

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 #1 File, Base Data #2 File  
Charges File, and Facility Type Indicator File

2011

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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 PUDF Base Data File is split into two (2) Base Data files for 2011 due to the addition of the 25 diagnosis present on admission indicator codes (POA) and the 10 POA indicators for the external cause of injury codes. Base Data #1 File contains the required data elements. Base Data #2 File contains most of the situationally required data elements and some calculated fields. The Record ID allows for linking the files together.

The Facility Type Indicator File is also included. This contains 10 variables including the THCIC ID and facility name and variables indicating whether the facility is a teaching facility or pediatric hospital or other specialty facility.

Additionally, the submitter Comments File is included. This contains any comments that were included by the submitter when the respective data was submitted and certified from a given facility.

The 2011 PUDF is available in three fixed length format text files, Base Data #1 (logical record length of 950 bytes), Base Data #2 (logical record length of 700 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, 558 hospitals:					
Base Data #1	740,817 records	Fixed field format	689 MB	Tab-delimited	309 MB
Base Data #2	740,817 records	Fixed field format	508 MB	Tab-delimited	195 MB
Charges	11,218,228 records	Fixed field format	898 MB	Tab-delimited	520 MB
Facility Type Data	558 records	Fixed field format	39 KB	Tab-delimited	27 KB
Second quarter, 558 hospitals:					
Base Data #1	724,552 records	Fixed field format	674 MB	Tab-delimited	303 MB
Base Data #2	724,552 records	Fixed field format	497 MB	Tab-delimited	191 MB
Charges	10,820,733 records	Fixed field format	867 MB	Tab-delimited	496 MB
Facility Type Data	558 records	Fixed field format	39 KB	Tab-delimited	27 KB
Third quarter, 561 hospitals:					
Base Data #1	740,270 records	Fixed field format	688 MB	Tab-delimited	309 MB
Base Data #2	740,270 records	Fixed field format	507 MB	Tab-delimited	195 MB
Charges	11,008,163 records	Fixed field format	882 MB	Tab-delimited	504 MB
Facility Type Data	561 records	Fixed field format	39 KB	Tab-delimited	27 KB

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, 2010 Microsoft Excel (one quarter), 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:

<b>BASE DATA #1 FILE (Separated Base File 2011)</b>	
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 EXTERNAL_CAUSE_OF_INJURY_10	Added 2004
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
MS_MDC name changed from CMS_MDC (2011)	Added 2004
INBOUND_INDICATOR	Available 2004 only
POA_PRINC_DIAG_CODE	Added 2011
POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_E_CODE_10	Added 2011
MS_GROUPER_ERROR_CODE	Added 2011
APR_GROUPER_ERROR_CODE	Added 2011
<b>BASE DATA #2 FILE (added 2011) Moved calculated charge amounts and Situational data elements to this file</b>	
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
<b>CHARGES FILE</b>	
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
CHRG_LINE_ITEM	Added 2004
CHRG_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 the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- 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.
- If a hospital has fewer than fifty discharges in a quarter, 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, **including any THIC research data files**;
- 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.)*

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THIC 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 self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any PUDF CD's are available through the THCIC website, <http://www.dshs.state.tx.us/thcic/>, which should be checked periodically as notifications of an update will not be sent.

- DSHS collects data from all hospitals in the state not specifically exempted by statute. 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**  
 Department of  
 State Health Services

## 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.
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: 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.

### BASE DATA #1 FILE

<b>Field 1:</b>	<b>RECORD_ID</b>		
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available 1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
<b>Beginning Position:</b>	1	<b>Data Source:</b>	Assigned
<b>Length:</b>	12	<b>Type:</b>	Alphanumeric
<b>Field 2:</b>	<b>DISCHARGE</b>		
<b>Description:</b>	Discharge Quarter. Year and quarter of discharge. yyyyQn.		
<b>Beginning Position:</b>	13	<b>Data Source:</b>	Assigned
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 3:</b>	<b>THCIC_ID</b>		
<b>Description:</b>	Provider ID. Unique identifier assigned to the provider by DSHS.		
<b>Suppression:</b>	Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'.		
<b>Beginning Position:</b>	19	<b>Data Source:</b>	Assigned
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 4:</b>	<b>PROVIDER_NAME</b>		
<b>Description:</b>	Hospital name provided by the hospital.		
<b>Suppression:</b>	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.		
<b>Beginning Position:</b>	13	<b>Data Source:</b>	Provider
<b>Length:</b>	55	<b>Type:</b>	Alphanumeric

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<b>Field 5:</b>	<b>TYPE_OF_ADMISSION</b>		
<b>Description:</b>	Code indicating the type of admission		
<b>Coding Scheme:</b>	1	Emergency	
	2	Urgent	
	3	Elective	
	4	Newborn	
	5	Trauma Center	
	9	Information not available	
	`	Invalid	
<b>Beginning Position:</b>	80	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

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<b>Field 6:</b>	<b>SOURCE_OF_ADMISSION</b>		
<b>Description:</b>	Code indicating source of the admission.		
<b>Coding Scheme:</b>	1	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)	
	2	Clinic referral	
	4	Transfer from a hospital	
	5	Transfer from a skilled nursing facility, intermediate care facility or assisted living facility	
	6	Transfer from another health care facility	
	8	Court/Law Enforcement	
	9	Information not available	
	0	Transfer from psychiatric, substance abuse, rehab hospital	
	B	Transfer from another home health agency	
	D	Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in Separate Claim to the Payer	
	E	Transfer from Ambulatory Surgery Center	
	F	Transfer from a Hospice Facility	
	`	Invalid	
	If Type of Admission=4 (Newborn)		
	5	Born inside this hospital	
	6	Born outside this hospital	
<b>Beginning Position:</b>	81	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

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<b>Field 7:</b>	<b>SPEC_UNIT_1</b>		
<b>Description:</b>	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.		
<b>Coding Scheme:</b>	C	Coronary Care Unit	P Pediatric Unit
	D	Detoxification Unit	Y Psychiatric Unit
	I	Intensive Care Unit	R Rehabilitation Unit
	H	Hospice Unit	U Sub-acute Care Unit
	N	Nursery	S Skilled Nursing Unit
	B	Obstetric Unit	Blank Acute Care
	O	Oncology Unit	
<b>Beginning Position:</b>	82	<b>Data Source:</b>	Calculated
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

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<b>Field 8:</b>	<b>SPEC_UNIT_2</b>		
<b>Description:</b>	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.		
<b>Coding Scheme:</b>	C	Coronary Care Unit	P Pediatric Unit
	D	Detoxification Unit	Y Psychiatric Unit
	I	Intensive Care Unit	R Rehabilitation Unit
	H	Hospice Unit	U Sub-acute Care Unit
	N	Nursery	S Skilled Nursing Unit
	B	Obstetric Unit	Blank Acute Care
	O	Oncology Unit	
<b>Beginning Position:</b>	83	<b>Data Source:</b>	
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

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<b>Field 9:</b>	<b>SPEC_UNIT_3</b>		
<b>Description:</b>	Specialty Units in which most days during stay occurred based on number of days by Type of		

Bill or Revenue Code. In order by number of days in the unit. SPEC\_UNIT\_1 through SPEC\_UNIT\_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

<b>Coding Scheme:</b>	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

**Beginning Position:** 84

**Data Source:**

**Length:** 1

**Type:** Alphanumeric

**Field 10:** SPEC\_UNIT\_4

**Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC\_UNIT\_1 through SPEC\_UNIT\_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

<b>Coding Scheme:</b>	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

**Beginning Position:** 85

**Data Source:**

**Length:** 1

**Type:** Alphanumeric

**Field 11:** SPEC\_UNIT\_5

**Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC\_UNIT\_1 through SPEC\_UNIT\_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

<b>Coding Scheme:</b>	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

**Beginning Position:** 86

**Data Source:**

**Length:** 1

**Type:** Alphanumeric

**Field 12:** PAT\_STATE

**Description:** State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.

<b>Coding Scheme:</b>	AR	Arkansas
	LA	Louisiana
	NM	New Mexico
	OK	Oklahoma
	TX	Texas
	ZZ	All other states and American Territories
	FC	Foreign country
	XX	Foreign country

**Beginning Position:** 87

**Data Source:** Claim

**Length:** 2

**Type:** Alphanumeric

**Field 13:** PAT\_ZIP

**Description:** Patient's five-digit ZIP code.

**Suppression:** Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-9-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.

