# 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.					
<b>Beginning Position:</b>	1	<b>Data Source:</b>	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'.					
<b>Beginning Position:</b>	7	<b>Data Source:</b>	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.			
<b>Beginning Position:</b>	13	<b>Data Source:</b>	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				
<b>Beginning Position:</b>	68	<b>Data Source:</b>	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	( <b>uu</b> 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').
<b>Beginning Position:</b>	73	<b>Data Source:</b>	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	<b>Data Source:</b>	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)
<b>Beginning Position:</b>	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
- ···· · <b>r</b> ·····			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	
<b>Beginning Position:</b>	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.	<sup>nd</sup> most days durin	ng stay occurred based on number of days by Type
Coding Scheme:	Same as Field 12.		
<b>Beginning Position:</b>	77	<b>Data Source:</b>	
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.		
<b>Beginning Position:</b>	78	<b>Data Source:</b>	
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:		<b>D</b> ( )	
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.	<sup>m</sup> most days durin	g stay occurred based on number of days by Type
Coding Scheme:	Same as Field 12.		
<b>Beginning Position:</b>	80	<b>Data Source:</b>	
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		
<b>Beginning Position:</b>	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		
	<ul><li>9 Information not availab</li><li>* Invalid</li></ul>	le	
<b>Beginning Position:</b>	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.
	<ul> <li>3 HMO referral</li> <li>4 Transfer from a hospita</li> </ul>	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			
<b>Beginning Position:</b>	86	<b>Data Source:</b>	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	<ul><li>385 Real</li><li>387 Red River</li></ul>
	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	<ul><li>393 Roberts</li><li>395 Robertson</li></ul>
	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	<ul><li>293 Limestone</li><li>295 Lipscomb</li></ul>	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	
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Length: Field 21:	127 95 3 <b>PUBL</b> Public 1	IC_HEALTH Health Region Armstrong, Bailey Dickens, Donley, J	<b>_REGIO</b> of patier ; Briscoe, C Floyd, Garz	Data Source: Type: N tt's address. Carson, Castro, Chilo a, Gray, Hale, Hall,	Assigned Alphan dress, Coch Hansford,	ed; based on pa umeric man, Collingswort Hartley, Hemphil	h, Crosby, E l, Hockley, I	Dallam, Deaf Smith, Hutchinson, King,	
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Length: Field 21:	127 95 3 <b>PUBL</b> 1 2 3	IC_HEALTH Health Region Armstrong, Bailey Dickens, Donley, I Lamb, Lipscomb, Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jond Stonewall, Taylor, Collin, Cooke, Da	_REGIO of patier , Briscoe, C Floyd, Garz Lubbock, L , Terry, Wh own, Calla es, Kent, Kr Throckmo llas, Dentor	Data Source: Type: N t's address. Carson, Castro, Chile a, Gray, Hale, Hall, ynn, Moore, Motley eeler, Yoakum cour han, Clay, Coleman nox, Mitchell, Mont rton, Wichita, Wilba	Assigne Alphan dress, Coch Hansford, 7, Ochiltree ties , Comanch ague, Nola urger, Your n, Grayson	ed; based on pa umeric man, Collingswort Hartley, Hemphil e, Oldham, Parmer e, Cottle, Eastland n, Runnels, Scurry ig counties	h, Crosby, E l, Hockley, I r, Potter, Rar l, Fisher, Foa y, Shacklefor	Dallam, Deaf Smith, Hutchinson, King, Idall, Roberts, ard, Hardeman, rd, Stephens,	
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Length: Field 21:	127 95 3 <b>PUBL</b> Public 1 2 3 4	IC_HEALTH Health Region Armstrong, Bailey Dickens, Donley, I Lamb, Lipscomb, Sherman, Swisher, Archer, Baylor, Br Haskell, Jack, Jone Stonewall, Taylor, Collin, Cooke, Da Pinto, Parker, Roc Anderson, Bowie, 4	_REGIO of patier , Briscoe, C Floyd, Garz Lubbock, L , Terry, Wh own, Calla es, Kent, Ki Throckmo Ilas, Dentor kwall, Som Camp, Cass	Data Source: Type: N N t's address. Carson, Castro, Chile a, Gray, Hale, Hall, ynn, Moore, Motley eeler, Yoakum cour han, Clay, Coleman nox, Mitchell, Mont rton, Wichita, Wilba n, Ellis, Erath, Fanni ervell, Tarrant, Wis s, Cherokee, Delta, H	Assigne Alphan dress, Coch Hansford, , Ochiltree tties , Comanch ague, Nola urger, Your n, Grayson e counties Franklin, G	ed; based on pa umeric tran, Collingswort Hartley, Hemphil e, Oldham, Parmer e, Cottle, Eastland n, Runnels, Scurry 1g counties 1, Hood, Hunt, Joh regg, Harrison, Ho	h, Crosby, E l, Hockley, I r, Potter, Rar l, Fisher, Foa y, Shacklefoa unson, Kaufn enderson, Ho	Dallam, Deaf Smith, Hutchinson, King, Idall, Roberts, ard, Hardeman, rd, Stephens, nan, Navarro, Palo opkins, Lamar,	
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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		
<b>Coding Scheme:</b>	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
<b>Beginning Position:</b>	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)
	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> </ol>	self-care (routine discha ort term general hospital	
	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> <li>Discharged to skilled r</li> </ol>	self-care (routine discha ort term general hospital nursing facility	
	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> <li>Discharged to skilled r</li> <li>Discharged to intermed</li> </ol>	self-care (routine discha ort term general hospital nursing facility diate care facility	rge)
	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> <li>Discharged to skilled r</li> <li>Discharged to intermed</li> </ol>	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)
	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> <li>Discharged to skilled r</li> <li>Discharged to intermed</li> <li>Discharged/transferred</li> <li>Discharged to care of I</li> <li>Left against medical ad</li> <li>Discharged to care of I</li> </ol>	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:	<ol> <li>Discharged to home or</li> <li>Discharged to other sh</li> <li>Discharged to skilled r</li> <li>Discharged to intermed</li> <li>Discharged/transferred</li> <li>Discharged to care of I</li> <li>Left against medical ad</li> <li>Discharged to care of I</li> <li>Admitted as inpatient t</li> </ol>	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							
<b>Coding Scheme:</b>	1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander							
	3 Black							
