1453 | 1 | Alphanumeric |
| 252 | ATTENDING_PHYSICIAN_UNIF_ID | 1454 | 10 | Alphanumeric |
| 253 | OPERATING_PHYSICIAN_UNIF_ID | 1464 | 10 | Alphanumeric |
| 254 | CERT_STATUS | 1474 | 1 | Alphanumeric |
| 255 | RECORD_ID | 1475 | 12 | Alphanumeric |

Charges Data File

| NUMBER | FIELD NAME | POSITION | LENGTH | FIELD TYPE |
|--------|-----------------------|----------|--------|--------------|
| 1 | RECORD_ID | 1 | 12 | Alphanumeric |
| 2 | REVENUE_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS_PROCEDURE_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT_MEASUREMENT_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS_OF_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT_RATE | 41 | 12 | Numeric |
| 12 | CHRGS_LINE_ITEM | 53 | 14 | Numeric |
| 13 | CHRGS_NON_COV | 67 | 14 | Numeric |



Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2008

| | Reports With | 1Q08 | With Comment | 2Q08 | With Comment | 3Q08 | With Comment | 4Q08 | With Comment |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Abilene | With | | Comment | | Comment | | Comment | | Comment |
| 091001 Abilene Regional Medical Center | | х | | Х | | x | | Х | |
| 500000 Hendrick Medical Center | | X | | v | | x | | X | |
| 688000 Hendrick Center for Extended Care | | X | | x ^{LV} | | x | | x ^{LV} | |
| 846000 Acadia Abilene | | x ^{LV} | x | X | | X | | X | |
| Alice | | 11 | | 71 | | | | | |
| 689400 CHRISTUS Spohn Hospital–Alice Laviana Plaza | | X | | х | | X | | х | |
| 689401 CHRISTUS Spohn Hospital–Alice | | х | | х | | x | | Х | |
| Allen | | Λ | | Λ | | <u>л</u> | | Λ | |
| 724200 Presbyterian Hospital–Allen | | X | X | x | X | X | X | X | x |
| 854000 Twin Creeks Hospital | | x ^{LV} | Λ | | Λ | | Λ | | Λ |
| 1 | | X | | X | | X | | X | |
| Alpine | | | | | | x ^{OC} | | | |
| 711900 Big Bend Regional Medical Center | | X | | Х | | X | | Х | |
| Alvin 212001 Clear Lake Regional Medical Center Alvin | 212000 | | | | | | | | |
| Emergency Center | | | | | | | | | |
| Amarillo | | | | | | | | | |
| 001000 Baptist St Anthonys Health System-Baptist | | х | | х | | x | | х | |
| Campus | | | | | | | | | |
| 318000 Northwest Texas Hospital | | х | | х | | х | | х | |
| 318001 The Pavilion | 318000 | | | | | | | | |
| 714000 Northwest Texas Surgery Center | | OC | | OC | | OC | | OC | |
| 796000 Plum Creek Specialty Hospital | | х | | х | | х | | х | |
| 818000 Triumph Hospital Amarillo | | х | | х | | х | | х | |
| 841400 Northwest Texas Rehab Hospital | | х | NC | х | | х | | х | |
| 852900 Physicians Surgical Hospital–Quail Creek | | х | | х | | x | | х | |
| 852901 Physicians Surgical Hospital–Panhandle | | х | | х | | x | | х | |
| Campus | | | | | | | | | |
| Anahuac | | | | | | | | | |
| 442000 Bayside Community Hospital | | * | | * | | * | | * | |
| Andrews | | | | | | | | | |
| 187000 Permian Regional Medical Center | | * | | * | | * | | * | |
| Angleton | | | | | | | | | |
| 126000 Angleton-Danbury Medical Center | | Х | | Х | | x | x ^N | Х | |
| Anson | | | | | | | | | |
| 016000 Anson General Hospital | | * | | * | | * | | * | |
| Aransas Pass | | | | | | | | | |
| 239001 North Bay Hospital | | OC | | OC | | X | | х | |
| Arlington | | | | ~ ~ | | | | | |
| 409001 Diagnostic & Surgery Center–Arlington | | x ^{LV} | | x ^{LV} | | x ^{LV} | | x ^{LV} | |
| 422000 Arlington Memorial Hospital | | X | X | X | X | X | Х | X | X |
| 502000 Medical Center–Arlington | | X | | X | | X | | X | |
| | 1 | Λ | 1 | л | I | л | I | л | I |

| | Reports With | 1Q08 | With Comment | 2Q08 | With Comment | 3Q08 | With Comment | 4Q08 | With Comment |
|--|-----------------|-----------------|-----------------|------------------|-----------------|------------------|-----------------|-------------------|-----------------|
| 660000 HEALTHSOUTH Rehab Hospital- | with | X | Comment | X | Comment | x | Comment | X | Comment |
| Arlington | | | | | | | | | |
| 690000 Kindred Hospital-Tarrant County Arlington | | х | NC | х | х | х | х | Х | х |
| Campus | | | | | | | | | |
| 765001 Millwood Hospital | | х | | х | | х | | Х | |
| 799001 USMD Hospital–Arlington | | х | | х | | х | | х | |
| 831800 RehabCare Physical Rehab | | х | | х | | х | | х | |
| Aspermont | | | | | | | | | |
| 666000 Stonewall Memorial Hospital | | * | | * | | * | | * | |
| Athens | | | | | | | | | |
| 374000 East Texas Medical Center-Athens | | х | | х | | х | | Х | |
| Atlanta | | | | | | | | | |
| 131000 Atlanta Memorial Hospital | | * | | * | | * | | * | |
| Austin | | | | | | | | | |
| 000100 Austin State Hospital | | х | Х | х | х | х | х | Х | Х |
| 000119 UTMB Austin Womens Hospital | | х | | х | | х | | х | |
| 035000 St Davids Hospital | | х | | х | | х | | Х | |
| 335000 Brackenridge Hospital | | Х | NC | Х | NC | Х | x ^N | Х | NC |
| 497000 Seton Medical Center | | х | NC | х | NC | х | x ^N | х | NC |
| 602000 South Austin Hospital | | х | NC | х | NC | x ^{OC} | | х | NC |
| 622001 Texas NeuroRehab Center | | х | | х | | х | | х | |
| 649000 St Davids Rehab Center | | х | | х | | х | | х | |
| 663000 HEALTHSOUTH Rehab Hospital-Austin | | х | | х | | х | | Х | |
| 700000 Cornerstone Hospital–Austin | | x ^{OC} | | x ^{OC} | | x ^{OC} | | Х | NC |
| 700002 Cornerstone Hospital-Austin-St Davids | | x ^{OC} | | x ^{OC} | | x ^{OC} | | C ^N | |
| Medical Center | | | | | | | | | |
| 739001 Texas NeuroRehab Center | | х | | х | | х | | Х | |
| 770000 Daughters of Charity Seton Shoal Creek | | х | | х | | х | | Х | |
| 794000 HEALTHSOUTH Surgical Hospital-Austin | | х | | х | | х | | Х | |
| 797500 Seton Southwest Hospital | | х | NC | х | NC | х | NC | х | NC |
| 797600 Seton Northwest Hospital | | х | NC | х | NC | х | NC | х | NC |
| 798500 Austin Surgical Hospital | | х | | х | | х | х | х | |
| 822800 Westlake Medical Center | | х | | х | | X | | Х | |
| 829000 Heart Hospital-Austin | | х | | х | | х | | Х | Х |
| 829900 North Austin Medical Center | | х | NC | х | | X | | Х | |
| 852000 Dell Childrens Medical Center | | х | NC | х | NC | X | NC | Х | NC |
| 854400 Central Texas Rehab Hospital | | х | | х | | X | | x ^{OC} | |
| 855200 Austin Lakes Hospital | | х | | х | | X | | Х | |
| Azle | | | | | | | | | |
| 469000 Harris Methodist-Northwest | | х | Х | х | Х | х | х | х | х |
| Ballinger | | | | | | | | | |
| 234000 Ballinger Memorial Hospital District | | *х | | *x ^{LV} | | *x ^{LV} | | *х | |
| Bastrop | | | | | | | | | |
| 831400 Lakeside Hospital Bastrop | | х | | х | | х | | х | |
| Bay City | | | | | | | | | |
| 006000 Matagorda General Hospital | | Х | х | Х | Х | X | х | Х | Х |
| 006001 Matagorda General Hospital | | x ^{LV} | Х | x ^{LV} | х | x ^{LV} | х | \mathbf{x}^{LV} | NC |
| Baytown | | | | | | | | | |
| 405000 San Jacinto Methodist Hospital | | Х | | Х | | Х | | Х | |
| 405002 San Jacinto Methodist Hospital-Alexander | 405000 | | | | | | | | |
| Campus | | | | | | | | | |
| | | | | | | | | | |
| 720401 Triumph Hospital–Baytown | | Х | | х | | х | | х | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4008 | With |
|--|---------|----------------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| Beaumont | With | | Comment | | Comment | | Comment | | Comment |
| 389000 Memorial Hermann Baptist Beaumont | | х | | X | | x | | X | |
| Hospital | | | | | | | | | |
| 389002 Fannin Behavioral Health Center | 389000 | | | | | | | | |
| 444001 CHRISTUS Hospital | | Х | | Х | | Х | | Х | |
| 671000 HEALTHSOUTH Rehab Hospital–Beaumont | | Х | | х | | х | | Х | |
| 708000 Dubuis Hospital-Beaumont | | Х | х | х | х | х | Х | Х | NC |
| 826500 Beaumont Bone & Joint Institute | | \mathbf{x}^{LV} | | x ^{LV} | | x ^{LV} | | *** | |
| 861900 Kate Dishman Rehab Hospital First reports 1 st quarter 2008 | | *** | | x ^{LV} | X | х | Х | Х | Х |
| Bedford | | | | | | | | | |
| 182000 Harris Methodist HEB | | Х | X | X | Х | Х | Х | Х | Х |
| 182001 Harris Methodist HEB | 182000 | | | | | | | | |
| 778000 Harris Methodist–Springwood | | Х | X | X | X | X | X | Х | X |
| Beeville | | | | | | | | | |
| 429001 CHRISTUS Spohn Hospital-Beeville | | Х | | X | | X | | Х | |
| Bellaire | | 00 | | | | | | | |
| 831900 Foundation Surgical Hospital | | x ^{OC} | | X | | X | | Х | |
| 840100 First Street Hospital | | Х | | Х | | X | | Х | |
| Bellville | | | | | | | | | |
| 552000 Bellville General Hospital | | * | | * | | * | | * | |
| Belton | | | | | | | | | |
| 806002 Cedar Crest Hospital | | Х | | X | | X | | Х | |
| Big Lake | | - 41 | | -11 | | da | | -4- | |
| 343000 Reagan Memorial Hospital | | * | | * | | * | | * | |
| Big Spring | | | | | | | | | |
| 000101 Big Spring State Hospital | | x x ^{OC} | X | X | X | X | X | Х | X |
| 221000 Scenic Mountain Medical Center | | X | | X | | X | | X | |
| Bonham | | | | | | | | | |
| 106001 Red River Regional Hospital | | X | | X | | X | | Х | |
| Borger 654000 Golden Plains Community Hospital | | v | | *x | | *x | | *x | |
| Bowie | | Х | | ·X | | ·X | | ·X | |
| 440000 Bowie Memorial Hospital | | * | | * | | * | | * | |
| Brady | | | | - | | | | | |
| 362000 Heart of Texas Memorial Hospital | | * | | * | | * | | * | |
| Breckenridge | | | | | | | | | |
| 430000 Stephens Memorial Hospital | | * | | * | | * | | * | |
| Brenham | | | | | | | | | |
| 066000 Trinity Community Medical Center–Brenham | | * | | * | | * | | * | |
| Bridgeport | | | | | | | | | |
| 868700 Bridgeport Doctors Hospital First reports 4 th quarter 2008 | | | | | | | | x ^{OC} | |
| Brownfield | | | | | | | | | |
| 078000 Brownfield Regional Medical Center | | * | | * | | * | | * | |
| Brownsville | | | | | | | | | |
| 019000 Valley Regional Medical Center | | Х | | X | | X | | X | |
| 314001 Valley Baptist Medical Center-Brownsville | | Х | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| 314002 Valley Baptist Medical Center–Brownsville Psych Unit | 314001 | | | | | | | | |
| 724900 Brownsville Doctors Hospital | | Х | | Х | | Х | | Х | |
| 821100 South Texas Rehab Hospital | | Х | | X | | Х | | Х | |
| 847500 Solara Hospital–Brownsville | | х | | x ^{LV} | | х | | х | |
| | | | | | | | | | |