**Beginning Position:** 89

**Data Source:** Claim

<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 14:</b>	<b>PAT_COUNTRY</b>		
<b>Description:</b>	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).		
<b>Suppression:</b>	Suppressed if fewer than 5 patients from one country.		
<b>Coding scheme:</b>	See <i>www.ISO.org</i> for complete list.		
<b>Beginning Position:</b>	94	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric

**Field 15: PAT\_COUNTRY**

**Description:** FIPS code of patient's county.

<b>Coding scheme:</b>	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075	Childress	203	Harrison	331	Milam	459	Upshur
	077	Clay	205	Hartley	333	Mills	461	Upton
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin	213	Henderson	341	Moore	469	Victoria
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata

	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	125	Dickens	253	Jones	381	Randall		
	127	Dimmit	255	Karnes	383	Reagan		Invalid
<b>Beginning Position:</b>	96			<b>Data Source:</b>	Assigned; based on patient ZIP code			
<b>Length:</b>	3			<b>Type:</b>	Alphanumeric			

**Field 16: PUBLIC HEALTH REGION**

**Description:** Public Health Region of patient's address.

1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltrie, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties

3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties

5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties

10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties

11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Invalid

<b>Beginning Position:</b>	99	<b>Data Source:</b>	Assigned
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric

**Field 17: PAT STATUS**

**Description:** Code indicating patient status as of the ending date of service for the period of care reported

**Coding Scheme:**

1 Discharged to home or self-care (routine discharge)

2 Discharged to other short term general hospital

3 Discharged to skilled nursing facility

4 Discharged to intermediate care facility

5 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)

6 Discharged to care of home health service

7 Left against medical advice

8 Discharged to care of Home IV provider

9 Admitted as inpatient to this hospital

20 Expired

30 Still patient

40 Expired at home

41 Expired in a medical facility

42 Expired, place unknown

43 Discharged/transferred to federal health care facility

50 Discharged to hospice-home

51 Discharged to hospice-medical facility

61 Discharged/transferred within this institution to Medicare-approved swing bed

62 Discharged/transferred to inpatient rehabilitation facility

63 Discharged/transferred to Medicare-certified long term care hospital

64 Discharged/transferred to Medicaid-certified nursing facility

65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital

66 Discharged/transferred to Critical Access Hospital (CAH)

71 Discharged/transferred to other outpatient service

72 Discharged/transferred to institution outpatient

Invalid

<b>Beginning Position:</b>	101	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 18:</b>	<b>SEX_CODE</b>		
<b>Description:</b>	Gender of the patient as recorded at date of admission or start of care.		
<b>Suppression:</b>	Code is suppressed if an ICD-9-CM code indicates drug or alcohol use or an HIV diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients.		
<b>Coding Scheme:</b>	M Male F Female U Unknown ' Invalid		
<b>Beginning Position:</b>	103	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 19:</b>	<b>RACE</b>		
<b>Description:</b>	Code indicating the patient's race.		
<b>Suppression:</b>	If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).		
<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>	104	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 20:</b>	<b>ETHNICITY</b>		
<b>Description:</b>	Code indicating the Hispanic origin of the patient.		
<b>Suppression:</b>	If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).		
<b>Coding Scheme:</b>	1 Hispanic Origin 2 Not of Hispanic Origin ' Invalid		
<b>Beginning Position:</b>	105	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 21:</b>	<b>ADMIT_WEEKDAY</b>		
<b>Description:</b>	Code indicating day of week patient is admitted		
<b>Coding Scheme:</b>	1 Monday 2 Tuesday 3 Wednesday 4 Thursday 5 Friday 6 Saturday 7 Sunday ' Invalid		
<b>Beginning Position:</b>	106	<b>Data Source:</b>	Assigned
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 22:</b>	<b>LENGTH_OF_STAY</b>		
<b>Description:</b>	Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.		
<b>Beginning Position:</b>	107	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 23:</b>	<b>PAT_AGE</b>		
<b>Description:</b>	Code indicating age of patient in days or years on date of discharge.		
<b>Coding Scheme:</b>	00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24 08 25-29 09 30-34 10 35-39 11 40-44 12 45-49 13 50-54 14 55-59 15 60-64 16 65-69 17 70-74 18 75-79 19 80-84 20 85-89 21 90+ <i>HIV and drug/alcohol use patients:</i> 22 0-17 23 18-44 24 45-64 25 65-74 26 75+ ' Invalid		
<b>Beginning Position:</b>	111	<b>Data Source:</b>	Assigned
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric

<b>Field 24:</b>	<b>FIRST_PAYMENT_SRC</b>		
<b>Description:</b>	Code indicating the expected primary source of payment.		
<b>Coding Scheme:</b>	09 Self Pay Removed from 5010 format, use "ZZ")	HM	Health Maintenance Organization
	10 Central Certification	LI	Liability
	11 Other Non-federal Programs	LM	Liability Medical
	12 Preferred Provider Organization (PPO)	MA	Medicare Part A
	13 Point of Service (POS)	MB	Medicare Part B
	14 Exclusive Provider Organization (EPO)	MC	Medicaid
	15 Indemnity Insurance	TV	Title V
	16 Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
	AM Automobile Medical	VA	Veteran Administration Plan
	BL Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI Commercial Insurance	``	Codes 09 and ZZ, combined for 2004 & 2005
	DS Disability Insurance	`	Invalid
<b>Beginning Position:</b>	113	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 25:</b>	<b>SECONDARY_PAYMENT_SRC</b>		
<b>Description:</b>	Code indicating the expected secondary source of payment.		
<b>Coding Scheme:</b>	Same as field 28, FIRST_PAYMENT_SRC		
<b>Beginning Position:</b>	115	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 26:</b>	<b>TYPE_OF_BILL</b>		
<b>Description:</b>	Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.		
<b>Coding Scheme:</b>	<i>1<sup>st</sup> digit–Type of Facility</i>	<i>2<sup>nd</sup> digit–Type of Care</i>	<i>3<sup>rd</sup> digit–Sequence of claim</i>
	1 Hospital	1 Inpatient, including Medicare Part A	0 Non-payment/Zero claim
	2 Skilled nursing	2 Inpatient, Medicare Part B only	1 Admit through discharge claim
	3 Home health	3 Outpatient	2 Interim–first claim
	4 Religious non-medical health care–Hospital	4 Outpatient Other, Medicare Part B only	3 Interim–continuing claim
	5 Religious non-medical health care–Extended care	5 Intermediate Care–Level I	4 Interim–last claim
	6 Intermediate care	6 Intermediate Care–Level II	5 Late charge(s) only claim
	7 Clinic	7 Sub-acute inpatient – Level III	6 Adjustment of prior claim (Not used by Medicare)
	8 Special facility	8 Swing bed	7 Replacement of prior claim
			8 Void/cancel of prior claim
<b>Beginning Position:</b>	117	<b>Data Source:</b>	Claim
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric
<b>Field 27:</b>	<b>TOTAL_CHARGES</b>		
	Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.		
<b>Beginning Position:</b>	120	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 28:</b>	<b>TOTAL_NON_COV_CHARGES</b>		
	Sum of non-covered accommodation charges, non-covered ancillary charges.		
<b>Beginning Position:</b>	132	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 29:</b>	<b>TOTAL_CHARGES_ACCOMM</b>		
	Sum of covered and non-covered accommodation charges.		
<b>Beginning Position:</b>	144	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 30:</b>	<b>TOTAL_NON_COV_CHARGES_ACCOMM</b>		
	Sum of non-covered accommodations charges.		
<b>Beginning Position:</b>	156	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 31:</b>	<b>TOTAL_CHARGES_ANCIL</b>		