	4 White							
	5 Other * Invalid							
<b>Beginning Position:</b>	* 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							
<b>D</b> I I D III	* Invalid	<b>D</b> ( )						
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					
	<ol> <li>Point of Service (POS)</li> <li>Exclusive Provider Organ</li> </ol>	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					
<b>Beginning Position:</b>	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 <sup>st</sup> digit–Type of Facility	2 <sup>nd</sup> digit–Type	of Care	3 <sup>rd</sup> 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	<ul> <li>6 Adjustment of prior claim (Not used by Medicare)</li> </ul>				
	8 Special facility	8 Swing b	ed	7 Replacement of prior claim				
<b>Beginning Position:</b>	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	
<b>Beginning Position:</b>	118	<b>Data Source:</b>	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-	
<b>Beginning Position:</b>	130	<b>Data Source:</b>	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	<b>Data Source:</b>	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.	
<b>Beginning Position:</b>	154	<b>Data Source:</b>	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.	
<b>Beginning Position:</b>	166	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	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??			
<b>Beginning Position:</b>	190	<b>Data Source:</b>	Calculated	
Length:	12	Туре:	Numeric	
Field 38:	<b>MEDSURG AMOUNT</b>			
		Medical/Surgical	Supply Charge Amount. Calculated using	
	,	0	ated with revenue codes other than 0100-0219,	
	revenue center 27X, 62X.	U	,	
<b>Beginning Position:</b>	202	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	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
<b>л · · л ·</b> /·	42X.	<b>D</b> ( 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.		
<b>Beginning Position:</b>	250	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	262	<b>Data Source:</b>	Calculated
Length:	12	Туре:	Numeric
Field 44:	IT AMOUNT	<b>.</b>	
		nhalation Therap	y Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
	41X, 46X.		
<b>Beginning Position:</b>	274	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 45:	BLOOD AMOUNT	Type.	Numerie
1 ICIU <del>4</del> 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		
<b>Beginning Position:</b>	298	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	310	<b>Data Source:</b>	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.
<b>Beginning Position:</b>	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,	
<b></b>	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	<b>Data Source:</b>	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.			
<b>Beginning Position:</b>	394	<b>Data Source:</b>	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.		· · · · · · · · · · · · · · · · · · ·	
<b>Beginning Position:</b>	406	<b>Data Source:</b>	Calculated	
Length:	12	Туре:	Numeric	
Field 56:	AMBULANCE AMOUN			
			e Amount. Calculated using MEDPAR algorithm.	
			es other than 0100-0219, revenue center 54X.	
<b>Beginning Position:</b>	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.	
<b>Beginning Position:</b>	478	Data Source:	Claim	
Length:	12	Гуре:	Numeric	
Field 62:	TOTAL NON COV CHAR			
			, non-covered ancillary charges.	
<b>Beginning Position:</b>		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			
<b>Beginning Position:</b>		Data Source:	Claim	
Length:		Гуре:	Numeric	
Field 66:	TOTAL_NON_COV_CHAP			
	Sum of non-covered ancillary	charges.		
<b>Beginning Position:</b>	538	Data Source:	Claim	
Length:		Гуре:	Numeric	
Field 67:	ADMITTING DIAGNOSIS			
			and 5th digits if applicable. Decimal is implied	
	following the third character.	0		
<b>Beginning Position:</b>		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 <b>OTH_DIAG_CODE_1</b>	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	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	622	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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	
<b>Beginning Position:</b>	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	
<b></b>	following the third character			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	682	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	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	
<b>р · · р ·</b> /·	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			
<b>Beginning Position:</b>	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		<b>F</b>	
			ical procedure, including the 4th and 5th digits if	
	applicable. Decimal is impli			
Beginning Position:	717	<b>Data Source:</b>	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	
<b>Beginning Position:</b>	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.			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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		
<b>Beginning Position:</b>	749	<b>Data Source:</b>	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 102:	<b>OTH SURG PROC COI</b>		•	
			her than the principal procedure performed during	
	the period covered by the bi			
Beginning Position:	754	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	770	<b>Data Source:</b>	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		
<b>Beginning Position:</b>	777	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	786	<b>Data Source:</b>	Claim	
Length:	7	Туре:	Alphanumeric	
Field 109:	<b>OTH SURG PROC DAY</b>	5		
	Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>			
	Admission/Start of Care Date			
<b>Beginning Position:</b>	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	
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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		
<b>Beginning Position:</b>	809	<b>Data Source:</b>	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.	
<b>Beginning Position:</b>	818	<b>Data Source:</b>	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					
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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					
<b>Beginning Position:</b>	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			
<b>Beginning Position:</b>	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
<b>Beginning Position:</b>	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.	-	
<b>Beginning Position:</b>	893	<b>Data Source:</b>	Assigned
Length:	5	Туре:	Alphanumeric
Field 129:	OTH_SURG_PROC_COI		
			her than the principal procedure performed during
	the period covered by the bi		
<b>Beginning Position:</b>	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
<b>Beginning Position:</b>	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.		