| | Reports | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|------------------|---------|-----------------|---------|------------------|---------|-----------------|---------|
| Brownwood | With | | Comment | | Comment | | Comment | - | Comment |
| 058000 Brownwood Regional Medical Center | | x ^{OC} | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| Bryan | | | | | | | | | |
| 002001 St Joseph Regional Health Center | | x | x | X | x | x | x | х | X |
| 002002 St Joseph Regional Rehab Center | 002001 | | | | | | | | |
| 717500 The Physicians Centre | | Х | | X | | х | | Х | |
| 864800 Dubuis Hospital-Bryan | | | | x ^{LV} | x | x ^{LV} | х | x ^{LV} | NC |
| First reports 2 nd quarter 2008 | | | | | | | | | |
| Burnet | | | | | | | | | |
| 559000 Seton Highland Lakes | | х | х | х | x | х | х | х | Х |
| Caldwell | | | | | | | | | |
| 679000 Burleson St Joseph Health Center–Caldwell | | х | х | х | х | х | х | х | х |
| Cameron | | | | | | | | | |
| 665000 Central Texas Hospital | | OC | | x ^{OC} | | х | | х | |
| 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 |
| 835100 Regency Hospital North Dallas | | х | | x | | х | | х | |
| Carthage | | | | | | | | | |
| 484000 East Texas Medical Center-Carthage | | x | | x | | x | | х | |
| Cedar Park | | | | | | | | | |
| 858300 Cedar Park Regional Medical Center | | X | | X | | X | | х | |
| First reports 1 st quarter 2008 | | | | | | | | | |
| Center | | | | | | | | | |
| 860500 Shelby Regional Medical Center | | OC | | x ^{OC} | | х | | х | |
| First reports 1 st quarter 2008 | | | | | | | | | |
| Channelview | | | | | | | | | |
| 720400 Triumph Hospital-East Houston | | х | | х | | Х | | х | |
| Childress | | | | | | | | | |
| 026000 Childress Regional Medical Center | | * | | * | | * | | * | |
| Chillicothe | | | | | | | | | |
| 523000 Chillicothe Hospital | | * | | * | | * | | * | |
| Clarksville | | | | | | | | | |
| 292000 East Texas Medical Center-Clarksville | | х | | х | | х | | х | |
| Cleburne | | | | | | | | | |
| 323000 Walls Regional Hospital | | х | х | х | х | х | х | х | х |
| Cleveland | | | | | | | | | |
| 108000 Cleveland Regional Medical Center | | х | | х | | х | | х | |
| 840400 Doctors Diagnostic Hospital | | х | NC | х | | х | NC | х | NC |
| Clifton | | | | | | | | | |
| 070000 Goodall-Witcher Healthcare Foundation | | * | | * | | * | | * | |
| Coleman | | | | | | | | | |
| 049000 Coleman County Medical Center | | * | | * | | * | | * | |
| College Station | | | | | | | | | |
| 071000 College Station Medical Center | | x ^{OC} | | x ^{OC} | | X | | x ^{OC} | |
| Colorado City | | | | | | | | | |
| 075000 Mitchell County Hospital | | *x ^{OC} | | *x | | *x ^{OC} | | *х | |
| Columbus | | | | | | | | | |
| 014000 Columbus Community Hospital | | * | | * | | * | | * | |
| Comanche | | | | | | | | | |
| 495001 Comanche County Medical Center | 1 | X | | x | | X | | х | |
| 199001 Comunione County Medical Center | 1 | л | I | л | I | л | I | л | 1] |

| | Reports With | 1Q08 | With Comment | 2Q08 | With Comment | 3Q08 | With Comment | 4Q08 | With Comment |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Commerce | With | | comment | | comment | | comment | | Comment |
| 087000 Presbyterian Hospital-Commerce | | x | | x | | x | | x | |
| Conroe | | | | | | | | | |
| 508001 Conroe Regional Medical Center | | X | | X | | X | | х | |
| 695000 HEALTHSOUTH Rehab Hospital–North | | X | | X | | X | | X | |
| Houston | | | | Λ | | Λ | | Λ | |
| 794700 Select Specialty Hospital–Conroe | | х | | X | | x ^{LV} | | С | |
| Last reports 3 rd quarter 2008 | | л | | л | | Λ | | C | |
| 854100 Solara Hospital Conroe | | x ^{LV} | | x ^{LV} | | х | | х | |
| Corpus Christi | | | | | | | | | |
| 398000 CHRISTUS Spohn Hospital Corpus Christi | | x | | x | | x | | Х | |
| 398001 CHRISTUS Spohn Hospital Corpus Christi– | | X | | X | | X | | X | |
| Shoreline | | | | | | | | | |
| 398002 CHRISTUS Spohn Hospital Corpus Christi- | | х | | x | | x | | x | |
| South | | | | | | | | | |
| 488000 Driscoll Childrens Hospital | | Х | NC | Х | NC | X | NC | Х | |
| 699000 Corpus Christi Specialty Hospital | | X | | X | | x ^{LV} | | X | - |
| 703000 The Corpus Christi Medical Center–Bay Area | | X | Х | X | X | X | x | x | x |
| 703002 The Corpus Christi Medical Center–Doctors | | X | X | X | X | x | x | x | x |
| Regional | | | ~ | Λ | Λ | Λ | A | Λ | ~ |
| 703003 The Corpus Christi Medical Center–Heart | | х | Х | х | X | x | x | х | x |
| Hospital | | А | л | Λ | л | А | л | А | Λ |
| 704004 The Corpus Christi Medical Center- | 703002 | | | | | | | | - |
| Northwest | ,0000 | | | | | | | | |
| 716500 Padre Behavioral Hospital | | х | | х | | х | | х | - |
| 797001 Dubuis Hospital–Corpus Christi | | X | X | X | X | x ^{LV} | X | X | NC |
| 804100 Kindred Hospital–Corpus Christi | | X | л | X | л | X | Λ | X | 110 |
| Corsicana | | Λ | | <u>л</u> | | <u>л</u> | | л | |
| 141000 Navarro Regional Hospital | | X | | X | | x ^{OC} | | x ^{OC} | |
| Crane | | Λ | | Λ | | Λ | | Λ | |
| 467000 Crane Memorial Hospital | | * | | * | | * | | * | |
| Crockett | | | | | | | | | |
| 185000 East Texas Medical Center–Crockett | | v | | v | | v | | v | |
| Crosbyton | | X | | X | | X | | X | |
| 176000 Crosbyton Clinic Hospital | | * | | * | | * | | * | |
| Cuero | | | | | | • | | • | |
| | | * | | * | | * | | * | |
| 074000 Cuero Community Hospital | | | | | | • | | • | |
| Cypress 843200 North Cypress Medical Center | | x ^{OC} | | | | | | | |
| Dalhart | | х | | X | | X | | X | |
| | | * | | * | | * | | * | |
| 262000 Coon Memorial Hospital & Home Dallas | | | | | | • | | • | |
| 008001 Mary Shiels Hospital | | x ^{LV} | | x ^{LV} | | x ^{LV} | | x ^{LV} | |
| | | | | | | | | | |
| 028000 Kindred Hospital-Dallas | | X | X | X | X | X | X | X | X |
| 028002 Kindred Hospital–Dallas Walnut Hill Last reports 2 nd quarter 2008 | | Х | х | Х | Х | С | | С | |
| 054000 Texas Scottish Rite Hospital for Children | | * | | * | | * | | * | + |
| 142000 Methodist Charlton Medical Center | | | v | | | | x | | x |
| 142000 Methodist Chariton Medical Center 143000 Childrens Medical Center–Dallas | | X X | X | X X | NC | X X | NC NC | X X | A |
| 255000 Methodist Dallas Medical Center | | X | X | X | v | X | x | X | x |
| 331000 Baylor University Medical Center | | X | X | X | X X | X | X | X | X |
| 340000 Medical City Dallas Hospital | | | Λ | | Λ | | Λ | | • |
| 431000 Presbyterian Hospital–Dallas | | X X | v | X X | v | X X | v | X X | v |
| 448001 UT Southwestern University Hospital–St Paul | | | X | | X | | X | | X |
| 1440001 01 Southwestern Oniversity Rospital-St Paul | 1 | Х | I | Х | I | X | | Х | <u> </u> |