	Sum of covered and non-covered ancillary charges.		
<b>Beginning Position:</b>	168	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 32:</b>	<b>TOTAL_NON_COV_CHARGES Ancil</b>		
	Sum of non-covered ancillary charges.		
<b>Beginning Position:</b>	180	<b>Data Source:</b>	Claim
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 33:</b>	<b>POA_PROVIDER_INDICATOR</b>		
	Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.		
<b>Coding Scheme:</b>	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt , Invalid		
<b>Beginning Position:</b>	192	<b>Data Source:</b>	Assigned
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 34:</b>	<b>ADMITTING_DIAGNOSIS</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	193	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 35:</b>	<b>PRINC_DIAG_CODE</b>		
	ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	199	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 36:</b>	<b>POA_PRINC_DIAG_CODE</b>		
	Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	205	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 37:</b>	<b>OTH_DIAG_CODE_1</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	206	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 38:</b>	<b>POA_OTH_DIAG_CODE_1</b>		
	Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	212	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 39:</b>	<b>OTH_DIAG_CODE_2</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	213	<b>Data Source:</b>	Claim



<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 40:</b>	<b>POA_OTH_DIAG_CODE_2</b>		
	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	219	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 41:</b>	<b>OTH_DIAG_CODE_3</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	220	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 42:</b>	<b>POA_OTH_DIAG_CODE_3</b>		
	Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	226	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 43:</b>	<b>OTH_DIAG_CODE_4</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	227	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 44:</b>	<b>POA_OTH_DIAG_CODE_4</b>		
	Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	233	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 45:</b>	<b>OTH_DIAG_CODE_5</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	234	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 46:</b>	<b>POA_OTH_DIAG_CODE_5</b>		
	Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	240	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 47:</b>	<b>OTH_DIAG_CODE_6</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		

<b>Beginning Position:</b>	241	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 48:</b>	<b>POA_OTH_DIAG_CODE_6</b>		
	Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	247	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 49:</b>	<b>OTH_DIAG_CODE_7</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	248	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 50:</b>	<b>POA_OTH_DIAG_CODE_7</b>		
	Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	254	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 51:</b>	<b>OTH_DIAG_CODE_8</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	255	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 52:</b>	<b>POA_OTH_DIAG_CODE_8</b>		
	Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	261	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 53:</b>	<b>OTH_DIAG_CODE_9</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	262	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 54:</b>	<b>POA_OTH_DIAG_CODE_9</b>		
	Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	268	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 55:</b>	<b>OTH_DIAG_CODE_10</b>		

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

<b>Beginning Position:</b>	269	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 56:</b>	<b>POA_OTH_DIAG_CODE_10</b>		
	Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	275	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 57:</b>	<b>OTH_DIAG_CODE_11</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	276	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 58:</b>	<b>POA_OTH_DIAG_CODE_11</b>		
	Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	282	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 59:</b>	<b>OTH_DIAG_CODE_12</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	283	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 60:</b>	<b>POA_OTH_DIAG_CODE_12</b>		
	Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	289	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 61:</b>	<b>OTH_DIAG_CODE_13</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	290	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 62:</b>	<b>POA_OTH_DIAG_CODE_13</b>		
	Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	296	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

<b>Field 63:</b>	<b>OTH_DIAG_CODE_14</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	297	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 64:</b>	<b>POA_OTH_DIAG_CODE_14</b> Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	303	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 65:</b>	<b>OTH_DIAG_CODE_15</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	304	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 66:</b>	<b>POA_OTH_DIAG_CODE_15</b> Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	310	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 67:</b>	<b>OTH_DIAG_CODE_16</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	311	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 68:</b>	<b>POA_OTH_DIAG_CODE_16</b> Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	317	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 69:</b>	<b>OTH_DIAG_CODE_17</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	318	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 70:</b>	<b>POA_OTH_DIAG_CODE_17</b> Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	324	<b>Data Source:</b>	Claim

<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 71:</b>	<b>OTH_DIAG_CODE_18</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	325	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 72:</b>	<b>POA_OTH_DIAG_CODE_18</b>		
	Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	331	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 73:</b>	<b>OTH_DIAG_CODE_19</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	332	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 74:</b>	<b>POA_OTH_DIAG_CODE_19</b>		
	Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	338	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 75:</b>	<b>OTH_DIAG_CODE_20</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	339	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 76:</b>	<b>POA_OTH_DIAG_CODE_20</b>		
	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	345	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 77:</b>	<b>OTH_DIAG_CODE_21</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	346	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 78:</b>	<b>POA_OTH_DIAG_CODE_21</b>		
	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		

<b>Beginning Position:</b>	352	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 79:</b>	<b>OTH_DIAG_CODE_22</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	353	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 80:</b>	<b>POA_OTH_DIAG_CODE_22</b>		
	Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	359	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 81:</b>	<b>OTH_DIAG_CODE_23</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	360	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 82:</b>	<b>POA_OTH_DIAG_CODE_23</b>		
	Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	366	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 83:</b>	<b>OTH_DIAG_CODE_24</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	367	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 84:</b>	<b>POA_OTH_DIAG_CODE_24</b>		
	Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	373	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 85:</b>	<b>E_CODE_1</b>		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.		
<b>Beginning Position:</b>	374	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 86:</b>	<b>POA_E_CODE_1</b>		
	Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined		

<b>Beginning Position:</b>	380	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 87:</b>	<b>E_CODE_2</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	381	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 88:</b>	<b>POA_E_CODE_2</b> Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	387	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 89:</b>	<b>E_CODE_3</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	388	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 90:</b>	<b>POA_E_CODE_3</b> Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	394	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 91:</b>	<b>E_CODE_4</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	395	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 92:</b>	<b>POA_E_CODE_4</b> Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	401	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 93:</b>	<b>E_CODE_5</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	402	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 94:</b>	<b>POA_E_CODE_5</b> Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown		

	W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	408	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 95:</b>	<b>E_CODE_6</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	409	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 96:</b>	<b>POA_E_CODE_6</b> Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	415	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 97:</b>	<b>E_CODE_7</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	416	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 98:</b>	<b>POA_E_CODE_7</b> Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	422	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 99:</b>	<b>E_CODE_8</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	423	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 100:</b>	<b>POA_E_CODE_8</b> Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined , Invalid		
<b>Beginning Position:</b>	429	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 101:</b>	<b>E_CODE_9</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	430	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 102:</b>	<b>POA_E_CODE_9</b> Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No		



U Unknown  
W Clinically Undetermined  
\ Invalid

<b>Beginning Position:</b>	436	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 103:</b>	<b>E_CODE_10</b> ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
<b>Beginning Position:</b>	437	<b>Data Source:</b>	Claim
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 104:</b>	<b>POA_E_CODE_10</b> Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined \ Invalid		
<b>Beginning Position:</b>	443	<b>Data Source:</b>	Claim
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 105:</b>	<b>PRINC_SURG_PROC_CODE</b> Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	444	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 106:</b>	<b>PRINC_SURG_PROC_DAY</b> Day of principal surgical or other procedure <i>equals</i> Principal Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	451	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 107:</b>	<b>PRINC_ICD9_CODE</b> ICD-9-CM code for principal surgical or other procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
<b>Beginning Position:</b>	455	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 108:</b>	<b>OTH_SURG_PROC_CODE_1</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	460	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 109:</b>	<b>OTH_SURG_PROC_DAY_1</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	467	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 110:</b>	<b>OTH_ICD9_CODE_1</b> ICD-9-CM code for surgical or other 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>	471	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 111:</b>	<b>OTH_SURG_PROC_CODE_2</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	476	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 112:</b>	<b>OTH_SURG_PROC_DAY_2</b>		

	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	483	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 113:</b>	<b>OTH_ICD9_CODE_2</b> ICD-9-CM code for surgical or other 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>	487	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 114:</b>	<b>OTH_SURG_PROC_CODE_3</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	492	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 115:</b>	<b>OTH_SURG_PROC_DAY_3</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	499	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 116:</b>	<b>OTH_ICD9_CODE_3</b> ICD-9-CM code for surgical or other 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>	503	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 117:</b>	<b>OTH_SURG_PROC_CODE_4</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	508	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 118:</b>	<b>OTH_SURG_PROC_DAY_4</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	515	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 119:</b>	<b>OTH_ICD9_CODE_4</b> ICD-9-CM code for surgical or other 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>	519	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 120:</b>	<b>OTH_SURG_PROC_CODE_5</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	524	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 121:</b>	<b>OTH_SURG_PROC_DAY_5</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	531	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 122:</b>	<b>OTH_ICD9_CODE_5</b> ICD-9-CM code for surgical or other 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>	535	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 123:</b>	<b>OTH_SURG_PROC_CODE_6</b>		