<b>Beginning Position:</b>	909	<b>Data Source:</b>	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		
<b>Beginning Position:</b>	914	<b>Data Source:</b>	Claim
Length:	7	Туре:	Alphanumeric
Field 133:	OTH_SURG_PROC_DAY		
			e equals Other Surgical Procedure Date minus
<b>р · · р ·</b> /·	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
<b>Beginning Position:</b>	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.					
<b>Beginning Position:</b>		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			
<b>Beginning Position:</b>	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.					
<b>Beginning Position:</b>		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.					
<b>Beginning Position:</b>	957	Data Source:	Assigned			
Length:	5	Гуре:	Alphanumeric			
Field 141:	<b>OTH SURG PROC CODE</b>	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			
<b>Beginning Position:</b>		Data Source:	Calculated			
Length:			Alphanumeric			
Field 143:		Гуре:	Alphanumenc			
riela 145:	<b>OTH_ICD9_CODE_16</b> 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.					
<b>Beginning Position:</b>		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.					
<b>Beginning Position:</b>		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 <b>7</b>			
<b>Beginning Position:</b>	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.			
<b>Beginning Position:</b>	989	<b>Data Source:</b>	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 147:	<b>OTH SURG PROC COI</b>		•	
			her than the principal procedure performed during	
	the period covered by the bi			
<b>Beginning Position:</b>	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.			
<b>Beginning Position:</b>	1005	<b>Data Source:</b>	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.	
<b>Beginning Position:</b>	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	
<b>Beginning Position:</b>	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.			
<b>Beginning Position:</b>	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.	
<b>Beginning Position:</b>	1026	<b>Data Source:</b>	Claim	
Length:	7	Туре:	Alphanumeric	
Field 154:	OTH SURG PROC DAY	<b>20</b>		
	Day of other surgical or obs	tetrical procedur	e equals Other Surgical Procedure Date minus	
	Admission/Start of Care Day	te.		
<b>Beginning Position:</b>	1033	<b>Data Source:</b>	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	
<b>Beginning Position:</b>	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.
<b>Beginning Position:</b>	1042	<b>Data Source:</b>	Claim
Length:	7	Туре:	Alphanumeric
Field 157:	OTH SURG PROC DAY		•
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Dat		
<b>Beginning Position:</b>	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		
<b>Beginning Position:</b>	1058	<b>Data Source:</b>	Claim
Length:	7	Туре:	Alphanumeric
Field 160:	<b>OTH SURG PROC DAY</b>	22	
	Day of other surgical or obs	tetrical procedur	e equals Other Surgical Procedure Date minus
	Admission/Start of Care Dat		
<b>Beginning Position:</b>	1065	<b>Data Source:</b>	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 <b>OTH_SURG_PROC_COL</b> Code for surgical or obstetri the period covered by the bi 1074 7 <b>OTH_SURG_PROC_DAY</b> 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		
<b>Beginning Position:</b>	1097	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	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		•
<b>Beginning Position:</b>	1106	<b>Data Source:</b>	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		
<b>Beginning Position:</b>	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.
<b>Beginning Position:</b>	1124	<b>Data Source:</b>	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		
<b>Beginning Position:</b>	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	-	-
<b>Beginning Position:</b>	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.
<b>Beginning Position:</b>	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	<b>Data Source:</b>	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		
<b>Beginning Position:</b>	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
<b>Beginning Position:</b>	1166	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1168	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1170	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1174	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1176	<b>Data Source:</b>	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		<b>G</b> 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		
<b></b> .	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.
<b>Coding Scheme:</b>	Same as Field 186.	-	
<b>Beginning Position:</b>	1188	<b>Data Source:</b>	Claim
Length:	2	Туре:	Alphanumeric
Field 189:	OCCUR_DAY_2		
	Occurrence Day equals Occ	urrence Date mir	nus Admission/Start of Care Date.
<b>Beginning Position:</b>	1190	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1194	<b>Data Source:</b>	Claim
Length:	2	Туре:	Alphanumeric
Field 191:	OCCUR_DAY_3		
			nus Admission/Start of Care Date.
<b>Beginning Position:</b>	1196	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	1200	<b>Data Source:</b>	Claim
Length:	2	Туре:	Alphanumeric
Field 193:	OCCUR_DAY_4		
			nus Admission/Start of Care Date.
<b>Beginning Position:</b>	1202	<b>Data Source:</b>	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.		
<b>Beginning Position:</b>	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	<b>Data Source:</b>	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.
<b>Beginning Position:</b>	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
<b></b>			nus Admission/Start of Care Date.
<b>Beginning Position:</b>	1226	<b>Data Source:</b>	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	<b>Data Source:</b>	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	<b>Data Source:</b>	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	<b>Data Source:</b>	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.
<b>Beginning Position:</b>	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	<b>Data Source:</b>	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.