| | Reports With | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With Comment |
|--|-----------------|-------------------|---------|-------------------|---------|-----------------|---------|-------------------|-----------------|
| 449000 RHD Memorial Medical Center | with | X | Comment | X | Comment | x | Comment | X | Comment |
| 474000 Parkland Memorial Hospital | | х | x | x | х | х | x | х | х |
| 511000 Doctors Hospital | | х | | х | | х | | х | |
| 586000 Baylor Specialty Hospital | | х | х | x | х | х | x | х | х |
| 642000 Baylor Institute for Rehab–Gaston Episcopal | | х | x | х | х | х | x | х | х |
| Hospital | | | | | | | | | |
| 653001 UT Southwestern University Hospital–Zale | | х | | х | | х | | х | |
| Lipshy | | | | | | | | | |
| 661001 Texas Specialty Hospital–Dallas | | х | | х | | х | | х | |
| 672000 Select Specialty Hospital–Dallas | | х | | x ^{OC} | | х | | х | |
| 683000 HEALTHSOUTH Medical Center | | х | | х | | C ^N | | x ^{LV} | |
| Last reports 4 th quarter 2008 | | | | | | | | | |
| 710000 Our Childrens House Baylor | | Х | Х | Х | Х | Х | X | Х | Х |
| 717000 LifeCare Hospital–Dallas | | X | | Х | | X | | Х | |
| 719400 Kindred Hospital–White Rock | | Х | X | Х | X | X | X | Х | Х |
| 752000 Timberlawn Mental Health System | | Х | | Х | | Х | | Х | |
| 766000 Green Oaks Hospital | | X | | Х | | X | | Х | |
| 784400 Baylor Heart & Vascular Center | | X | X | X | X | X | X | X | X |
| 813100 Texas Institute for Surgery–Presbyterian | | \mathbf{x}^{LV} | | x ^{LV} | | XLV | | x ^{LV} | |
| Hospital–Dallas | | | | | | | | | |
| 818200 Pine Creek Medical Center | | Х | | Х | Х | Х | X | Х | |
| 822900 Renaissance Hospital Dallas | | X | | X | | X | | X | |
| 839100 Vibra Specialty Hospital | | x ^{OC} | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| 855700 Gulf States LTAC Dallas | | x ^{LV} | | OC | | x ^{OC} | | \mathbf{x}^{LV} | |
| 860600 North Central Surgical Center First reports 1 st quarter 2008 | | x ^{LV} | | x ^{LV} | | х | | Х | |
| 862000 Methodist Rehab Hospital | | *** | | x | | X | | Х | |
| First reports 1 st quarter 2008 | | | | | | | | | |
| De Soto | | | | | | | | | |
| 785900 Select Specialty Hospital–South Dallas | | х | | х | | х | | х | |
| 837800 Hickory Trail Hospital | | х | | х | | х | | х | |
| Decatur | | | | | | | | | |
| 254000 Wise Regional Health System | | x ^{OC} | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| 254001 Wise Regional Health System | | x ^{OC} | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| Del Rio | | | | | | | | | |
| 462000 Val Verde Regional Medical Center | | х | | х | | X | | Х | |
| Denison | | | | | | | | | |
| 846900 Texoma Medical Center Restorative Care | | \mathbf{x}^{LV} | х | С | | С | | С | |
| Hospital | | | | | | | | | |
| Last reports 1 st quarter 2008 847000 Texoma Medical Center | | v | v | v | v | v | v | v | v |
| 847000 Texonia Medical Center 847001 Reba McEntire Center–Rehab | 847000 | Х | X | X | Х | X | X | Х | X |
| 847002 Texoma Medical Center Behavioral Health | 847000 | | | | | | | | |
| Center | 047000 | | | | | | | | |
| 864600 Carrus Specialty Hospital | | | | x ^{LVOC} | | OC | | х | |
| First reports 2^{nd} quarter 2008 | | | | Λ | | 00 | | Λ | |
| Denton | | | | | | | | | |
| 336001 Denton Regional Medical Center | | х | | х | | х | | х | |
| 816500 North Texas Hospital | | Х | | Х | | Х | | Х | |
| 820800 Presbyterian Hospital–Denton | | Х | NC | Х | NC | Х | NC | Х | NC |
| 826800 University Behavioral Health–Denton | | Х | | Х | | Х | | Х | |
| 831700 Mayhill Hospital | | X | | X | | X | | Х | |
| 844200 Integrity Transitional Hospital | | x ^{LV} | | x ^{LV} | | x ^{LV} | | X | |
| 847200 Atrium Medical Center-Corinth | | x ^{LV} | | x ^{LV} | | x ^{LV} | | \mathbf{x}^{LV} | |
| | | | | | | | | | |

| | Reports | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|-------------------|---------|-----------------|---------|-----------------|---------|-------------------|---------|
| Denver City | With | | Comment | - | Comment | | Comment | | Comment |
| 485000 Yoakum County Hospital | | * | | * | | * | | * | |
| Dilley | | | | | | | | | |
| 803000 Community General Hospital Dilley Texas | | x ^{OC} | | x ^{OC} | | x | | x | |
| Dimmitt | | Λ | | Λ | | Λ | | Λ | |
| 260000 Plains Memorial Hospital | | * | | * | | * | | * | |
| 1 | | • | | • | | • | | • | |
| | | ŕ | | * | | * | | * | |
| 199000 Memorial Hospital | | *x | | *x | | *х | | *x | |
| Eagle Lake | | | | | | | | | |
| 560000 Rice Medical Center | | * | | * | | * | | * | |
| Eagle Pass | | | | | | | | | |
| 547001 Fort Duncan Medical Center | | Х | | х | | Х | | Х | |
| Eastland | | | | | | | | | |
| 222000 Eastland Memorial Hospital | | * | | * | | * | | * | |
| Eden | | | | | | | | | |
| 202000 Concho County Hospital | | * | | * | | * | | * | |
| Edinburg | | | | | | | | | |
| 140002 Edinburg Regional Medical Center | | х | | х | | х | | x | |
| 797100 Doctors Hospital–Renaissance | | х | | x ^{OC} | | х | | х | |
| 797101 Womens Hospital–Renaissance | 797100 | | | | | | | | |
| 797102 Behavioral Medicine–Renaissance | 797100 | | | | | | | | |
| First reports 1 st quarter 2008 | / / 100 | | | | | | | | |
| 797103 Rehab Center–Renaissance | 797100 | | | | | | | | |
| 802004 South Texas Behavioral Health Center | 802001 | | | | | | | | |
| 830000 Cornerstone Regional Hospital | | Х | | х | | х | | х | |
| 816301 Solara Hospital | | X | | x ^{LV} | | X | | X | |
| Edna | | Λ | | Λ | | Λ | | Λ | |
| 017000 Jackson Healthcare Center | | * | | * | | * | | * | - |
| | | | | - | | - | | | |
| El Campo 426000 El Campo Memorial Hospital | | | | | | | | | |
| | | X | X | X | X | X | X | X | X |
| El Paso | | | | | | | | | |
| 000118 El Paso Psychiatric Center | | Х | X | Х | X | Х | X | Х | X |
| 130000 Providence Memorial Hospital | | Х | | Х | | Х | | Х | |
| 180000 Las Palmas Medical Center | | Х | | Х | | Х | | Х | |
| 180001 Las Palmas Rehab Hospital | 180000 | | | | | | | | |
| 263000 R E Thomason General Hospital | | Х | Х | Х | Х | Х | Х | Х | Х |
| 266000 Sierra Medical Center | | х | | х | | х | | х | |
| 319000 Del Sol Medical Center | | х | | х | | х | | х | |
| 638000 Sierra Providence Physical Rehab Hospital | | х | | х | | C ^N | | х | |
| 701000 Mesa Hills Specialty Hospital | | х | | х | | х | | х | |
| 718002 Highlands Regional Rehab Hospital | | х | | х | | х | | х | |
| 727100 Triumph Hospital El Paso | | х | | х | | х | | Х | |
| 728200 El Paso Specialty Hospital | | X | | X | | X | | X | |
| 801300 Physicians Hospital | | X | | X | | X | | X | |
| 841300 El Paso LTAC Hospital | | x ^{LV} | | x ^{OC} | | x ^{LV} | | x ^{LV} | + |
| 858600 University Behavioral Health–El Paso | | X | | X | | X | | X | |
| First reports 1 st quarter 2008 | | Α | | | | | | | |
| 865000 Sierra Providence East Medical Center First reports 2 nd quarter 2008 | | | | Х | | х | | Х | |
| Eldorado | | | | | | | | | |
| 136000 Schleicher County Medical Center | | \mathbf{x}^{LV} | | x ^{LV} | | x ^{LV} | | \mathbf{x}^{LV} | |
| Electra | | | | | | | | | |
| 490000 Electra Memorial Hospital | | X | | X | | X | | X | |
| | | | | | | | | | |