	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	540	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 124:</b>	<b>OTH_SURG_PROC_DAY_6</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	547	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 125:</b>	<b>OTH_ICD9_CODE_6</b> ICD-9-CM code for surgical or other 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>	551	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 126:</b>	<b>OTH_SURG_PROC_CODE_7</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	556	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 127:</b>	<b>OTH_SURG_PROC_DAY_7</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	563	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 128:</b>	<b>OTH_ICD9_CODE_7</b> ICD-9-CM code for surgical or other 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>	567	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 129:</b>	<b>OTH_SURG_PROC_CODE_8</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	572	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 130:</b>	<b>OTH_SURG_PROC_DAY_8</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date		
<b>Beginning Position:</b>	579	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 131:</b>	<b>OTH_ICD9_CODE_8</b> ICD-9-CM code for surgical or other 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>	583	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 132:</b>	<b>OTH_SURG_PROC_CODE_9</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	588	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 133:</b>	<b>OTH_SURG_PROC_DAY_9</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	595	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 134:</b>	<b>OTH_ICD9_CODE_9</b>		

	ICD-9-CM code for surgical or other 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>	599
<b>Length:</b>	5
<b>Data Source:</b>	Assigned
<b>Type:</b>	Alphanumeric
<b>Field 135:</b>	<b>OTH_SURG_PROC_CODE_10</b>
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
<b>Beginning Position:</b>	604
<b>Length:</b>	7
<b>Data Source:</b>	Claim
<b>Type:</b>	Alphanumeric
<b>Field 136:</b>	<b>OTH_SURG_PROC_DAY_10</b>
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.
<b>Beginning Position:</b>	611
<b>Length:</b>	4
<b>Data Source:</b>	Calculated
<b>Type:</b>	Alphanumeric
<b>Field 137:</b>	<b>OTH_ICD9_CODE_10</b>
	ICD-9-CM code for surgical or other 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>	615
<b>Length:</b>	5
<b>Data Source:</b>	Assigned
<b>Type:</b>	Alphanumeric
<b>Field 138:</b>	<b>OTH_SURG_PROC_CODE_11</b>
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
<b>Beginning Position:</b>	620
<b>Length:</b>	7
<b>Data Source:</b>	Claim
<b>Type:</b>	Alphanumeric
<b>Field 139:</b>	<b>OTH_SURG_PROC_DAY_11</b>
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.
<b>Beginning Position:</b>	627
<b>Length:</b>	4
<b>Data Source:</b>	Calculated
<b>Type:</b>	Alphanumeric
<b>Field 140:</b>	<b>OTH_ICD9_CODE_11</b>
	ICD-9-CM code for surgical or other 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>	631
<b>Length:</b>	5
<b>Data Source:</b>	Assigned
<b>Type:</b>	Alphanumeric
<b>Field 141:</b>	<b>OTH_SURG_PROC_CODE_12</b>
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
<b>Beginning Position:</b>	636
<b>Length:</b>	7
<b>Data Source:</b>	Claim
<b>Type:</b>	Alphanumeric
<b>Field 142:</b>	<b>OTH_SURG_PROC_DAY_12</b>
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.
<b>Beginning Position:</b>	643
<b>Length:</b>	4
<b>Data Source:</b>	Calculated
<b>Type:</b>	Alphanumeric
<b>Field 143:</b>	<b>OTH_ICD9_CODE_12</b>
	ICD-9-CM code for surgical or other 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>	647
<b>Length:</b>	5
<b>Data Source:</b>	Assigned
<b>Type:</b>	Alphanumeric
<b>Field 144:</b>	<b>OTH_SURG_PROC_CODE_13</b>
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
<b>Beginning Position:</b>	652
<b>Length:</b>	7
<b>Data Source:</b>	Claim
<b>Type:</b>	Alphanumeric
<b>Field 145:</b>	<b>OTH_SURG_PROC_DAY_13</b>

	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	659	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 146:</b>	<b>OTH_ICD9_CODE_13</b> ICD-9-CM code for surgical or other 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>	663	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 147:</b>	<b>OTH_SURG_PROC_CODE_14</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	668	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 148:</b>	<b>OTH_SURG_PROC_DAY_14</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	675	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 149:</b>	<b>OTH_ICD9_CODE_14</b> ICD-9-CM code for surgical or other 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>	679	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 150:</b>	<b>OTH_SURG_PROC_CODE_15</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	684	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 151:</b>	<b>OTH_SURG_PROC_DAY_15</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	691	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 152:</b>	<b>OTH_ICD9_CODE_15</b> ICD-9-CM code for surgical or other 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>	695	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 153:</b>	<b>OTH_SURG_PROC_CODE_16</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	700	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 154:</b>	<b>OTH_SURG_PROC_DAY_16</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	707	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 155:</b>	<b>OTH_ICD9_CODE_16</b> ICD-9-CM code for surgical or other 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>	711	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 156:</b>	<b>OTH_SURG_PROC_CODE_17</b>		

	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	716	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 157:</b>	<b>OTH_SURG_PROC_DAY_17</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	723	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 158:</b>	<b>OTH_ICD9_CODE_17</b> ICD-9-CM code for surgical or other 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>	727	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 159:</b>	<b>OTH_SURG_PROC_CODE_18</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	732	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 160:</b>	<b>OTH_SURG_PROC_DAY_18</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	739	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 161:</b>	<b>OTH_ICD9_CODE_18</b> ICD-9-CM code for surgical or other 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>	743	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 162:</b>	<b>OTH_SURG_PROC_CODE_19</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	748	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 163:</b>	<b>OTH_SURG_PROC_DAY_19</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	755	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 164:</b>	<b>OTH_ICD9_CODE_19</b> ICD-9-CM code for surgical or other 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>	759	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 165:</b>	<b>OTH_SURG_PROC_CODE_20</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	764	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 166:</b>	<b>OTH_SURG_PROC_DAY_20</b> Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	771	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 167:</b>	<b>OTH_ICD9_CODE_20</b>		

	ICD-9-CM code for surgical or other 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>	775	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 168:</b>	<b>OTH_SURG_PROC_CODE_21</b>		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	780	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 169:</b>	<b>OTH_SURG_PROC_DAY_21</b>		
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	787	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 170:</b>	<b>OTH_ICD9_CODE_21</b>		
	ICD-9-CM code for surgical or other 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>	791	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 171:</b>	<b>OTH_SURG_PROC_CODE_22</b>		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	796	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 172:</b>	<b>OTH_SURG_PROC_DAY_22</b>		
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	803	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 173:</b>	<b>OTH_ICD9_CODE_22</b>		
	ICD-9-CM code for surgical or other 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>	807	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 174:</b>	<b>OTH_SURG_PROC_CODE_23</b>		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	812	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 175:</b>	<b>OTH_SURG_PROC_DAY_23</b>		
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	819	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 176:</b>	<b>OTH_ICD9_CODE_23</b>		
	ICD-9-CM code for surgical or other 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>	823	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 177:</b>	<b>OTH_SURG_PROC_CODE_24</b>		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
<b>Beginning Position:</b>	828	<b>Data Source:</b>	Claim
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric
<b>Field 178:</b>	<b>OTH_SURG_PROC_DAY_24</b>		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

<b>Beginning Position:</b>	835	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 179:</b>	<b>OTH_ICD9_CODE_24</b>		
	ICD-9-CM code for surgical or other 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>	839	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 180:</b>	<b>MS-MDC</b>		
	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.		
<b>Beginning Position:</b>	844	<b>Data Source:</b>	Assigned
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 181:</b>	<b>MS-DRG</b>		
	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.		
<b>Beginning Position:</b>	846	<b>Data Source:</b>	Assigned
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric
<b>Field 182:</b>	<b>MS_GROUPER_VERSION_NBR</b>		
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes		
<b>Beginning Position:</b>	849	<b>Data Source:</b>	Assigned
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric
<b>Field 183:</b>	<b>MS_GROUPER_ERROR_CODE</b>		
	Error codes identify potential variations with MS DRG code assignment		
<b>Coding Scheme:</b>	00	No errors. DRG successfully assigned.	11 Invalid Principal Diagnosis
	01	Diagnosis code cannot be used as principal diagnosis	19 DisableHac = 0 and at least one HAC POA is invalid or exempt
	02	Record does not meet criteria for any DRG	20 DisableHac is invalid and at least one HAC POA is N or U
	03	Invalid Age	21 DisableHac is invalid and at least one HAC POA is invalid or exempt
	04	Invalid Sex	22 DisableHac = 0 and at least one HAC POA is exempt
	05	Invalid Discharge Status	23 DisableHac is invalid and at least one HAC POA is exempt
	10	Illogical Principal Diagnosis (CMS only)	24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	11	Invalid Principal Diagnosis	25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	10	Illogical Principal Diagnosis (CMS only)	
<b>Beginning Position:</b>	854	<b>Data Source:</b>	Assigned
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 184:</b>	<b>APR-MDC</b>		
	Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper.		
<b>Beginning Position:</b>	856	<b>Data Source:</b>	Assigned
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 185:</b>	<b>APR-DRG</b>		