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 70 Qualifying stay dates (fo	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. 78 SNF prior stay dates
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 70 Qualifying stay dates (fo 71 Prior stay dates	Data Source: Type: ccurrence Date <i>mir</i> Data Source: Type: 1 ant event relating t	Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes
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 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating to or SNF use only)	Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related
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 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating t or SNF use only)	Claim Alphanumeric mus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates
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 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of card	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating t or SNF use only)	Claim Alphanumeric nus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization
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 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating t or SNF use only)	Claim Alphanumeric nus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization M2 Inpatient respite dates
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 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of care	Data Source: Type: ccurrence Date <i>min</i> Data Source: Type: 1 ant event relating to or SNF use only)	Claim Alphanumeric Mus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization M2 Inpatient respite dates
Beginning Position: Length: Field 209: Beginning Position: Length: Field 210: Coding Scheme:	Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day equals Oc 1250 4 OCCUR_SPAN_CODE_ Code describing a signific 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of care 75 SNF level of care 76 Patient Liability Period	Data Source: Type: ccurrence Date <i>min</i> Data Source: Type: 1 ant event relating to or SNF use only)	Claim Alphanumeric Mus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization M2 Inpatient respite dates M3 ICF level of care
Beginning Position: Length: Field 209: Beginning Position: Length: Field 210: Coding Scheme: Beginning Position:	Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day equals Oc 1250 4 OCCUR_SPAN_CODE_ Code describing a signific 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of care 75 SNF level of care 76 Patient Liability Period 77 Provider Liability - Utili 1254	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating t or SNF use only) e/Leave of absence zation Charged Data Source:	Claim Alphanumeric us Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization M2 Inpatient respite dates M3 ICF level of care M4 Residential level of care Claim
Beginning Position: Length: Field 209: Beginning Position: Length: Field 210: Coding Scheme:	Code describing a signific Same as Field 186. 1248 2 OCCUR_DAY_12 Occurrence Day equals Oc 1250 4 OCCUR_SPAN_CODE_ Code describing a signific 70 Qualifying stay dates (fo 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility period 74 Noncovered level of care 75 SNF level of care 76 Patient Liability Period 77 Provider Liability - Utili	Data Source: Type: ccurrence Date min Data Source: Type: 1 ant event relating t or SNF use only) e/Leave of absence zation Charged Data Source: Type:	Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. 78 SNF prior stay dates 79 Payer use codes DR Katrina disaster related M0 PRO/UR approved stay dates M1 Provider liability - no utilization M2 Inpatient respite dates M3 ICF level of care M4 Residential level of care

<b>Beginning Position:</b>	1256 <b>D</b> a	ita Source:	Calculate	ed		
Length:		pe:	Alphanu	meric		
Field 212:	OCCUR_SPAN_THRU_1	nding Data of	f Evont mi	nus Admission/Start of Care Date.		
Paginning Desition.		ita Source:	Calculate			
Beginning Position:						
Length:		pe:	Alphanu	meric		
Field 213:	OCCUR_SPAN_CODE_2					
Coding Scheme:	Code describing a significant ev Same as Field 210.	ent relating to	o the claim	n that may affect payer processing.		
Beginning Position:	1268 Da	ta Source:	Claim			
Length:		pe:	Alphanu	meric		
Field 214:	OCCUR SPAN FROM 2	pe.	Inpituitu			
1 1010 21 1		Reginning Da	te of Even	t minus Admission/Start of Care Date.		
<b>Beginning Position:</b>		ita Source:	Calculate			
Length:		pe:	Alphanu			
Field 215:	OCCUR_SPAN_THRU_2	pe.	Alphanu	literite		
riela 215:		ndina Data at	f Examt mi	nus Admission/Start of Care Date.		
D	1 1					
Beginning Position:		ta Source:	Calculate			
Length:		pe:	Alphanu	meric		
Field 216:	OCCUR_SPAN_CODE_3					
		ent relating to	o the claim	h that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 210.					
<b>Beginning Position:</b>	1282 Da	ita Source:	Claim			
Length:	2 Ty	pe:	Alphanu	meric		
Field 217:	OCCUR_SPAN_FROM_3					
	Occurrence Span From equals E	Beginning Dat	te of Even	t minus Admission/Start of Care Date.		
<b>Beginning Position:</b>	1284 Da	ta Source:	Calculate	ed		
Length:	6 Ty	pe:	Alphanu	meric		
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Field 218:	OCCUR_SPAN_THRU_3	•	•			
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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
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.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
<b>Beginning Position:</b>	1310	<b>Data Source:</b>	Claim	
Length:	2	Туре:	Alphanu	meric
Field 223:	VALUE_AMOUNT_1			
	Dollar amount that may be a	affected.		
<b>Beginning Position:</b>	1312	<b>Data Source:</b>	Claim	
Length:	9	Туре:	Alphanu	meric
Field 224:	VALUE CODE 2		1	
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	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.			
<b>Beginning Position:</b>	1332	<b>Data Source:</b>	Claim	
Length:	2	Туре:	Alphanu	meric
Field 227:	VALUE_AMOUNT_3			
	Dollar amount that may be a			
<b>Beginning Position:</b>	1334	<b>Data Source:</b>	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.			
<b>Beginning Position:</b>	1343	<b>Data Source:</b>	Claim	
Length:	2	Туре:	Alphanu	meric
Field 229:	VALUE AMOUNT 4			
	Dollar amount that may be a	affected.		
<b>Beginning Position:</b>	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.
<b>Coding Scheme:</b> 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	<b>Data Source:</b>	Claim			
Length:	2	Туре:	Alphanumeric			
Field 245:	VALUE AMOUNT 12		•			
	Dollar amount that may be affected.					
<b>Beginning Position:</b>	1433	<b>Data Source:</b>	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.				
<b>Beginning Position:</b>	1442	<b>Data Source:</b>	Assigned			
Length:	2	Туре:	Alphanumeric			
Field 247:	APR-MDC					
		ory (MDC) as assign	ed by 3M APR-DRG Grouper, version 25.			