| | Reports | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|---|---------|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|
| Ennis | With | | Comment | | Comment | | Comment | - | Comment |
| 714500 Ennis Regional Medical Center | | x | | X | | X | | X | |
| Fairfield | | | | | | | | | |
| 401000 East Texas Medical Center–Fairfield | | x | | x ^{OC} | | X | | х | |
| Floresville | | A | | A | | Α | | Λ | |
| 433000 Connally Memorial Medical Center | | *x | | *х | NC | *x | | *х | NC |
| Fort Stockton | | Λ | | Λ | | Λ | | Λ | ne |
| 356000 Pecos County Memorial Hospital | | * | | * | | * | | * | |
| Fort Worth | | | | | | | | | |
| 047000 Huguley Memorial Medical Center | | v | NC | v | v | v | v | v | NC |
| 235000 Harris Methodist–Fort Worth | | X | v | X | X | X | X | X | |
| 332000 Cook Childrens Medical Center | | X | X | X | X | X | X | X | X |
| | | X | X | X | X | X | X | X | X |
| 363000 Baylor All Saints Medical Center–Fort Worth | | X | X | X | X | X | X | X | X |
| 363001 Baylor Medical Center–Southwest Fort Worth | | X | X | X | X | X | X | X | X |
| 409000 John Peter Smith Hospital | | X | X | Х | X | Х | X | Х | X |
| 477000 Plaza Medical Center–Fort Worth | | X | | Х | | X | | Х | |
| 627000 Harris Methodist–Southwest | | X X ^{LV} | X |
| 652000 Harris Continued Care Hospital | | | Х | | Х | | Х | | X |
| 659000 HEALTHSOUTH Rehab Hospital | | Х | | Х | | Х | | Х | |
| 662000 HEALTHSOUTH City View Rehab Hospital | | X | | X | | X | | Х | |
| 690600 LifeCare Hospital–Fort Worth | | X | NC | Х | | Х | | Х | |
| 800000 Kindred Hospital–Tarrant County | | X | ne | X | X | X | X | Х | Х |
| 800700 Kindred Hospital–Fort Worth | | X | X | X | X | X | X | Х | Х |
| 804500 Medical Centre Surgical Hospital | | X | | X | | Х | | Х | |
| 839200 Regency Hospital–Fort Worth | | X | | X | | Х | | Х | |
| 861400 USMD Hospital–Fort Worth | | x ^{LV} | | x ^{LV} | | х | | х | |
| First reports 1 st quarter 2008 Fredericksburg | | | | | | | | | |
| 219000 Hill Country Memorial Hospital | | *x ^{OC} | | *x ^{OC} | | *x ^{OC} | | *x ^{OC} | |
| Friona | | Λ | | A | | Λ | | Λ | |
| 200000 Parmer County Community Hospital | | * | | * | | * | | * | |
| Frisco | | | | | | | | | |
| 787400 Baylor Medical Center–Frisco | | x | X | X | X | X | | x | |
| 806300 Centennial Medical Center | | X | NC NC | Х | Λ | X | | X | |
| Gainesville | | <u>л</u> | | <u>л</u> | | Λ | | Λ | |
| 298000 North Texas Medical Center | | *x | | *x ^{OC} | | *x | | *x | |
| Galveston | | ·X | | X | | ·X | | ·X | |
| 000102 University of Texas Medical Branch Hospital | | v | | v | | v | | v | |
| 247000 Shriners Burns Hospital–Galveston | | X * | | X * | | X * | | X * | |
| Garland | | - | | | | | | | |
| 027000 Baylor Medical Center–Garland | | v | v | v | v | v | v | v | v |
| 359002 Vista Hospital–Dallas | | X | X | X | Х | X | X | X | X |
| | | X X ^{LV} | Х | x x ^{LV} | | X C | X | X | |
| 586001 Baylor Specialty Hospital Last reports 2 nd quarter 2008 | | X | Х | х | Х | C | | С | |
| Gatesville | | | | | | | | | |
| 346000 Coryell Memorial Hospital | | x | | X | | X | | х | |
| Georgetown | | Λ | | Λ | | Λ | | Λ | |
| 835700 St Davids Georgetown Hospital | | v | v | X | X | v | X | v | |
| Gilmer | | X | X | Λ | Λ | X | A | X | |
| 806800 East Texas Medical Center–Gilmer | | v | | v | | v | | v | |
| Glen Rose | | X | | X | | X | | X | |
| 059000 Glen Rose Medical Center | | * | | * | | * | | * | |
| | | | | | | | | | |
| Gonzales | | * | | * | | * | | * | |
| 103000 Memorial Hospital | | Ŧ | | -1- | | ~ | | * | |

| | Reports With | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|---|-----------------|----------------------|---------|----------------------|---------|-----------------|---------|----------------------|---------|
| Graham | With | | Comment | | Comment | - | Comment | - | Comment |
| 094000 Graham Regional Medical Center | | * | | * | | * | | * | |
| Granbury | | | | | | | | | |
| 424000 Lake Granbury Medical Center | | X | | X | | X | | х | |
| Grand Saline | | A | | A | | A | | Λ | |
| 138000 Cozby-Germany Hospital | | * | | * | | * | | * | |
| Grapevine | | | | | | | | | |
| 513000 Baylor Regional Medical Center–Grapevine | | x | NC | X | x | x | x | v | X |
| 858200 Ethicus Hospital–Grapevine | | x ^{LV} | | x ^{LV} | Λ | x ^{LV} | Λ | x x ^{LV} | Λ |
| First reports 1 st quarter 2008 | | л | | л | | А | | А | |
| Greenville | | | | | | | | | |
| 085000 Presbyterian Hospital–Greenville | | x | | X | | x | | х | |
| 754000 Glen Oaks Hospital | | x | | X | | X | | x | |
| Groesbeck | | 71 | | 71 | | 71 | | | |
| 052000 Limestone Medical Center | | * | | * | | * | | * | |
| Groves | | | | | | | | | |
| 515001 Renaissance Hospital | | x | | X | | x | | x | |
| Hallettsville | | л | | • | | л | | л | |
| 527000 Lavaca Medical Center | | * | | * | | * | | * | |
| Hamilton | | | | | | | | • | |
| | | * | | * | | * | | * | |
| 640000 Hamilton General Hospital | | * | | | | | | -+- | |
| | | * | | * | | * | | * | |
| 305000 Hamlin Memorial Hospital | | * | | * | | * | | * | |
| Harlingen | | | | | | | | | |
| 000104 Rio Grande State Center | | x x ^{OC} | X | x x ^{OC} | X | X | X | X | X |
| 400000 Valley Baptist Medical Center | | X ^{OC} | | X ^{OC} | | x ^{OC} | | x ^{OC} | |
| 788002 Harlingen Medical Center | | x ^{OC} | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| 840700 Solara Hospital Harlingen | | X | | X | | X | | X | |
| Haskell | | | | | | | | | |
| 572000 Haskell Memorial Hospital | | * | | * | | * | | * | |
| Hemphill | | | | | | | | | |
| 522000 Sabine County Hospital | | * | | * | | *х | | *х | |
| Henderson | | | | | | | | | |
| 248000 Henderson Memorial Hospital | | х | | Х | | Х | | х | |
| Henrietta | | | | | | | | | |
| 193000 Clay County Memorial Hospital | | * | | * | | * | | * | |
| Hereford | | | | | | | | | |
| 420000 Hereford Regional Medical Center | | * | | * | | * | | * | |
| Hillsboro | | | | | | | | | |
| 383000 Hill Regional Hospital | | х | | х | | х | | х | |
| Hondo | | | | | | | | | |
| 427000 Medina Community Hospital | | * | | * | | * | | * | |
| Houston | | | | | | | | | |
| 000105 University of Texas M D Anderson Cancer | | x ^{OC} | | x ^{OC} | | х | NC | x ^{OC} | |
| Center | | | | | | | | | |
| 000115 Harris County Psychiatric Center | | х | | х | | х | | х | |
| 007000 The Womans Hospital of Texas | 1 | X | х | X | x | X | x | X | |
| 030000 Doctors Hospital–Tidwell | | x ^{OC} | | x ^{OC} | | x ^N | | X | |
| 117000 Texas Childrens Hospital | 1 | X | | X | | X | | X | |
| 118000 St Lukes Episcopal Hospital | | X | х | X | X | X | х | X | Х |
| 119000 Memorial Hermann Southeast Hospital | | X | ~~ | X | | X | | X | |
| 124000 The Methodist Hospital | | X | | X | | X | | X | |
| 124000 The Methodist Hospital | 124000 | Λ | | Λ | | Λ | | Λ | |
| 157000 Doctors Hospital–Parkway | 127000 | x ^{OC} | | x ^{OC} | | x ^N | | *** | |
| 157000 Dociois Hospital-Faikway | 1 | Å | | А | I | Х | I | | |