<b>Description:</b>	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 11X, 14X		
<b>Beginning Position:</b>	13	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 3:</b>	<b>SEMI_PRIVATE_AMOUNT</b> Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X		
<b>Beginning Position:</b>	25	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 4:</b>	<b>WARD_AMOUNT</b> Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 15X.		
<b>Beginning Position:</b>	37	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 5:</b>	<b>ICU_AMOUNT</b> Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X.		
<b>Beginning Position:</b>	49	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 6:</b>	<b>CCU_AMOUNT</b> Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 21X.		
<b>Beginning Position:</b>	61	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 7:</b>	<b>OTHER_AMOUNT</b> Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.		
<b>Beginning Position:</b>	73	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 8:</b>	<b>PHARM_AMOUNT</b> Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 25X, 26X, and 63X.		
<b>Beginning Position:</b>	85	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 9:</b>	<b>MEDSURG_AMOUNT</b> Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X.		
<b>Beginning Position:</b>	97	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 10:</b>	<b>DME_AMOUNT</b> 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, 294-299.		
<b>Beginning Position:</b>	109	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 11:</b>	<b>USED_DME_AMOUNT</b> Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 293.		
<b>Beginning Position:</b>	121	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric

<b>Field 12:</b>	<b>PT_AMOUNT</b> Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X.		
<b>Beginning Position:</b>	133	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 13:</b>	<b>OT_AMOUNT</b> Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X.		
<b>Beginning Position:</b>	145	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 14:</b>	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X.		
<b>Beginning Position:</b>	157	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 15:</b>	<b>IT_AMOUNT</b> Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X.		
<b>Beginning Position:</b>	169	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 16:</b>	<b>BLOOD_AMOUNT</b> Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 38X.		
<b>Beginning Position:</b>	181	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 17:</b>	<b>BLOOD_ADMIN_AMOUNT</b> Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 39X.		
<b>Beginning Position:</b>	193	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 18:</b>	<b>OR_AMOUNT</b> Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X.		
<b>Beginning Position:</b>	205	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 19:</b>	<b>LITH_AMOUNT</b> Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X.		
<b>Beginning Position:</b>	217	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 20:</b>	<b>CARD_AMOUNT</b> Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.		
<b>Beginning Position:</b>	229	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 21:</b>	<b>ANES_AMOUNT</b> Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 37X.		
<b>Beginning Position:</b>	241	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric

<b>Field 22:</b>	<b>LAB_AMOUNT</b> Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X.		
<b>Beginning Position:</b>	253	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 23:</b>	<b>RAD_AMOUNT</b> Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X.		
<b>Beginning Position:</b>	265	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 24:</b>	<b>MRI_AMOUNT</b> Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 61X.		
<b>Beginning Position:</b>	277	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 25:</b>	<b>OP_AMOUNT</b> Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X.		
<b>Beginning Position:</b>	289	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 26:</b>	<b>ER_AMOUNT</b> 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>	301	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 27:</b>	<b>AMBULANCE_AMOUNT</b> Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 54X.		
<b>Beginning Position:</b>	313	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 28:</b>	<b>PRO_FEE_AMOUNT</b> Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X.		
<b>Beginning Position:</b>	325	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 29:</b>	<b>ORGAN_AMOUNT</b> Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X.		
<b>Beginning Position:</b>	337	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 30:</b>	<b>ESRD_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X.		
<b>Beginning Position:</b>	349	<b>Data Source:</b>	Calculated
<b>Length:</b>	12	<b>Type:</b>	Numeric
<b>Field 31:</b>	<b>CLINIC_AMOUNT</b> Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 51X.		



<b>Beginning Position:</b>	385	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 37:</b>	<b>OCCUR_DAY_3</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	387	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 38:</b>	<b>OCCUR_CODE_4</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	391	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 39:</b>	<b>OCCUR_DAY_4</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	393	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 40:</b>	<b>OCCUR_CODE_5</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	397	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 41:</b>	<b>OCCUR_DAY_5</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	399	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 42:</b>	<b>OCCUR_CODE_6</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	403	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 43:</b>	<b>OCCUR_DAY_6</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	405	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 44:</b>	<b>OCCUR_CODE_7</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	409	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 45:</b>	<b>OCCUR_DAY_7</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	411	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 46:</b>	<b>OCCUR_CODE_8</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	415	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 47:</b>	<b>OCCUR_DAY_8</b>		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Beginning Position:</b>	417	<b>Data Source:</b>	Calculated
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric
<b>Field 48:</b>	<b>OCCUR_CODE_9</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as Field 186.		
<b>Beginning Position:</b>	421	<b>Data Source:</b>	Claim

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																
<b>Field 49:</b>	<b>OCCUR_DAY_9</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	423	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric																																
<b>Field 50:</b>	<b>OCCUR_CODE_10</b> Code describing a significant event relating to the claim.																																		
<b>Coding Scheme:</b>	Same as Field 186.																																		
<b>Beginning Position:</b>	427	<b>Data Source:</b>	Claim																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																
<b>Field 51:</b>	<b>OCCUR_DAY_10</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	429	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric																																
<b>Field 52:</b>	<b>OCCUR_CODE_11</b> Code describing a significant event relating to the claim.																																		
<b>Coding Scheme:</b>	Same as Field 186.																																		
<b>Beginning Position:</b>	433	<b>Data Source:</b>	Claim																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																
<b>Field 53:</b>	<b>OCCUR_DAY_11</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	435	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric																																
<b>Field 54:</b>	<b>OCCUR_CODE_12</b> Code describing a significant event relating to the claim.																																		
<b>Coding Scheme:</b>	Same as Field 186.																																		
<b>Beginning Position:</b>	439	<b>Data Source:</b>	Claim																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																
<b>Field 55:</b>	<b>OCCUR_DAY_12</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	441	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric																																
<b>Field 56:</b>	<b>OCCUR_SPAN_CODE_1</b> Code describing a significant event relating to the claim that may affect payer processing.																																		
<b>Coding Scheme:</b>	<table border="0"> <tr> <td>70</td> <td>Qualifying stay dates (for SNF use only)</td> <td>78</td> <td>SNF prior stay dates</td> </tr> <tr> <td>71</td> <td>Prior stay dates</td> <td>79</td> <td>Payer use codes</td> </tr> <tr> <td>72</td> <td>First/Last Visit</td> <td>DR</td> <td>Katrina disaster related</td> </tr> <tr> <td>73</td> <td>Benefit eligibility period</td> <td>M0</td> <td>PRO/UR approved stay dates</td> </tr> <tr> <td>74</td> <td>Noncovered level of care/Leave of absence</td> <td>M1</td> <td>Provider liability - no utilization</td> </tr> <tr> <td>75</td> <td>SNF level of care</td> <td>M2</td> <td>Inpatient respite dates</td> </tr> <tr> <td>76</td> <td>Patient Liability Period</td> <td>M3</td> <td>ICF level of care</td> </tr> <tr> <td>77</td> <td>Provider Liability - Utilization Charged</td> <td>M4</td> <td>Residential level of care</td> </tr> </table>			70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates	71	Prior stay dates	79	Payer use codes	72	First/Last Visit	DR	Katrina disaster related	73	Benefit eligibility period	M0	PRO/UR approved stay dates	74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization	75	SNF level of care	M2	Inpatient respite dates	76	Patient Liability Period	M3	ICF level of care	77	Provider Liability - Utilization Charged	M4	Residential level of care
70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates																																
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74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization																																
75	SNF level of care	M2	Inpatient respite dates																																
76	Patient Liability Period	M3	ICF level of care																																
77	Provider Liability - Utilization Charged	M4	Residential level of care																																
<b>Beginning Position:</b>	445	<b>Data Source:</b>	Claim																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																
<b>Field 57:</b>	<b>OCCUR_SPAN_FROM_1</b> Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	447	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric																																
<b>Field 58:</b>	<b>OCCUR_SPAN_THRU_1</b> Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.																																		
<b>Beginning Position:</b>	453	<b>Data Source:</b>	Calculated																																
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric																																
<b>Field 59:</b>	<b>OCCUR_SPAN_CODE_2</b> Code describing a significant event relating to the claim that may affect payer processing.																																		
<b>Coding Scheme:</b>	Same as Field 210.																																		
<b>Beginning Position:</b>	459	<b>Data Source:</b>	Claim																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric																																