<b>Beginning Position:</b>	1444	<b>Data Source:</b>	Assigned			
Length:	2	Туре:	Alphanumeric			
Field 248:	CMS-DRG					
			(CMS) Diagnosis Related Group (DRG), version			
	25, as assigned for hosp	ital payment for Med				
<b>Beginning Position:</b>	1446	<b>Data Source:</b>	Assigned			
Length:	3	Туре:	Alphanumeric			
Field 249:	APR-DRG					
		R) Diagnosis Related	l Group (DRG) as assigned by 3M APR-DRG			
	Grouper, version 25.					
<b>Beginning Position:</b>	1449	<b>Data Source:</b>	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					
<b>Beginning Position:</b>	1452	<b>Data Source:</b>	Assigned			
Length:						
	1	Туре:	Alphanumeric			
Field 251:	ILLNESS_SEVERITY	Туре:	•			
Field 251:	ILLNESS_SEVERITY Assignment of a severity	<b>Type:</b> y of illness score from	n the All Patient Refined (APR) Diagnosis Related			
Field 251:	<b>ILLNESS_SEVERITY</b> Assignment of a severity Group (DRG) from the 2	<b>Type:</b> y of illness score from	•			
	<b>ILLNESS_SEVERITY</b> Assignment of a severity Group (DRG) from the 3 decompensation.	<b>Type:</b> 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	<b>Type:</b> 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	<b>Type:</b> 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	<b>Type:</b> 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	<b>Type:</b> 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
<b>Beginning Position:</b>	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 <sup>rd</sup> 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	-
<b>Beginning Position:</b>	1474	<b>Data Source:</b>	Assigned
Length:	1	Туре:	Alphanumeric
Field 255:	RECORD_ID		
Description:	Record Identifica 1 <sup>st</sup> quarter 2002.	tion Number. Unique numb	er assigned to identify the record. First available
<b>Beginning Position:</b>	1475	<b>Data Source:</b>	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 <sup>st</sup> quarter 2002.					
2 courprisit						
<b>Beginning Position:</b>	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		
			<b>50</b> (	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
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source168Room charges for other rooms - rehabilitation632Drugs requiring specific identification - multiple source169Room charges for other rooms - other633Drugs requiring specific identification - restrictive prescription170Room charges for nursery - general634Drugs requiring specific identification - restrictive prescription171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, less than 10,000 units171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, loss than 10,000 or more units172Room charges for nursery - newborn level II636Drugs requiring specific identification - requiring specific identification - requiring specific identification - requiring detailed coding173Room charges for nursery - newborn level IV640Home IV therapy services - general174Room charges for nursery - newborn level IV640Home IV therapy services - IV site care, central180Room charges for LOA - general642Home IV therapy services - IV site care, central	166	Room charges for other rooms - detoxification	630	Drugs requiring specific identification - general
source169Room charges for other rooms - other633Drugs requiring specific identification - restrictive prescription170Room charges for nursery - general634Drugs requiring specific identification - restrictive prescription171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, less than 10,000 units171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, 10,000 or more units172Room charges for nursery - newborn level II636Drugs requiring specific identification - requiring detailed coding173Room charges for nursery - newborn level III637Drugs requiring specific identification - self- adminstrable nto requiring detailed coding174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - IV site care, central180Room charges for LOA - general642Home IV therapy services - IV site care, central	167	Room charges for other rooms - oncology	631	
170Room charges for nursery - general634Drugs requiring specific identification - EPO, less than 10,000 units171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, less than 10,000 or more units172Room charges for nursery - newborn level II636Drugs requiring specific identification - requiring specific identification - requiring specific identification - self- adminstrable nto requiring detailed coding173Room charges for nursery - newborn level III637Drugs requiring specific identification - self- adminstrable nto requiring detailed coding174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - IV site care, central180Room charges for LOA - general642Home IV therapy services - IV site care, central	168	Room charges for other rooms - rehabilitation	632	
171Room charges for nursery - newborn level I635Drugs requiring specific identification - EPO, 10,000 or more units172Room charges for nursery - newborn level II636Drugs requiring specific identification - requiring detailed coding173Room charges for nursery - newborn level III637Drugs requiring specific identification - requiring specific identification - self- adminstrable nto requiring detailed coding174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - nonroutine nursing, central line180Room charges for LOA - general642Home IV therapy services - IV site care, central	169	Room charges for other rooms - other	633	
172Room charges for nursery - newborn level II636Drugs requiring specific identification - requiring detailed coding173Room charges for nursery - newborn level III637Drugs requiring specific identification - self- adminstrable nto requiring detailed coding174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - nonroutine nursing, central line180Room charges for LOA - general642Home IV therapy services - IV site care, central	170	Room charges for nursery - general	634	
requiring detailed coding173Room charges for nursery - newborn level III637Drugs requiring specific identification - self- adminstrable nto requiring detailed coding174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - nonroutine nursing, central line180Room charges for LOA - general642Home IV therapy services - IV site care, central	171	Room charges for nursery - newborn level I	635	
174Room charges for nursery - newborn level IV640Home IV therapy services - general179Room charges for nursery - other641Home IV therapy services - nonroutine nursing, central line180Room charges for LOA - general642Home IV therapy services - IV site care, central	172	<u> </u>	636	requiring detailed coding
179Room charges for nursery - other641Home IV therapy services - nonroutine nursing, central line180Room charges for LOA - general642Home IV therapy services - IV site care, central	173		637	adminstrable nto requiring detailed coding
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
	179	Room charges for nursery - other	641	
	180	Room charges for LOA - general	642	1.5

182	Room charges for LOA - patient convenice- charges billable	643	Home IV therapy services - IV start/change, peripheral line
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
231	mannacy - generie urugs	137	

252	Pharmacy - nongeneric drugs	740	EEG services - general
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			
<b>Beginning Position:</b>	24		<b>Data Source:</b>	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		-	
<b>Beginning Position:</b>	26		<b>Data Source:</b>	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		-	
<b>Beginning Position:</b>	28		<b>Data Source:</b>	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			
<b>Beginning Position:</b>	30		<b>Data Source:</b>	Claim	
Length:	2		Туре:	Alphar	numeric
Field 9:		Γ_MEASUREMENT			
Description:		specifying the units in	which a value is	being exp	pressed.