| | Reports | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|-------------------|---------|------------------|---------|-------------------|---------|-------------------|----------|
| 164000 The Institute for Rehab & Research | With | X | Comment | X | Comment | X | Comment | X | Comment |
| 172000 Memorial Hermann Northwest Hospital | | х | | x | | х | | х | |
| 206003 Select Specialty Hospital-Houston Heights | | x | | x | | х | | x | |
| 206004 Select Specialty Hospital–Houston West | | x | | Х | | X | | Х | |
| 206005 Select Specialty Hospital-Houston Medical | | х | | x | | х | | х | |
| Center | | | | | | | | | |
| 229000 Houston Northwest Medical Center | | x | | X | | x | | Х | |
| 261000 Renaissance Hospital | | x | | X | | x | | C | |
| Last reports 3 rd quarter 2008 | | | | | | | | - | |
| 302000 Memorial Hermann Memorial City Hospital | | х | | х | | х | | х | |
| 316001 River Oaks Hospital | 316002 | | | | | | | | |
| Last reports 2 nd quarter 2008 | | N | | NUN | | | | | |
| 316002 River Oaks Hospital-South | | C ^N | | C ^{NLV} | | С | | С | |
| Last reports 2 nd quarter 2008 | | | | | | | | | |
| 337001 West Houston Medical Center | | X | X | X | X | X | X | Х | X |
| 347000 Memorial Hermann Hospital | | X | | X | | X | | Х | |
| 384000 Lyndon B Johnson General Hospital | | X | | X | | X | | Х | |
| 390000 Park Plaza Hospital | | X | | X | | X | | Х | |
| 407000 Memorial Hermann Southwest Hospital | | X | | X | | X | | Х | |
| 421000 Spring Branch Medical Center | | X | | X | | X | | X | |
| 458001 East Houston Regional Medical Center | | X | | X | | X | | *** | |
| 459000 Ben Taub General Hospital | | X | | X | | X | | X | |
| 459001 Quentin Mease Community Hospital | | x ^{LV} | | x ^{LV} | | X | | x ^{LV} | |
| 460000 Riverside General Hospital | | X | | X | | X | | х | |
| 526000 Shriners Hospital For Children | | * | | * | | * | | * | |
| 606000 Cypress Fairbanks Medical Center | | X | | X | | X | | Х | |
| 646000 HEALTHSOUTH Hospital–Houston | | X | | X | | X | | X | |
| 674000 TOPS Surgical Specialty Hospital | | X | | X | | X | | Х | |
| 676000 Kindred Hospital-Houston | | X | Х | X | Х | X | Х | Х | NC |
| 678000 Triumph Hospital Central Houston | | X | | X | | X | | X | |
| 698005 Cornerstone Hospital Houston-Bellaire | | x ^{LVOC} | | x ^{OC} | | x ^{oc} | | \mathbf{x}^{LV} | NC |
| 706000 Kindred Hospital | | Х | | X | | Х | | Х | |
| 712500 HealthBridge Childrens Hospital-Houston | | х | | х | | х | | х | |
| 713400 Triumph Hospital–North Houston | | х | | х | | х | | х | |
| 715001 Texas Specialty Hospital-Houston | | х | | х | | х | | х | |
| 724700 Methodist Willowbrook Hospital | | х | Х | х | Х | х | | х | |
| 744001 Cypress Creek Hospital | | х | | х | | х | | х | |
| 755001 West Oaks Hospital | | X | | x | | X | | х | |
| 758000 HEALTHSOUTH Hospital for Specialized | | x ^{LV} | | x ^{LV} | NC | x ^{LV} | | х | |
| Surgery | | | | | | | | | |
| 762001 IntraCare Medical Center Hospital | | X | | X | | х | | х | |
| 763000 Plaza Specialty Hospital | | x ^{LV} | | x ^{LV} | | х | | х | |
| 782001 Intracare North Hospital | | х | | x | | х | | х | |
| 792000 Texas Orthopedic Hospital | | x ^N | | x ^N | | x ^N | | x ^N | |
| 792600 Triumph Hospital–Northwest | | х | | х | | х | | х | |
| 792702 Triumph Hospital Town & Country | | х | | х | | х | | х | |
| 794200 The Menninger Clinic | | Х | | Х | | Х | | Х | |
| 807000 Dubuis Hospital–Houston | | X | х | Х | х | Х | х | Х | NC |
| 838400 Katy Rehab Hospital | | X | | Х | | Х | | Х | |
| 838600 St Joseph Medical Center | | х | х | Х | NC | Х | х | Х | NC |
| 840200 University General Hospital | | x ^{OC} | | x ^{OC} | | х | NC | Х | NC |
| 844900 Behavioral Hospital–Bellaire | | х | | х | | х | | Х | <u> </u> |
| 849300 Physical Rehab Hospital–Bellaire | | x ^{LV} | | x ^{LV} | | x ^{LVOC} | | x ^{LV} | |
| 856300 APEX Hospital–TMC | | x ^{LV} | | x ^{LV} | | x ^{LV} | | С | |
| Last reports 3 rd quarter 2008 | | | | | | | | | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4008 | With |
|---|---------|------------------|---------|------------------------|---------|------------------------|---------|------------------|---------|
| Humble | With | | Comment | | Comment | | Comment | | Comment |
| 616000 HEALTHSOUTH Rehab Hospital | | x | | X | | X | | X | |
| 847100 Memorial Hermann Northeast | | X | | X | | X | | X | |
| 865900 Icon Hospital | | А | | Α | | x ^{LV} | | x ^{LV} | |
| First reports 3 rd quarter 2008 | | | | | | л | | Λ | |
| Hunt | | | | | | | | | |
| 325000 La Hacienda Treatment Center | | х | | х | | х | | х | |
| Huntsville | | | | | | | | | |
| 061000 Huntsville Memorial Hospital | | х | | х | | х | | х | |
| Hurst | | | | | | | | | |
| 812300 Southwest Surgical Hospital | | х | х | х | х | х | х | х | |
| 850200 Cook Childrens Northeast Hospital | | x ^{LV} | | X X ^{LVOC} | | x x ^{LVOC} | | x ^{LV} | |
| Iraan | | | | | | | | | |
| 258000 Iraan General Hospital District | | * | | * | | * | | * | |
| Irving | | | | | | | | | |
| 300000 Baylor Medical Center-Irving | | х | х | х | х | х | х | х | х |
| 586002 Baylor Specialty Hospital-Irving | | x ^{LV} | х | x ^{LV} | х | С | | С | |
| Last reports 2 nd quarter 2008 | | | | | | | | | |
| 799500 Irving Coppell Surgical Hospital | | х | | Х | | Х | | Х | |
| 814000 Las Colinas Medical Center | | х | | Х | | Х | | Х | |
| Jacksboro | | | | | | | | | |
| 046000 Faith Community Hospital | | * | | * | | * | | * | |
| Jacksonville | | | | | | | | | |
| 416000 East Texas Medical Center–Jacksonville | | х | | Х | | Х | | Х | |
| 725400 Mother Frances Hospital–Jacksonville | | х | Х | Х | | Х | | Х | |
| Jasper | | | | | | | | | |
| 038001 CHRISTUS Jasper Memorial Hospital | | X | | Х | | Х | | Х | |
| 723500 Dickerson Memorial Hospital Last reports 2 nd quarter 2008 | | C ^N | | C | | C | | C | |
| Jourdanton | | | | | | | | | |
| 334002 South Texas Regional Medical Center | | X | | X | | X | | Х | |
| Junction | | | | | | | | | |
| 205000 Kimble Hospital | | * | | * | | *x | | *х | |
| Katy | | | | | | | | | |
| 534001 Memorial Hermann Katy Hospital | | X | | X | | Х | | Х | |
| 715901 CHRISTUS St Catherine Health & Wellness | | х | х | x ^{OC} | | х | | х | |
| Center | | LV | | LV | | | | | |
| 848000 Apex Hospital Katy | | x ^{LV} | | x ^{LV} | | X | | X | |
| Kaufman | | | | | | | | | |
| 303000 Presbyterian Hospital–Kaufman | | X | X | X | X | X | X | X | X |
| Kenedy | | * | | * | | * | | * | |
| 357000 Otto Kaiser Memorial Hospital | | | | * | | ~ | | Ŧ | |
| Kermit | | *x ^{LV} | | * x ^{LV} | | * | | *x ^{LV} | NC |
| 062000 Winkler County Memorial Hospital | | *X | | * X ⁻⁺ | | *х | | *X ⁻⁺ | NC |
| Kerrville | | LV | | | | | | | |
| 000106 Kerrville State Hospital | | x ^{LV} | X | X | Х | X | Х | X | X |
| 406000 Sid Peterson Memorial Hospital | | X | | X | | X | | X | |
| Kilgore | | - | | - | | - | | - | |
| 031001 Roy H Laird Memorial Hospital | | X | | X | | X | | Х | |
| Killeen | | | | | | | | | |
| 397001 Metroplex Hospital | 207000 | X | | X | | X | | Х | |
| 397002 Metroplex Pavilion | 397000 | | | | | | | | |
| Kingsville | | | | | | | | | |
| 216001 CHRISTUS Spohn Hospital-Kleberg | | Х | | Х | | Х | | Х | |

| | Reports | 1Q08 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|-----------------|---------|-----------------|---------|-------------------|---------|-----------------|---------|
| Kingwood | With | 1000 | Comment | -200 | Comment | 5200 | Comment | 1,200 | Comment |
| 675000 Kingwood Medical Center | | X | | x | | x | | x | |
| 813800 Kingwood Specialty Hospital | | x ^{LV} | | x ^{LV} | | x ^{LV} | | x ^{LV} | |
| 818600 Kingwood Pines Hospital | | X | | X | | X | | X | |
| Knox City | | Λ | | Λ | | Λ | | Λ | |
| 568000 Knox County Hospital | | * | | * | | * | | * | |
| La Grange | | | | | | | | | |
| 823400 St Marks Medical Center | | * | | * | | * | | * | |
| Lake Jackson | | - | | - | | - | | - | |
| 436000 Brazosport Regional Health System | | v | | v | | v | | v | |
| | | X | | X | | X | | X | |
| Lamesa 341000 Medical Arts Hospital | | * | | * | | * | | * | |
| | | | | • | | | | • | |
| Lampasas 397000 Rollins-Brooks Community Hospital | | | | | | | | | |
| | | X | | X | | X | | X | |
| Lancaster | | С | | С | | С | | С | |
| 603002 Medical Center–Lancaster Last reports 1 st quarter 2008 | | C | | C | | C | | C | |
| Last reports 1 quarter 2000 | | | | | | | | | |
| 207001 Laredo Medical Center | | X | | X | | X | | X | |
| 301000 Doctors Hospital–Laredo | | Х | | X | | X | | X | |
| 804400 Providence Hospital | 301000 | Λ | | л | | Λ | | А | |
| 836300 Laredo Specialty Hospital | 501000 | х | | х | | х | | х | |
| League City | | А | | <u> </u> | | А | | X | |
| 718000 Devereux Texas Treatment Network | | v | | x ^{LV} | | x ^{LV} | | v | |
| Levelland | | Х | | X | | X | | X | |
| | | | | | | | | | |
| 307000 Covenant Hospital–Levelland Lewisville | | Х | | Х | | Х | | X | |
| 394000 Medical Center–Lewisville | | | | | | | | | |
| | | Х | X | Х | X | Х | X | X | X |
| Liberty 089001 Liberty-Dayton Hospital | | | | | | | | | |
| Linden | | X | | X | | X | | X | |
| | | | | | | | | | |
| 822100 Good Shepherd Medical Center–Linden Littlefield | | X | | X | | X | | X | |
| | | * | | * | | * | | * | |
| 217000 Lamb Healthcare Center | | T | | * | | T | | * | |
| Livingston | | | | | | | | | |
| 466000 Memorial Medical Center–Livingston | | X | | X | | X | | X | |
| | | * | | * | | * | | * | |
| 476000 Llano Memorial Hospital | | Ŷ | | * | | Ť | | * | |
| Lockney | | * | | | | -1- | | * | |
| 010000 WJ Mangold Memorial Hospial | | * | | * | | * | | * | |
| Longview | | | | | | | | | |
| 029000 Good Shepherd Medical Center | | X | | Х | | Х | | Х | |
| 525000 Longview Regional Medical Center | | Х | | Х | | Х | | Х | |
| 794600 Select Specialty Hospital–Longview | | X | | Х | | X | | Х | |
| 862100 Behavioral Hospital–Longview | | x ^{oc} | | х | | \mathbf{x}^{LV} | | х | NC |
| First reports 1 st quarter 2008 | | | | | | | | | |
| Lubbock | | | | _ | | | | _ | |
| 013001 Highland Medical Center | | X | | X | | X | | X | |
| 109000 Covenant Medical Center-Lakeside | | Х | X | Х | | Х | | X | |
| 145000 University Medical Center | | Х | X | Х | X | Х | X | Х | X |
| 465000 Covenant Medical Center | | Х | X | Х | | Х | | Х | |
| 686000 Covenant Childrens Hospital | | Х | X | Х | | Х | | Х | |
| 786001 Southwest Regional Specialty Hospital | | X | | X | | X | | X | |
| 801500 Lubbock Heart Hospital | | x ^N | | x ^N | | \mathbf{x}^{N} | | x ^N | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4008 | With |
|---|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| 804000 Sunrise Canyon | With | X | Comment | X | Comment | X | Comment | X | Comment |
| 846200 Covenant Specialty Hospital | | x ^{OC} | | X | | X | | X | |
| | | | | | | | | | |
| 865800 Trustpoint Hospital | | | | | | x ^N | | x ^N | |
| First reports 3 rd quarter 2008 | | | | | | | | | |
| Lufkin | | | | | | | | | |
| 129000 Memorial Medical Center East Texas | | Х | | Х | | х | | Х | |
| 481000 Woodland Heights Medical Center | | X | | X | | X | | X | |
| 691000 Memorial Specialty Hospital | | x ^{LV} | | x ^{LV} | | x ^{LV} | | x ^{LV} | |
| Luling | | | NC | | NC | | | | |
| 597000 Seton Edgar B Davis | | Х | NC | Х | NC | х | Х | Х | Х |
| 848200 Warm Springs Specialty Hospital–Luling | | х | | Х | | х | | х | |
| Madisonville | | | | | | | | | |
| 041000 Madison St Joseph Health Center | | х | х | х | х | х | х | х | х |
| Mansfield | | | | | | | | | |
| 657000 Kindred Hospital-Mansfield | | х | Х | х | х | х | X | х | х |
| 842800 Methodist Mansfield Medical Center | | х | х | х | х | х | Х | х | х |
| Marlin | | | | | | | | | |
| 517000 Falls Community Hospital & Clinic | | * | | * | | * | | * | |
| Marshall | | | | | | | | | |
| 020000 Marshall Regional Medical Center | | x ^N | | X | NC | x | x | X | NC |
| McAllen | | | | 71 | | | | 71 | 110 |
| 601000 Rio Grande Regional Hospital | | X | | X | | х | | X | |
| 802001 McAllen Medical Center | | X | | X | | X | | X | |
| 802003 McAllen Medical Heart Hospital | 802001 | л | | Λ | | л | | Λ | |
| 816300 Solara Hospital | 002001 | x | | х | | x | | X | |
| 821001 LifeCare Hospital of South Texas | | | | | | | | | |
| 821001 LifeCare Hospital of South Texas–North | | X | | X | | X | | X | |
| | | X | | X | | X | | X | |
| McCamey | | * | | * | | * | | * | |
| 240000 McCamey Hospital | | Ŷ | | * | | 4 | | * | |
| McKinney | | | | OC | | | | | |
| 246000 Medical Center McKinney | 246000 | X | | x ^{OC} | | Х | | Х | |
| 246001 Medical Center McKinney–Wysong Campus | 246000 | | | | | | | | |
| Mesquite | | ~N | | ~ N | | ~ | | ~ | |
| 315002 The Womens Hospital-Dallas Regional | | C ^N | | C ^N | | С | | С | |
| Medical Center | | | | | | | | | |
| Last reports 2 nd quarter 2008 | | x ^{OC} | | x ^{OC} | | | | x ^{OC} | |
| 315003 Dallas Regional Medical Center | | | | | | Х | | | |
| 840000 Mesquite Specialty Hospital | | X | | X | | X | | X | |
| Mexia | | | | | | | | | |
| 505000 Parkview Regional Hospital | | X | | X | | X | | X | |
| Midland | | 00 | | | | | | | |
| 452000 Midland Memorial Hospital | | x ^{OC} | | Х | | х | | Х | |
| 452002 Midland Memorial Hospital-West Campus | 452000 | | | | | | | | |
| 693000 HEALTHSOUTH Rehab Hospital- | | х | | х | | х | | х | |
| Midland/Odessa | | | | | | | | | |
| 789900 Select Specialty Hospital-Midland | | Х | | Х | | Х | | Х | |
| 837600 RehabCare Group-Midland | | x ^{OC} | | C ^N | | x ^{LV} | | С | |
| Last reports 3 rd quarter 2008 | | | | | | | | | |
| Mineral Wells | | | | | | | | | |
| 034000 Palo Pinto General Hospital | | *х | | *х | | *х | | *х | |
| Mission | | | | | | | | | |
| 370000 Mission Hospital | | Х | | Х | | Х | | Х | |