<b>Field 60:</b>	<b>OCCUR_SPAN_FROM_2</b>	
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	461	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 61:</b>	<b>OCCUR_SPAN_THRU_2</b>	
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	467	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 62:</b>	<b>OCCUR_SPAN_CODE_3</b>	
	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	Same as Field 210.	
<b>Beginning Position:</b>	473	<b>Data Source:</b> Claim
<b>Length:</b>	2	<b>Type:</b> Alphanumeric
<b>Field 63:</b>	<b>OCCUR_SPAN_FROM_3</b>	
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	475	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 64:</b>	<b>OCCUR_SPAN_THRU_3</b>	
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	481	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 65:</b>	<b>OCCUR_SPAN_CODE_4</b>	
	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	Same as Field 210.	
<b>Beginning Position:</b>	487	<b>Data Source:</b> Claim
<b>Length:</b>	2	<b>Type:</b> Alphanumeric
<b>Field 66:</b>	<b>OCCUR_SPAN_FROM_4</b>	
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	489	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 67:</b>	<b>OCCUR_SPAN_THRU_4</b>	
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.	
<b>Beginning Position:</b>	495	<b>Data Source:</b> Calculated
<b>Length:</b>	6	<b>Type:</b> Alphanumeric
<b>Field 68:</b>	<b>CONDITION_CODE_1</b>	
	Code describing a condition relating to the claim.	
<b>Coding Scheme:</b>	1 Military service related	76 Back-up in facility dialysis
	2 Condition is employment related	77 Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
	3 Patient covered by insurance not reflected here	78 New coverage not implemented by HMO
	4 Information only bill.	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	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
43	Continuing care not provided within prescribed postdischarge window	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	C3	Partial approval
45	Reserved	C4	Admission/services denied
46	Non-availability statement on file	C5	Postpayment review applicable
47	Reserved for CHAMPUS	C6	Admission Preauthorization
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C7	Extended Authorization
49	Product replacement within product lifecycle	D0	Changes to Service Dates
55	SNF bed not available	D1	Changes to Charges
56	Medical appropriateness	D2	Changes in Revenue Codes/HCP/PCS/HIPPS rate code
57	SNF readmission	D3	Second or Subsequent Interim PPS Bill
58	Terminated Medicare+Choice organization enrollee	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
59	Non-primary ESRD facility	D5	Cancel to correct HICN or Provider ID
60	Day outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
61	Cost outlier	D7	Change to Make Medicare the Secondary Payer
66	Provider does not wish cost outlier payment	D8	Change to Make Medicare the Primary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D9	Any Other Change
68	Beneficiary elects to use life time reserve (LTR) days	DR	Katrina disaster related
69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
70	Self-administered anemia management drug	G0	Distinct Medical Visit
71	Full care in unit	H0	Delayed Filing, Statement of Intent Submitted
72	Self care in unit	M0	All inclusive rate for outpatient services
73	Self care training	M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
74	Home	M2	HHA payment significantly exceeds total charges

75 Home - 100% reimbursement

P1 Do not Resuscitate Order (DNR)  
WO United Mine Workers of America (UMWA)  
Demonstration Indicator

**Beginning Position:** 501 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 69:** **CONDITION\_CODE\_2**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 503 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 70:** **CONDITION\_CODE\_3**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 505 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 71:** **CONDITION\_CODE\_4**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 507 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 72:** **CONDITION\_CODE\_5**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 509 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 73:** **CONDITION\_CODE\_6**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 511 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 74:** **CONDITION\_CODE\_7**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 513 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 75:** **CONDITION\_CODE\_8**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field 178.

**Beginning Position:** 515 **Data Source:** Claim  
**Length:** 2 **Type:** Alphanumeric

**Field 76:** **VALUE\_CODE\_1**  
Code describing information that may affect payer processing.

<b>Coding Scheme:</b>	1	Most common semi-private rate	66	Medicaid spenddown amount
	2	Hospital has no semi-private rooms	67	Peritoneal dialysis
	4	Inpatient professional component charges which are combined billed	68	EPO-drug
	5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
	6	Medicare blood deductible	72	Flat rate surgery charge
	8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
	9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
	10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
	11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
	12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A

13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical education) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical education) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical education) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	DR	Katrina disaster related
42	VA	E1	Deductible Payer D
43	Disabled beneficiary under age 65 with LGHP	E2	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E3	Coinsurance Payer D
45	Accident hour	E7	Co-payment payer D
46	Number of grace days	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
47	Any liability insurance	EB	Other assessments or allowances (e.g. medical education) - payer D
48	Hemoglobin reading	F1	Deductible Payer E
49	Hematocrit reading	F2	Coinsurance Payer E
50	PT visits	F3	Coinsurance Payer E
51	OT visits	F7	Co-payment payer E
52	ST visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
53	Cardiac rehab visits	FB	Other assessments or allowances (e.g. medical education) - payer E
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G1	Deductible Payer F
56	Skilled nurse - home visit hours	G2	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 furnished (HHA and hospice)	P1	Do not resuscitate order (DNR)
		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>	517	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 77:</b>	<b>VALUE_AMOUNT_1</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	519	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 78:</b>	<b>VALUE_CODE_2</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	528	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 79:</b>	<b>VALUE_AMOUNT_2</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	530	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 80:</b>	<b>VALUE_CODE_3</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	539	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 81:</b>	<b>VALUE_AMOUNT_3</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	541	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 82:</b>	<b>VALUE_CODE_4</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	550	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 83:</b>	<b>VALUE_AMOUNT_4</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	552	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 84:</b>	<b>VALUE_CODE_5</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	561	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 85:</b>	<b>VALUE_AMOUNT_5</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	563	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 86:</b>	<b>VALUE_CODE_6</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	572	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 87:</b>	<b>VALUE_AMOUNT_6</b>		

	Dollar amount that may be affected.		
<b>Beginning Position:</b>	574	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 88:</b>	<b>VALUE_CODE_7</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	583	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 89:</b>	<b>VALUE_AMOUNT_7</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	585	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 90:</b>	<b>VALUE_CODE_8</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	594	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 91:</b>	<b>VALUE_AMOUNT_8</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	596	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 92:</b>	<b>VALUE_CODE_9</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	605	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 93:</b>	<b>VALUE_AMOUNT_9</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	607	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 94:</b>	<b>VALUE_CODE_10</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	616	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 95:</b>	<b>VALUE_AMOUNT_10</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	618	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 96:</b>	<b>VALUE_CODE_11</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	627	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 97:</b>	<b>VALUE_AMOUNT_11</b>		
	Dollar amount that may be affected.		
<b>Beginning Position:</b>	629	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 98:</b>	<b>VALUE_CODE_12</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as Field 222.		
<b>Beginning Position:</b>	638	<b>Data Source:</b>	Claim
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric
<b>Field 99:</b>	<b>VALUE_AMOUNT_12</b>		
	Dollar amount that may be affected.		