<b>Coding Scheme:</b>	DA F2 UN	Days International unit Unit			
<b>Beginning Position:</b>	32	Unit	Data Source:	Claim	
Length:	2		Type:		numeric
Field 10:		<b>IS OF SERVICE</b>	-,	. npilul	
Description:		eric value of quantity			
Beginning Position:	34		<b>Data Source:</b>	Claim	
Length:	7		Туре:	Numer	ic
Field 11:	UNI	Г КАТЕ			
Description:		per unit			
Beginning Position:	41	1	<b>Data Source:</b>	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			
<b>Beginning Position:</b>	67	<b>Data Source:</b>	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 <sup>LV</sup>		x		x <sup>LV</sup>	
846000 Acadia Abilene		x <sup>LV</sup>	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 <sup>LV</sup>	Λ		Λ		Λ		Λ
1		X		X		X		X	
Alpine						x <sup>OC</sup>			
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 <sup>N</sup>	Х	
Anson									
016000 Anson General Hospital		*		*		*		*	
Aransas Pass									
239001 North Bay Hospital		OC		OC		X		х	
Arlington				~ ~					
409001 Diagnostic & Surgery Center–Arlington		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>	
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 <sup>N</sup>	Х	NC
497000 Seton Medical Center		х	NC	х	NC	х	x <sup>N</sup>	х	NC
602000 South Austin Hospital		х	NC	х	NC	x <sup>OC</sup>		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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		Х	NC
700002 Cornerstone Hospital-Austin-St Davids		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		C <sup>N</sup>	
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 <sup>OC</sup>	
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 <sup>LV</sup>		*x <sup>LV</sup>		*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 <sup>LV</sup>	Х	x <sup>LV</sup>	х	x <sup>LV</sup>	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 <sup>LV</sup>		x <sup>LV</sup>		***	
861900 Kate Dishman Rehab Hospital First reports 1 <sup>st</sup> quarter 2008		***		x <sup>LV</sup>	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 <sup>OC</sup>		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 <sup>OC</sup>	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 <sup>th</sup> quarter 2008								x <sup>OC</sup>	
Brownfield									
078000 Brownfield Regional Medical Center		*		*		*		*	
Brownsville									
019000 Valley Regional Medical Center		Х		X		X		X	
314001 Valley Baptist Medical Center-Brownsville		Х		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>LV</sup>		х		х	

	Reports	1Q08	With	2Q08	With	3Q08	With	4Q08	With
Brownwood	With		Comment		Comment		Comment	-	Comment
058000 Brownwood Regional Medical Center		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>LV</sup>	x	x <sup>LV</sup>	х	x <sup>LV</sup>	NC
First reports 2 <sup>nd</sup> 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 <sup>OC</sup>		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 <sup>st</sup> quarter 2008									
Center									
860500 Shelby Regional Medical Center		OC		x <sup>OC</sup>		х		х	
First reports 1 <sup>st</sup> 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 <sup>OC</sup>		x <sup>OC</sup>		X		x <sup>OC</sup>	
Colorado City									
075000 Mitchell County Hospital		*x <sup>OC</sup>		*x		*x <sup>OC</sup>		*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 <sup>LV</sup>		С	
Last reports 3 <sup>rd</sup> quarter 2008		л		л		Λ		C	
854100 Solara Hospital Conroe		x <sup>LV</sup>		x <sup>LV</sup>		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 <sup>LV</sup>		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 <sup>LV</sup>	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 <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>OC</sup>							
Dalhart		х		X		X		X	
		*		*		*		*	
262000 Coon Memorial Hospital & Home Dallas						•		•	
008001 Mary Shiels Hospital		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>	
028000 Kindred Hospital-Dallas		X	X	X	X	X	X	X	X
028002 Kindred Hospital–Dallas Walnut Hill Last reports 2 <sup>nd</sup> 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 <sup>OC</sup>		х		х	
683000 HEALTHSOUTH Medical Center		х		х		C <sup>N</sup>		x <sup>LV</sup>	
Last reports 4 <sup>th</sup> 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 <sup>LV</sup>		XLV		x <sup>LV</sup>	
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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
855700 Gulf States LTAC Dallas		x <sup>LV</sup>		OC		x <sup>OC</sup>		$\mathbf{x}^{LV}$	
860600 North Central Surgical Center First reports 1 <sup>st</sup> quarter 2008		x <sup>LV</sup>		x <sup>LV</sup>		х		Х	
862000 Methodist Rehab Hospital		***		x		X		Х	
First reports 1 <sup>st</sup> 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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
254001 Wise Regional Health System		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>st</sup> 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 <sup>LVOC</sup>		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 <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		X	
847200 Atrium Medical Center-Corinth		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		$\mathbf{x}^{LV}$	

	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 <sup>OC</sup>		x <sup>OC</sup>		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 <sup>OC</sup>		х		х	
797101 Womens Hospital–Renaissance	797100								
797102 Behavioral Medicine–Renaissance	797100								