| | Reports With | 1Q08 | With Comment | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|-----------------|-----------------|-----------------|-------------------|---------|-----------------|---------|-----------------|---------|
| Missouri City | with | | Comment | | Comment | | Comment | | Comment |
| 609001 Memorial Hermann Fort Bend Hospital | | х | | Х | | X | | X | |
| Monahans | | A | | | | Λ | | 71 | |
| 468000 Ward Memorial Hospital | | * | | * | | * | | * | |
| Morton | | | | | | | | | |
| 159000 Cochran Memorial Hospital | | * | | * | | * | | * | |
| Mount Pleasant | | | | | | | | | |
| 137000 Titus Regional Medical Center | | *x | | *x | | *x | | *x | NC |
| | | ·X | | ·X | | ·X | | ·X | INC |
| 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 | | х | | х | | х | | Х | |
| 478000 Nacogdoches Memorial Hospital | | х | | Х | NC | Х | | Х | |
| 478001 Cecil R Bomar Rehab Center | 478000 | | | | | | | | |
| Nassau Bay | | | | | | | | | |
| 600001 CHRISTUS St John Hospital | | х | X | х | NC | х | NC | х | NC |
| Navasota | | | | | | | | | |
| 002000 St Joseph Regional Health Center Behavioral Health | 002001 | | | | | | | | |
| 728800 Grimes St Joseph Health Center | | Х | x | Х | х | Х | х | Х | x |
| New Braunfels | | | | | | | | | |
| 415000 McKenna Memorial Hospital | | С | | С | | С | | С | |
| Last reports 1 st quarter 2008 | | C | | e | | C | | e | |
| 851800 Gulf States LTAC–New Braunfels | | x ^{LV} | | OC | | х | | OC | |
| 863300 CHRISTUS Santa Rosa Hospital New | | х | | Х | | Х | | Х | |
| Braunfels | | | | | | | | | |
| First reports 1 st quarter 2008 | | | | | | | | | |
| Nocona | | | | | | | | | |
| 348000 Nocona General Hospital | | * | | * | | * | | * | |
| Odessa | | | | | | | | | |
| 181000 Medical Center-Hospital | | х | | х | х | x | х | X | X |
| 425000 Odessa Regional Hospital | | OC | | OC | | х | | х | |
| 425001 Odessa Regional Medical Center | 425000 | | | | | | | | |
| 791001 Regency Hospital–Odessa | | Х | | Х | | Х | | Х | |
| 797700 HEALTHSOUTH Rehab Hospital–Odessa | | X | | X | | C | | C | |
| Last reports 2 nd quarter 2008 | | | | | | e | | C | |
| Olney | | | | | | | | | |
| 294000 Hamilton Hospital | | * | | * | | * | | * | |
| Orange | | | | | | | | | |
| 121000 Memorial Hermann Baptist Orange Hospital | | х | | X | | X | | X | |
| 851400 Harbor Hospital–Southeast Texas | | X | | X | | X | | X | |
| Palacios | | | | | | | | | |
| 574001 Palacios Community Medical Center | | x ^{LV} | | \mathbf{x}^{LV} | | x ^{LV} | | x ^{LV} | |
| Palestine | | л | | л | | л | | л | |
| 377001 Palestine Regional Rehab Hospital | | v | | x ^{LV} | | v | | v | |
| 629001 Palestine Regional Medical Center | | X | | | | X | | X | |
| | 629001 | Х | | Х | | Х | | Х | |
| 629002 Palestine Regional Medical Center Psych Services | 029001 | | | | | | | | |
| Pampa | | | | | | | | | |
| 832900 Pampa Regional Medical Center | | Х | | Х | | Х | | Х | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4Q08 | With |
|--|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|------------------|
| Paris | With | | Comment | - | Comment | - | Comment | - | Comment |
| 095002 Paris Regional Medical Center South Campus | | X | | X | | x | | х | |
| 095003 Paris Regional Medical Center North Campus | 095002 | A | | Λ | | A | | Λ | |
| 787500 Dubuis Hospital–Paris | 0,000 | x | X | x ^{LV} | x | x | X | х | NC |
| Pasadena | | Λ | Λ | Λ | Λ | Λ | Λ | л | ne |
| 349001 Bayshore Medical Center | | X | | x | | x | | x | |
| 694100 Vista Medical Center Hospital | | X | | X | x | X | x | X | |
| 801000 Kindred Hospital | | X | x | X | X | X | X | X | NC |
| 846100 Patients Medical Center | | x ^{OC} | Λ | x ^{OC} | Λ | x ^{OC} | Λ | x ^{OC} | ne |
| Pearsall | | Λ | | Λ | | Λ | | Λ | |
| 441000 Frio Regional Hospital | | * | | * | | * | | * | |
| | | | | - | | - | | - | |
| Pecos | | * | | * | | * | | * | |
| 367000 Reeves County Hospital | | * | | -+- | | | | -1- | |
| 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 |
| 816001 Allegiance Behavioral Health Center- | | x ^{LV} | | x ^{OC} | | x ^{OC} | | x ^{LV} | |
| Plainview | | | | | | | | | |
| Plano | | | | | | 00 | | 00 | |
| 143001 Childrens Medical Center Legacy | | | | | | x ^{OC} | | x ^{OC} | |
| First reports 3 rd quarter 2008 | | | | | | | | | |
| 214000 Medical Center-Plano | | X | | Х | | X | | Х | |
| 664000 Presbyterian Hospital–Plano | | X | X NC | X | X NC | X | X NC | Х | X |
| 670000 HEALTHSOUTH Plano Rehab Hospital | | X | | Х | | X | | Х | NC |
| 720000 Seay Behavioral Health Center | | Х | Х | X | Х | X | Х | Х | X |
| 789800 LifeCare Hospital-Plano | | Х | | X | | X | | х | |
| 805000 Plano Specialty Hospital | | Х | | X | | X | | Х | - |
| 814001 Baylor Regional Medical Center-Plano | | Х | Х | X | X | x ^{OC} | | х | X |
| 815300 Presbyterian Plano Center for Diagnostics & | | х | | х | | х | | х | |
| Surgery | | | | | | | | | |
| 844000 The Heart Hospital Baylor Plano | | Х | Х | X | х | X | Х | x | Х |
| 850400 Integra Hospital Plano | | Х | | x ^{OC} | | x ^{OC} | | C ^N | |
| Port Arthur | | | | | | | | | |
| 299001 CHRISTUS Hospital-St Mary | | Х | | х | | х | | х | |
| 464002 The Medical Center of Southeast Texas | | х | | x | | X | | x | |
| 708001 Dubuis Hospital–Port Arthur | | x ^{LV} | х | x ^{LV} | х | x ^{LV} | х | x ^{LV} | NC |
| 792100 Promise Specialty Hospital–Southeast Texas | | Х | | х | | х | | х | |
| Port Lavaca | | | | | | | | | |
| 487000 Memorial Medical Center | | * | | * | | * | | * | |
| Quanah | | | | | | | | | |
| 102000 Hardeman County Memorial Hospital | | * | | * | | * | | * | |
| Quitman | | | | | | | | | |
| 411000 East Texas Medical Center-Quitman | | х | | х | | х | | х | |
| Rankin | | | | | | | | | |
| 290000 Rankin County Hospital District | | * | | * | | * | | * | |
| Refugio | | | | | | | | | |
| 368000 Refugio County Memorial Hospital District | | * | | * | | * | | * | |
| Richardson | | | | | | | | | |
| 549000 Richardson Regional Medical Center | | X | | X | NC | x | | х | |
| 861300 Reliant Rehab Hospital North Texas | | | | x | | x | | x | $\left \right $ |
| First reports 2 nd quarter 2008 | | | | | | ~ | | | |