<b>Beginning Position:</b>	640	<b>Data Source:</b>	Claim
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric
<b>Field 100:</b>	<b>FILLER_SPACE</b>		

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<b>Beginning Position:</b>	649	<b>Data Source:</b>	Claim
<b>Length:</b>	52	<b>Type:</b>	Alphanumeric

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**References:**

## CHARGES DATA FILE

<b>Field 1:</b>	<b>RECORD_ID</b>		
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available 1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
<b>Beginning Position:</b>	1	<b>Data Source:</b>	Assigned
<b>Length:</b>	12	<b>Type:</b>	Alphanumeric
<b>Field 2:</b>	<b>REVENUE_CODE</b>		
<b>Description:</b>	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.		
<b>Coding Scheme:</b>	100	All-inclusive room charges plus ancillary	516 Clinic - urgent care
	101	All-inclusive room charges	517 Clinic - family practice
	110	Room charges for private rooms - general	519 Clinic - other
	111	Room charges for private rooms - medical/surgical/GYN	520 Freestanding Clinic - 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 Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
	117	Room charges for private rooms - oncology	526 Freestanding Clinic - urgent care
	118	Room charges for private rooms - rehabilitation	527 Freestanding Clinic - Visiting Nurse Services(s) 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. Scene of Accident)
	120	Room charges for semi-private rooms - general	529 Freestanding Clinic - other
	121	Room charges for semi-private rooms - medical/surgical/GYN	530 Osteopathic 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	Room charges for semi-private - 3/4 beds - rooms - obstetrics	548 Ambulance service - telephone transmission EKG
	133	Room charges for semi-private - 3/4 beds - rooms - pediatric	549 Ambulance service - other
	134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	550 Skilled nursing - general
	135	Room charges for semi-private - 3/4 beds - rooms - hospice	551 Skilled nursing - visit charge
	136	Room charges for semi-private - 3/4 beds - rooms - detoxification	552 Skilled nursing - hourly charge
	137	Room charges for semi-private - 3/4 beds - rooms - oncology	559 Skilled nursing - other



138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	560	Medical social services - general
139	Room charges for semi-private - 3/4 beds - rooms - other	561	Medical social services - visit charge
140	Room charges for private (deluxe) rooms - general	562	Medical social services - hourly charge
141	Room charges for private (deluxe) rooms - medical/surgical/GYN	569	Medical social services - other
142	Room charges for private (deluxe) rooms - obstetrics	570	Home health aide - general
143	Room charges for private (deluxe) rooms - pediatric	571	Home health aide - visit charge
144	Room charges for private (deluxe) rooms - psychiatric	572	Home health aide - hourly charge
145	Room charges for private (deluxe) rooms - hospice	579	Home health aide - other
146	Room charges for private (deluxe) rooms - detoxification	580	Other visits (home health) - general
147	Room charges for private (deluxe) rooms - oncology	581	Other visits (home health) - visit charge
148	Room charges for private (deluxe) rooms - rehabilitation	582	Other visits (home health) - hourly charge
149	Room charges for private (deluxe) rooms - other	583	Other visits (home health) - assessment
150	Room charges for ward rooms - general	589	Other visits (home health) - other
151	Room charges for ward rooms - medical/surgical/GYN	590	Units of service (home health) - general
152	Room charges for ward rooms - obstetrics	599	Units of service (home health) - other
153	Room charges for ward rooms - pediatric	600	Oxygen (home health) - general
154	Room charges for ward rooms - psychiatric	601	Oxygen (home health) - stat/equip/supply or contents
155	Room charges for ward rooms - hospice	602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
156	Room charges for ward rooms - detoxification	603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
157	Room charges for ward rooms - oncology	604	Oxygen (home health) - portable add-in
158	Room charges for ward rooms - rehabilitation	610	MRI - general
159	Room charges for ward rooms - other	611	MRI - brain (including brain stem)
160	Room charges for other rooms - general	612	MRI - spinal cord (including spine)
161	Room charges for other rooms - medical/surgical/GYN	619	MRI - other
162	Room charges for other rooms - obstetrics	621	Medical/surgical supplies - incident to radiology
163	Room charges for other rooms - pediatric	622	Medical/surgical supplies - incident to other diagnostic services
164	Room charges for other rooms - psychiatric	623	Medical/surgical supplies - surgical dressings
165	Room charges for other rooms - hospice	624	Medical/surgical supplies - FDA investigational devices
166	Room charges for other rooms - detoxification	630	Drugs requiring specific identification - general
167	Room charges for other rooms - oncology	631	Drugs requiring specific identification - single source
168	Room charges for other rooms - rehabilitation	632	Drugs requiring specific identification - multiple source
169	Room charges for other rooms - other	633	Drugs requiring specific identification - restrictive prescription
170	Room charges for nursery - general	634	Drugs requiring specific identification - EPO, less than 10,000 units
171	Room charges for nursery - newborn level I	635	Drugs requiring specific identification - EPO, 10,000 or more units
172	Room charges for nursery - newborn level II	636	Drugs requiring specific identification - requiring detailed coding
173	Room charges for nursery - newborn level III	637	Drugs requiring specific identification - self-adminstrable nto requiring detailed coding
174	Room charges for nursery - newborn level IV	640	Home IV therapy services - general
179	Room charges for nursery - other	641	Home IV therapy services - nonroutine nursing, central line
180	Room charges for LOA - general	642	Home IV therapy services - IV site care, central line

182	Room charges for LOA - patient convenience-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 - training, 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

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	Extra-corporeal shockwave therapy - general
271	Medical surgical supplies and devices - nonsterile	799	Extra-corporeal shockwave therapy - other
272	Medical surgical supplies and devices - sterile		
273	Medical surgical supplies and devices - take-home		
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 - hematology	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 - angiocardiology	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 treatments/services - general
329	Radiology - diagnostic - other	901	Behavior health treatments/services - electroshock
330	Radiology - therapeutic and/or chemotherapy administration - general	902	Behavior health treatments/services - milieu therapy
331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	903	Behavioral health treatments/services - play therapy
332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	904	Behavior health treatments/services - activity therapy
333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	905	Behavior health treatments/services - intensive outpatient services - psychiatric
335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	906	Behavior health treatments/services - intensive outpatient services - chemical dependency
339	Radiology - therapeutic and/or chemotherapy administration - other	907	Behavior health treatments/services - 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 hospitalization - less intensive
344	Nuclear medicine - therapeutic radiopharmaceuticals	913	Behavior health treatment/services - partial hospitalization - intensive
349	Nuclear medicine - other	914	Behavior health treatment/services - individual therapy
350	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 - biofeedback
359	CT scan - other	918	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 other than kidney	921	Other diagnostic services - peripheral vascular lab
367	Operating room services - kidney transplant	922	Other diagnostic services - electromyogram
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 equipment - ancillary
389	Blood - other	949	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





<b>Description:</b>	Total non-covered amount of the charge		
<b>Beginning Position:</b>	67	<b>Data Source:</b>	Assigned
<b>Length:</b>	14	<b>Type:</b>	Numeric

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### Facility Type Indicator File

Facility type indicators provided by the facilities. Provide the data user with information on the type of facility providing the outpatient service.

<b>Field 1:</b>	<b>THCIC_ID</b>		
<b>Description:</b>	Provider ID. Unique identifier assigned to the provider by DSHS.		
<b>Beginning Position:</b>	1	<b>Data Source:</b>	Assigned
<b>Length:</b>	6	<b>Type:</b>	Alphanumeric
<b>Field 2:</b>	<b>PROVIDER_NAME</b>		
<b>Description:</b>	Hospital name provided by the hospital.		
<b>Beginning Position:</b>	7	<b>Data Source:</b>	Provider
<b>Length:</b>	55	<b>Type:</b>	Alphanumeric
<b>Field 3:</b>	<b>FAC_TEACHING_IND</b>		
<b>Description:</b>	Teaching Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Coding Scheme:</b>	A Member, Council of Teaching Hospitals X Other teaching facility		
<b>Beginning Position:</b>	62	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 4:</b>	<b>FAC_PSYCH_IND</b>		
<b>Description:</b>	Psychiatric Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	63	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 5:</b>	<b>FAC_REHAB_IND</b>		
<b>Description:</b>	Rehabilitation Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	64	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 6:</b>	<b>FAC_ACUTE_CARE_IND</b>		
<b>Description:</b>	Acute Care Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	65	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 7:</b>	<b>FAC_SNF_IND</b>		
<b>Description:</b>	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	66	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 8:</b>	<b>FAC_LONG_TERM_AC_IND</b>		
<b>Description:</b>	Long Term Acute Care Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	67	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 9:</b>	<b>FAC_OTHER_LTC_IND</b>		
<b>Description:</b>	Other Long Term Care Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
<b>Beginning Position:</b>	68	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric
<b>Field 10:</b>	<b>FAC_PEDS_IND</b>		
<b>Description:</b>	Pediatric Facility Indicator.		
<b>Suppression:</b>	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		