First reports 1 <sup>st</sup> 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 <sup>LV</sup>		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 <sup>N</sup>		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 <sup>LV</sup>		x <sup>OC</sup>		x <sup>LV</sup>		x <sup>LV</sup>	+
858600 University Behavioral Health–El Paso		X		X		X		X	
First reports 1 <sup>st</sup> quarter 2008		Α							
865000 Sierra Providence East Medical Center First reports 2 <sup>nd</sup> quarter 2008				Х		х		Х	
Eldorado									
136000 Schleicher County Medical Center		$\mathbf{x}^{LV}$		x <sup>LV</sup>		x <sup>LV</sup>		$\mathbf{x}^{LV}$	
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 <sup>OC</sup>		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 <sup>LV</sup>	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 <sup>LV</sup>		x <sup>LV</sup>		х		х	
First reports 1 <sup>st</sup> quarter 2008 Fredericksburg									
219000 Hill Country Memorial Hospital		*x <sup>OC</sup>		*x <sup>OC</sup>		*x <sup>OC</sup>		*x <sup>OC</sup>	
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 <sup>OC</sup>		*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 <sup>LV</sup>	Х	x x <sup>LV</sup>		X C	X	X	
586001 Baylor Specialty Hospital Last reports 2 <sup>nd</sup> 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 <sup>LV</sup>		x <sup>LV</sup>	Λ	x <sup>LV</sup>	Λ	x x <sup>LV</sup>	Λ
First reports 1 <sup>st</sup> 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 <sup>OC</sup>	X	x x <sup>OC</sup>	X	X	X	X	X
400000 Valley Baptist Medical Center		X <sup>OC</sup>		X <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
788002 Harlingen Medical Center		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>OC</sup>		x <sup>OC</sup>		х	NC	x <sup>OC</sup>	
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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>N</sup>		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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>N</sup>		***	
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 <sup>rd</sup> quarter 2008								-	
302000 Memorial Hermann Memorial City Hospital		х		х		х		х	
316001 River Oaks Hospital	316002								
Last reports 2 <sup>nd</sup> quarter 2008		N		NUN					
316002 River Oaks Hospital-South		C <sup>N</sup>		C <sup>NLV</sup>		С		С	
Last reports 2 <sup>nd</sup> 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 <sup>LV</sup>		x <sup>LV</sup>		X		x <sup>LV</sup>	
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 <sup>LVOC</sup>		x <sup>OC</sup>		x <sup>oc</sup>		$\mathbf{x}^{LV}$	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 <sup>LV</sup>		x <sup>LV</sup>	NC	x <sup>LV</sup>		х	
Surgery									
762001 IntraCare Medical Center Hospital		X		X		х		х	
763000 Plaza Specialty Hospital		x <sup>LV</sup>		x <sup>LV</sup>		х		х	
782001 Intracare North Hospital		х		x		х		х	
792000 Texas Orthopedic Hospital		x <sup>N</sup>		x <sup>N</sup>		x <sup>N</sup>		x <sup>N</sup>	
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 <sup>OC</sup>		x <sup>OC</sup>		х	NC	Х	NC
844900 Behavioral Hospital–Bellaire		х		х		х		Х	<u> </u>
849300 Physical Rehab Hospital–Bellaire		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LVOC</sup>		x <sup>LV</sup>	
856300 APEX Hospital–TMC		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		С	
Last reports 3 <sup>rd</sup> 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 <sup>LV</sup>		x <sup>LV</sup>	
First reports 3 <sup>rd</sup> 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 <sup>LV</sup>		X X <sup>LVOC</sup>		x x <sup>LVOC</sup>		x <sup>LV</sup>	
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 <sup>LV</sup>	х	x <sup>LV</sup>	х	С		С	
Last reports 2 <sup>nd</sup> 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 <sup>nd</sup> quarter 2008		C <sup>N</sup>		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 <sup>OC</sup>		х		х	
Center		LV		LV					
848000 Apex Hospital Katy		x <sup>LV</sup>		x <sup>LV</sup>		X		X	
Kaufman									
303000 Presbyterian Hospital–Kaufman		X	X	X	X	X	X	X	X
Kenedy		*		*		*		*	
357000 Otto Kaiser Memorial Hospital				*		~		Ŧ	
Kermit		*x <sup>LV</sup>		* x <sup>LV</sup>		*		*x <sup>LV</sup>	NC
062000 Winkler County Memorial Hospital		*X <sup></sup>		* X <sup>-+</sup>		*х		*X <sup>-+</sup>	NC
Kerrville		LV							
000106 Kerrville State Hospital		x <sup>LV</sup>	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 <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>	
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 <sup>st</sup> 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 <sup>LV</sup>		x <sup>LV</sup>		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 <sup>oc</sup>		х		$\mathbf{x}^{LV}$		х	NC
First reports 1 <sup>st</sup> 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 <sup>N</sup>		x <sup>N</sup>		$\mathbf{x}^{N}$		x <sup>N</sup>	

	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 <sup>OC</sup>		X		X		X	
865800 Trustpoint Hospital						x <sup>N</sup>		x <sup>N</sup>	
First reports 3 <sup>rd</sup> 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 <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>	
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 <sup>N</sup>		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 <sup>OC</sup>		Х		Х	
246001 Medical Center McKinney–Wysong Campus	246000								
Mesquite		~N		~ N		~		~	