| | Reports | 1008 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|-----------------|---------|-----------------|---------|----------------------|---------|--------------------|---------|
| Richland Hills | With | 1000 | Comment | 2000 | Comment | 5000 | Comment | 4200 | Comment |
| 437000 North Hills Hospital | | х | | x | | х | | X | |
| Richmond | | 71 | | | | | | 71 | |
| 230000 Oakbend Medical Center | | х | X | x | X | х | X | X | NC |
| Rio Grande City | | A | A | A | A | Λ | Α | Α | 110 |
| 393000 Starr County Memorial Hospital | | X | | x | | X | | X | |
| Rockdale | | л | | A | | А | | Λ | |
| 369000 Richards Memorial Hospital | | X | | x | | x | | X | |
| Rockwall | | Λ | | <u>л</u> | | Λ | | Λ | |
| 859900 Presbyterian Hospital–Rockwall | | x | | x | | x | | x | |
| First reports 1 st quarter 2008 | | л | | л | | л | | л | |
| Rotan | | | | | | | | | |
| 355000 Fisher County Hospital District | | * | | * | | * | | * | |
| Round Rock | | | | | | | | | |
| 608000 Round Rock Medical Center | | X | x | x | X | х | x | X | X |
| 852600 Scott & White Hospital–University Medical | | x | ~ | x | | x | | X | |
| Campus | | л | | л | | л | | л | |
| 861700 Seton Medical Center Williamson | | *** | | x | NC | х | NC | х | NC |
| First reports 1 st quarter 2008 | | | | ^ | | л | | л | ne |
| 866100 Reliant Rehab Hospital Central Texas | | | | | | Х | | Х | |
| First reports 3 rd quarter 2008 | | | | | | | | 21 | |
| Rowlett | | | | | | | | | |
| 625000 Lake Pointe Medical Center | | x | NC | x | | x | | x ^{OC} | |
| Rusk | | | | | | | | | |
| 000107 Rusk State Hospital | | X | x | x | x | X | x | X | x |
| San Angelo | | | | | | | | | |
| 056000 San Angelo Community Medical Center | | X | | x | | х | | X | |
| 168000 Shannon West Texas Memorial Hospital | | X | | x | | x ^{OC} | | X | |
| 445000 Shannon Medical Center–St Johns Campus | | X | | X | | x ^{OC} | | X | |
| 747000 River Crest Hospital | | X | | X | | X | | X | |
| 819000 Triumph Hospital San Angelo | | X | | x ^{LV} | | x ^{LV} | | $\frac{x}{x^{LV}}$ | |
| Last reports 4 th quarter 2008 | | л | | л | | л | | л | |
| San Antonio | | | | | | | | | |
| 000108 Texas Center for Infectious Disease | | x ^{LV} | | OC | | OC | | OC | |
| 000110 San Antonio State Hospital | | X | X | x | X | x | х | x | x |
| 081001 Southeast Baptist Hospital | | X | Λ | X | A | X | Λ | X | Λ |
| 114001 Baptist Medical Center | | X | | x | | X | | X | |
| 134001 Northeast Baptist Hospital | | | | | | v | | v | |
| 154000 Methodist Hospital | | X X | | X X | | x x ^{OC} | | $\frac{x}{x^{OC}}$ | |
| 154001 Methodist Prospital | | | | | | X ^{OC} | | x ^{OC} | |
| 154002 Northeast Methodist Hospital | | X | | X | | x ^{OC} | | $\frac{x}{x^{OC}}$ | |
| 158000 University Hospital | | X | | X | v | | v | | v |
| | | X | | X | X | X | Х | X | X |
| 228001 Southwest General Hospital | | Х | | X | | x x ^{OC} | | $\frac{x}{x^{OC}}$ | |
| 283000 Metropolitan Methodist Hospital | | Х | | X | | | | | |
| 339000 CHRISTUS Santa Rosa Hospital | | Х | | X | | Х | | Х | |
| 339001 CHRISTUS Santa Rosa Medical Center | 20(002 | X | | X | | X | | Х | |
| 396001 Nix Specialty Health Center | 396002 | | | | | | | | |
| 396002 Nix Health Care System | | Х | | X | | Х | | Х | |
| 503001 St Lukes Baptist Hospital | | Х | | X | | Х | | Х | |
| 634000 CHRISTUS Santa Rosa Childrens Hospital | | Х | | X | | Х | | Х | |
| 636000 HEALTHSOUTH Rehab Institute-San Antonio | | Х | | X | | Х | NZ | X | |
| 645000 Kindred Hospital-San Antonio | | Х | х | Х | х | Х | NC | x ^{OC} | |
| 677001 North Central Baptist Hospital | | Х | | Х | | Х | | Х | |
| 681001 Methodist Ambulatory Surgery Hospital–NW | | Х | | х | | Х | | Х | |
| | | | | | | | | | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4008 | With |
|---|---------|-------------------|---------|----------------|---------|-------------------|---------|-------------------|--------------|
| 702001 Texas Specialty Hospital–San Antonio | With | x ^N | Comment | x ^N | Comment | x ^{LV} | Comment | x ^{LV} | Comment X |
| Last reports 4th quarter 2007 (temporary) | | Λ | | Λ | | л | | Λ | А |
| 711000 The COMPASS Hospital San Antonio | | х | | х | | x | | х | |
| 719300 Select Specialty Hospital-San Antonio | | x | | Х | | x | | х | |
| 723001 Laurel Ridge Treatment Center | | x | | Х | | х | | х | |
| 737000 Southwest Mental Health Center | | x | | Х | | x | | х | |
| 751000 Mission Vista Behavioral Health Center | | x | | Х | | x | | Х | |
| 786800 The Spine Hospital of South Texas | | X | х | X | x | X | х | X | |
| 799200 Promise Specialty Hospital–San Antonio | | x ^{LV} | | X | | X | | X | |
| 800600 Texsan Heart Hospital | | x | | X | | x | | X | |
| 815000 LifeCare Hospital–San Antonio | | v | | X | | X | | v | |
| 820600 Innova Hospital–San Antonio | | x ^{LVOC} | | OC | | OC | | x ^{OC} | |
| 844600 Warm Springs Rehab Hospital–San Antonio | | X | | x | | x | | X | |
| 852100 Foundation Bariatric Hospital–San Antonio | | xLVOC | | X | | x ^{LVOC} | | X | |
| San Augustine | | Λ | | Λ | | Λ | | Λ | |
| 072000 Memorial Medical Center–San Augustine | | X | | x | | x | | X | |
| San Marcos | | Λ | | Λ | | Λ | | Λ | |
| 556000 Central Texas Medical Center | | x ^{oc} | | x | | X | | X | |
| Seguin | | Λ | | <u> </u> | | • | | Λ | |
| 155000 Guadalupe Regional Medical Center | | v | | v | | v | | v | |
| Seminole | | X | | X | | X | | X | |
| 113000 Memorial Hospital | | * | | * | | * | | * | |
| Seymour | | | | • | | | | | |
| 546000 Seymour Hospital | | * | | * | | * | | * | |
| | | * | | * | | * | | | |
| Shamrock | | * | | * | | * | | * | |
| 571000 Shamrock General Hospital | _ | * | | | | * | | | |
| Shenandoah 705000 Name Seccialty Harrital Shenandoah Gunna | | | | | | | | | |
| 795000 Nexus Specialty Hospital Shenandoah Campus | | X | | Х | | X | | X | |
| Sherman 207000 Wilson N. Janas Memorial Hagrital | | | | | | | | | |
| 297000 Wilson N Jones Memorial Hospital | | X | | X | | X | | X | |
| Smithville | | | | | | | | | |
| 385000 Smithville Regional Hospital | | X | | X | | X | | X | |
| Snyder | | * | | * | | * | | * | |
| 439000 D M Cogdell Memorial Hospital | | Ŷ | | * | | * | | ŕ | |
| Sonora | | 4 | | | | باد. | | * LV | |
| 147000 Lillian M Hudspeth Memorial Hospital | | *х | | *x | | *x | | * x ^{LV} | |
| Southlake | | | | | | | | | |
| 812800 Harris Methodist Southlake Center for | | х | | Х | | х | | х | |
| Diagnostics & Surgery | | | | | | | | | |
| Spearman | | * | | * | | * | | * | |
| 395000 Hansford County Hospital | | Ŷ | | * | | ^ | | * | |
| Stamford | | * | | * | | * | | * | |
| 043000 Stamford Memorial Hospital | | Ŷ | | * | | ^ | | * | |
| Stanton | | | | | | | | | |
| 388000 Martin County Hospital District | | * | | * | | * | | * | |
| Stephenville | | | | | | | | | |
| 256000 Harris Methodist–Erath County | | X | X | Х | X | X | X | Х | X |
| Sugar Land | | | | | | | | | |
| 790500 Sugar Land Surgical Hospital | | X | | Х | | X | | Х | |
| 792700 Triumph Hospital–Southwest | | X | | Х | | X | | Х | |
| 823000 Methodist Sugar Land Hospital | | X | | Х | | Х | | Х | |
| 844500 Sugar Land Rehab Hospital | | х | | Х | | X | | Х | |
| 869700 St Lukes Sugar Land Hospital | | | | | | | | Х | х |
| First reports 4 th quarter 2008 | | | | | | | | | |

| | Reports | 1008 | With | 2Q08 | With | 3Q08 | With | 4Q08 | With |
|--|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| Sulphur Springs | With | - 2.0 | Comment | - 200 | Comment | - 200 | Comment | | Comment |
| 280000 Hopkins County Memorial Hospital | | * | | * | | * | | * | |
| Sweeny | | | | | | | | | |
| 178000 Sweeny Community Hospital | | x ^{LV} | | x | | X | | X | |
| | | | | | | | | | |
| Sweetwater | | | | | | | | | |
| 471000 Rolling Plains Memorial Hospital | | * | | * | | * | | * | |
| Tahoka | | | | | | | | | |
| 192000 Lynn County Hospital District | | * | | * | | * | | * | |
| Taylor | | | | | | | | | |
| 044000 Johns Community Hospital | | х | | х | | х | | х | |
| Temple | | | | | | | | | |
| 186000 Kings Daughters Hospital | | х | | x | | х | | x | |
| 537000 Scott & White Memorial Hospital | | х | | х | | х | | х | |
| 537001 Scott & White Santa Fe Center | 537000 | | | | | | | | |
| 537002 Scott & White Pavilion | 537000 | | | | | | | | |
| 537003 Scott & White Memorial Hospital–SNF | | х | | х | | х | | х | |
| 537004 Scott & White Memorial Hospital–Rehab | | Х | | X | | Х | | Х | |
| 537005 Scott & White Memorial Hospital–Psych | | х | | x | | х | | х | |
| 850300 Scott & White Continuing Care | | х | | х | | х | | х | |
| Terrell | | | | | | | | | |
| 000111 Terrell State Hospital | | х | х | x | x | х | x | x | x |
| 848600 Renaissance Hospital Terrell | | х | | х | | х | | х | |
| Texarkana | | | | | | | | | |
| 144000 Wadley Regional Medical Center | | х | | x | | x | | x | |
| 684000 HEALTHSOUTH Rehab Hospital-Texarkana | | х | | x | | х | | OC | |
| 713001 CHRISTUS St Michael Rehab Hospital | | х | | x | | х | | х | х |
| 788001 CHRISTUS St Michael Health System | | х | | х | | х | х | х | х |
| 822000 Dubuis Hospital–Texarkana | | x ^{LV} | х | x ^{LV} | х | x ^{LV} | х | х | NC |
| 847600 Dubuis Hospital-Texarkana-Wadley | | | | x ^{LV} | х | x ^{LV} | х | x ^{LV} | NC |
| First reports 2 nd quarter 2008 | | | | | | | | | |
| Texas City | | | | | | | | | |
| 793000 Mainland Medical Center | | Х | | x ^{OC} | | x ^{OC} | | x ^{OC} | |
| The Woodlands | | | | | | | | | |
| 615000 Memorial Hermann The Woodlands Hospital | | Х | | х | | Х | | Х | |
| 793100 St Lukes Community Medical Center-The | | Х | х | х | х | х | Х | х | х |
| Woodlands | | | | | | | | | |
| 795001 Nexus Specialty Hospital | | *** | | x ^{LV} | | x ^{LV} | | x ^{LV} | |
| Throckmorton | | | | | | | | | |
| 428000 Throckmorton County Memorial Hospital | | * | | * | | * | | * | |
| Tomball | | N | | N | | N | | N | |
| 076000 Tomball Regional Hospital | | x ^N | | x ^N | | x ^N | | x ^N | |
| 792601 Triumph Hospital Tomball | | Х | | X | | Х | | X | |
| Trinity | | | | | | | | | |
| 287000 East Texas Medical Center-Trinity | | X | | X | | X | | X | |
| Trophy Club | | | | | | | | | |
| 805100 Baylor Medical Center Trophy Club | | X | | X | | X | | X | |
| | | | | | | | | | |
| 273000 Swisher Memorial Hospital | | * | | * | | * | | * | |
| Tyler | | | | | | | | | |
| 000112 University of Texas Health Center-Tyler | | Х | | X | | Х | | Х | |
| 286000 Mother Frances Hospital | | Х | Х | X | | Х | | Х | |
| 410000 East Texas Medical Center | | Х | | х | | Х | | Х | |
| | | | | | | | | | |

| | Reports | 1008 | With | 2Q08 | With | 3008 | With | 4008 | With |
|--|-------------|-------------------|---------|-------------------|---------|-----------------|---------|-------------------|---------|
| 410001 East Texas Medical Center Behavioral Health | With 410000 | 1008 | Comment | 2008 | Comment | 3008 | Comment | 4Q08 | Comment |
| Center | 410000 | | | | | | | | |
| 692000 Trinity Mother Frances Rehab Hospital | | v | v | v | v | v | v | v | v |
| 777000 East Texas Medical Center Specialty Hospital | | X X | X | X X | X | X X | X | X X | X |
| 790200 Texas Spine & Joint Hospital | | X | | X | | X | | X | |
| 799000 East Texas Medical Center Rehab Hospital | | X | | X | | X | | X | |
| 806500 Continue Care Hospital–Tyler | | x | | X | | x | | x | |
| Uvalde | | A | | | | | | | |
| 063000 Uvalde Memorial Hospital | | *x | | *х | | *x | | *х | |
| Van Horn | | | | | | | | | |
| 139000 Culberson Hospital | | x | | \mathbf{x}^{LV} | | x ^{LV} | | \mathbf{x}^{LV} | - |
| Vernon | | | | | | | | | |
| 000113 North Texas State Hospital-Vernon | 000114 | | | | | | | | |
| 084000 Wilbarger General Hospital | | * | | * | | * | | * | |
| Victoria | | | | | | | | | |
| 064000 Citizens Medical Center | | х | | Х | | х | | Х | |
| 453000 DeTar Hospital-Navarro | | х | Х | Х | х | х | х | Х | х |
| 453001 DeTar Hospital-North | 453000 | | | | | | | | |
| 812000 Triumph Hospital Victoria | | х | | Х | | х | | Х | |
| 848100 Warm Springs Specialty Hospital–Victoria | | х | | Х | | х | | Х | |
| Waco | | | | | | | | | |
| 000117 Waco Center for Youth | | x ^{LV} | х | x ^{LV} | х | х | х | x ^{LV} | х |
| 040000 Providence Health Center | | х | | Х | | x | | Х | |
| 506000 Hillcrest Baptist Medical Center | | х | | Х | | х | | Х | |
| 736000 DePaul Center–Div of Providence Health Center | | х | | Х | | Х | | Х | |
| Waxahachie | | | | | | | | | |
| 285000 Baylor Medical Center-Waxahachie | | x | X | Х | х | x | х | Х | x |
| Weatherford | | | | | | | | | |
| 844800 Weatherford Regional Medical Center | | x | | Х | | X | | Х | |
| Webster | | | | | | | | | |
| 212000 Clear Lake Regional Medical Center | | х | | Х | | Х | | Х | |
| 680000 Clear Lake Rehab Hospital | | X | NC | X | | x | | X | |
| 698004 Cornerstone Hospital Houston-Clear Lake | | x ^{LVOC} | | x ^{OC} | | x ^{OC} | | x ^{LV} | NC |
| 720402 Triumph Hospital-Clearlake | | х | | Х | | Х | | Х | |
| 822001 Surgical Arts Center–Clear Lake | | х | | Х | | х | | Х | |
| Weimar | | | | | | | | | |
| 005000 Colorado-Fayette Medical Center | | * | | * | | * | | * | |
| Wellington | | | | | | | | | |
| 195000 Collingsworth General Hospital | | х | | Х | | х | | х | |
| Weslaco | | | | | | | | | |
| 480000 Knapp Medical Center | | х | Х | x ^{OC} | | х | х | Х | х |
| 808500 Weslaco Rehab Hospital | | х | | Х | | х | | Х | |
| Wharton | | | | | | | | | |
| 833000 Gulf Coast Medical Center | | x | | х | | х | | х | |
| Wheeler | | | | | | | | | |
| 116000 Parkview Hospital | | * | | * | | * | | * | |
| Whitney | | | | | | | | | |
| 161000 Lake Whitney Medical Center | | x ^{OC} | | x ^{OC} | | x | | х | 1 |
| Wichita Falls | | | | | | - | | - | |
| 000114 North Texas State Hospital | | x | X | х | x | x | X | х | x |
| 417000 United Regional Health Care System–8th St | | x | | x ^{OC} | | x | | x | + |
| Campus | | | | | | | | | |
| r · · · · · | 1 | 1 | I | l | 1 | I | 1 | l | 1 |

| | Reports With | 1Q08 | With Comment | 2Q08 | With Comment | 3Q08 | With Comment | 4Q08 | With Comment |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|
| 417001 United Regional Health Care System–11th St | 417000 | | | | | | | | |
| Campus | | | | | | | | | |
| 681400 Kell West Regional Hospital | | х | | Х | | х | | х | |
| 685000 HEALTHSOUTH Rehab Hospital–Wichita Falls | | Х | | Х | | х | | х | |
| 709001 Red River Hospital | | х | | Х | | х | | х | |
| 820002 Texas Specialty Hospital–Wichita Falls | | Х | | Х | | Х | | Х | |
| Winnie | | | | | | | | | |
| 781400 Winnie Community Hospital | | Х | | Х | | Х | | x ^{OC} | |
| Winnsboro | | | | | | | | | |
| 446000 Presbyterian Hospital-Winnsboro | | Х | х | х | х | Х | х | Х | х |
| Winters | | | | | | | | | |
| 151000 North Runnels Hospital | | * | | * | | * | | * | |
| Woodville | | | | | | | | | |
| 569000 Tyler County Hospital | | * | | * | | * | | * | |
| Yoakum | | | | | | | | | |
| 023000 Yoakum Community Hospital | | x ^{OC} | | x ^{OC} | | x ^N | | Х | |
| Total exempt hospitals | | 98 | | 98 | | 95 | | 96 | |
| Total exempt hospitals voluntarily reporting | | 11 | | 9 | | 7 | | 8 | |
| Total hospitals not in compliance. No data submitted. | | 4 | | 6 | | 3 | | 4 | |
| Total hospitals with discharges reported by another hospital | | 32 | | 32 | | 32 | | 32 | |
| Total reporting | | 521 | | 526 | | 529 | | 524 | |

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

- C Closed, no data submitted.
- C^{N} Closed, data not certified.
- ^{NC} Certification comments not submitted to DSHS.
- OC Not in compliance for this quarter. No data submitted.
- x Hospital submitted and certified data, submitted comments. x^{lv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have 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'.
- \mathbf{x}^{N} Hospital elected not to certify data.
- x^{OC} Hospital did not certify data. Not in compliance for this quarter.
 - 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).
- No discharges for this quarter.