315002 The Womens Hospital-Dallas Regional		C <sup>N</sup>		C <sup>N</sup>		С		С	
Medical Center									
Last reports 2 <sup>nd</sup> quarter 2008		x <sup>OC</sup>		x <sup>OC</sup>				x <sup>OC</sup>	
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 <sup>OC</sup>		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 <sup>OC</sup>		C <sup>N</sup>		x <sup>LV</sup>		С	
Last reports 3 <sup>rd</sup> 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 <sup>st</sup> quarter 2008		C		e		C		e	
851800 Gulf States LTAC–New Braunfels		x <sup>LV</sup>		OC		х		OC	
863300 CHRISTUS Santa Rosa Hospital New		х		Х		Х		Х	
Braunfels									
First reports 1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>LV</sup>		$\mathbf{x}^{LV}$		x <sup>LV</sup>		x <sup>LV</sup>	
Palestine		л		л		л		л	
377001 Palestine Regional Rehab Hospital		v		x <sup>LV</sup>		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 <sup>LV</sup>	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 <sup>OC</sup>	Λ	x <sup>OC</sup>	Λ	x <sup>OC</sup>	Λ	x <sup>OC</sup>	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 <sup>LV</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>LV</sup>	
Plainview									
Plano						00		00	
143001 Childrens Medical Center Legacy						x <sup>OC</sup>		x <sup>OC</sup>	
First reports 3 <sup>rd</sup> 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 <sup>OC</sup>		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 <sup>OC</sup>		x <sup>OC</sup>		C <sup>N</sup>	
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 <sup>LV</sup>	х	x <sup>LV</sup>	х	x <sup>LV</sup>	х	x <sup>LV</sup>	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 <sup>nd</sup> 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 <sup>st</sup> 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 <sup>st</sup> quarter 2008				^		л		л	ne
866100 Reliant Rehab Hospital Central Texas						Х		Х	
First reports 3 <sup>rd</sup> quarter 2008								21	
Rowlett									
625000 Lake Pointe Medical Center		x	NC	x		x		x <sup>OC</sup>	
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 <sup>OC</sup>		X	
445000 Shannon Medical Center–St Johns Campus		X		X		x <sup>OC</sup>		X	
747000 River Crest Hospital		X		X		X		X	
819000 Triumph Hospital San Angelo		X		x <sup>LV</sup>		x <sup>LV</sup>		$\frac{x}{x^{LV}}$	
Last reports 4 <sup>th</sup> quarter 2008		л		л		л		л	
San Antonio									
000108 Texas Center for Infectious Disease		x <sup>LV</sup>		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 <sup>OC</sup>		$\frac{x}{x^{OC}}$	
154001 Methodist Prospital						X <sup>OC</sup>		x <sup>OC</sup>	
154002 Northeast Methodist Hospital		X		X		x <sup>OC</sup>		$\frac{x}{x^{OC}}$	
158000 University Hospital		X		X	v		v		v
		X		X	X	X	Х	X	X
228001 Southwest General Hospital		Х		X		x x <sup>OC</sup>		$\frac{x}{x^{OC}}$	
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 <sup>OC</sup>	
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 <sup>N</sup>	Comment	x <sup>N</sup>	Comment	x <sup>LV</sup>	Comment	x <sup>LV</sup>	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 <sup>LV</sup>		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 <sup>LVOC</sup>		OC		OC		x <sup>OC</sup>	
844600 Warm Springs Rehab Hospital–San Antonio		X		x		x		X	
852100 Foundation Bariatric Hospital–San Antonio		xLVOC		X		x <sup>LVOC</sup>		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 <sup>oc</sup>		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 <sup>LV</sup>	
Southlake									
812800 Harris Methodist Southlake Center for		х		Х		х		х	
Diagnostics & Surgery									
Spearman		*		*		*		*	
395000 Hansford County Hospital		Ŷ		*		<b>^</b>		*	
Stamford		*		*		*		*	
043000 Stamford Memorial Hospital		Ŷ		*		<b>^</b>		*	
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 <sup>th</sup> 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 <sup>LV</sup>		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 <sup>LV</sup>	х	x <sup>LV</sup>	х	x <sup>LV</sup>	х	х	NC
847600 Dubuis Hospital-Texarkana-Wadley				x <sup>LV</sup>	х	x <sup>LV</sup>	х	x <sup>LV</sup>	NC
First reports 2 <sup>nd</sup> quarter 2008									
Texas City									
793000 Mainland Medical Center		Х		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>OC</sup>	
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 <sup>LV</sup>		x <sup>LV</sup>		x <sup>LV</sup>	
Throckmorton									
428000 Throckmorton County Memorial Hospital		*		*		*		*	
Tomball		N		N		N		N	
076000 Tomball Regional Hospital		x <sup>N</sup>		x <sup>N</sup>		x <sup>N</sup>		x <sup>N</sup>	
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 <sup>LV</sup>		$\mathbf{x}^{LV}$	-
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 <sup>LV</sup>	х	x <sup>LV</sup>	х	х	х	x <sup>LV</sup>	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 <sup>LVOC</sup>		x <sup>OC</sup>		x <sup>OC</sup>		x <sup>LV</sup>	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 <sup>OC</sup>		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 <sup>OC</sup>		x <sup>OC</sup>		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 <sup>OC</sup>		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 <sup>OC</sup>	
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 <sup>OC</sup>		x <sup>OC</sup>		x <sup>N</sup>		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.
- <sup>NC</sup> 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.