<b>Coding Scheme:</b>	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children		
<b>Beginning Position:</b>	69	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

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## Texas Hospital Inpatient Discharge Public Use Data File

**Base Data #1 File, Base Data #2 File,  
Charges Data File, and Facility Type Indicator File**

### Data Fields

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

#### Base Data #1 File

Number	FIELD NAME ( <i>Base Data #1 File</i> )	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	PROVIDER_NAME	25	55	Alphanumeric
5	TYPE_OF_ADMISSION	80	1	Alphanumeric
6	SOURCE_OF_ADMISSION	81	1	Alphanumeric
7	SPEC_UNIT_1	82	1	Alphanumeric
8	SPEC_UNIT_2	83	1	Alphanumeric
9	SPEC_UNIT_3	84	1	Alphanumeric
10	SPEC_UNIT_4	85	1	Alphanumeric
11	SPEC_UNIT_5	86	1	Alphanumeric
12	PAT_STATE	87	2	Alphanumeric
13	PAT_ZIP	89	5	Alphanumeric
14	PAT_COUNTRY	94	2	Alphanumeric
15	COUNTY	96	3	Alphanumeric
16	PUBLIC_HEALTH_REGION	99	2	Alphanumeric
17	PAT_STATUS	101	2	Alphanumeric
18	SEX_CODE	103	1	Alphanumeric
19	RACE	104	1	Alphanumeric
20	ETHNICITY	105	1	Alphanumeric
21	ADMIT_WEEKDAY	106	1	Alphanumeric
22	LENGTH_OF_STAY	107	4	Alphanumeric
23	PAT_AGE	111	2	Alphanumeric
24	FIRST_PAYMENT_SRC	113	2	Alphanumeric
25	SECONDARY_PAYMENT_SRC	115	2	Alphanumeric
26	TYPE_OF_BILL	117	3	Alphanumeric
27	TOTAL_CHARGES	120	12	Numeric
28	TOTAL_NON_COV_CHARGES	132	12	Numeric
29	TOTAL_CHARGES_ACCOMM	144	12	Numeric
30	TOTAL_NON_COV_CHARGES_ACCOMM	156	12	Numeric
31	TOTAL_CHARGES_ANCIL	168	12	Numeric
32	TOTAL_NON_COV_CHARGES_ANCIL	180	12	Numeric
33	POA_PROVIDER_INDICATOR	192	1	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
34	ADMITTING_DIAGNOSIS	193	6	Alphanumeric
35	PRINC_DIAG_CODE	199	6	Alphanumeric
36	POA_PRINC_DIAG_CODE	205	1	Alphanumeric
37	OTH_DIAG_CODE_1	206	6	Alphanumeric
38	POA_OTH_DIAG_CODE_1	212	1	Alphanumeric
39	OTH_DIAG_CODE_2	213	6	Alphanumeric
40	POA_OTH_DIAG_CODE_2	219	1	Alphanumeric
41	OTH_DIAG_CODE_3	220	6	Alphanumeric
42	POA_OTH_DIAG_CODE_3	226	1	Alphanumeric
43	OTH_DIAG_CODE_4	227	6	Alphanumeric
44	POA_OTH_DIAG_CODE_4	233	1	Alphanumeric
45	OTH_DIAG_CODE_5	234	6	Alphanumeric
46	POA_OTH_DIAG_CODE_5	240	1	Alphanumeric
47	OTH_DIAG_CODE_6	241	6	Alphanumeric
48	POA_OTH_DIAG_CODE_6	247	1	Alphanumeric
49	OTH_DIAG_CODE_7	248	6	Alphanumeric
50	POA_OTH_DIAG_CODE_7	254	1	Alphanumeric
51	OTH_DIAG_CODE_8	255	6	Alphanumeric
52	POA_OTH_DIAG_CODE_8	261	1	Alphanumeric
53	OTH_DIAG_CODE_9	262	6	Alphanumeric
54	POA_OTH_DIAG_CODE_9	268	1	Alphanumeric
55	OTH_DIAG_CODE_10	269	6	Alphanumeric
56	POA_OTH_DIAG_CODE_10	275	1	Alphanumeric
57	OTH_DIAG_CODE_11	276	6	Alphanumeric
58	POA_OTH_DIAG_CODE_11	282	1	Alphanumeric
59	OTH_DIAG_CODE_12	283	6	Alphanumeric
60	POA_OTH_DIAG_CODE_12	289	1	Alphanumeric
61	OTH_DIAG_CODE_13	290	6	Alphanumeric
62	POA_OTH_DIAG_CODE_13	296	1	Alphanumeric
63	OTH_DIAG_CODE_14	297	6	Alphanumeric
64	POA_OTH_DIAG_CODE_14	303	1	Alphanumeric
65	OTH_DIAG_CODE_15	304	6	Alphanumeric
66	POA_OTH_DIAG_CODE_15	310	1	Alphanumeric
67	OTH_DIAG_CODE_16	311	6	Alphanumeric
68	POA_OTH_DIAG_CODE_16	317	1	Alphanumeric
69	OTH_DIAG_CODE_17	318	6	Alphanumeric
70	POA_OTH_DIAG_CODE_17	324	1	Alphanumeric
71	OTH_DIAG_CODE_18	325	6	Alphanumeric
72	POA_OTH_DIAG_CODE_18	331	1	Alphanumeric
73	OTH_DIAG_CODE_19	332	6	Alphanumeric
74	POA_OTH_DIAG_CODE_19	338	1	Alphanumeric
75	OTH_DIAG_CODE_20	339	6	Alphanumeric
76	POA_OTH_DIAG_CODE_20	345	1	Alphanumeric
77	OTH_DIAG_CODE_21	346	6	Alphanumeric
78	POA_OTH_DIAG_CODE_21	352	1	Alphanumeric
79	OTH_DIAG_CODE_22	353	6	Alphanumeric
80	POA_OTH_DIAG_CODE_22	359	1	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
81	OTH_DIAG_CODE_23	360	6	Alphanumeric
82	POA_OTH_DIAG_CODE_23	366	1	Alphanumeric
83	OTH_DIAG_CODE_24	367	6	Alphanumeric
84	POA_OTH_DIAG_CODE_24	373	1	Alphanumeric
85	E_CODE_1	374	6	Alphanumeric
86	POA_E_CODE_1	380	1	Alphanumeric
87	E_CODE_2	381	6	Alphanumeric
88	POA_E_CODE_2	387	1	Alphanumeric
89	E_CODE_3	388	6	Alphanumeric
90	POA_E_CODE_3	394	1	Alphanumeric
91	E_CODE_4	395	6	Alphanumeric
92	POA_E_CODE_4	401	1	Alphanumeric
93	E_CODE_5	402	6	Alphanumeric
94	POA_E_CODE_5	408	1	Alphanumeric
95	E_CODE_6	409	6	Alphanumeric
96	POA_E_CODE_6	415	1	Alphanumeric
97	E_CODE_7	416	6	Alphanumeric
98	POA_E_CODE_7	422	1	Alphanumeric
99	E_CODE_8	423	6	Alphanumeric
100	POA_E_CODE_8	429	1	Alphanumeric
101	E_CODE_9	430	6	Alphanumeric
102	POA_E_CODE_9	436	1	Alphanumeric
103	E_CODE_10	437	6	Alphanumeric
104	POA_E_CODE_10	443	1	Alphanumeric
105	PRINC_SURG_PROC_CODE	444	7	Alphanumeric
106	PRINC_SURG_PROC_DAY	451	4	Alphanumeric
107	PRINC_ICD9_CODE	455	5	Alphanumeric
108	OTH_SURG_PROC_CODE_1	460	7	Alphanumeric
109	OTH_SURG_PROC_DAY_1	467	4	Alphanumeric
110	OTH_ICD9_CODE_1	471	5	Alphanumeric
111	OTH_SURG_PROC_CODE_2	476	7	Alphanumeric
112	OTH_SURG_PROC_DAY_2	483	4	Alphanumeric
113	OTH_ICD9_CODE_2	487	5	Alphanumeric
114	OTH_SURG_PROC_CODE_3	492	7	Alphanumeric
115	OTH_SURG_PROC_DAY_3	499	4	Alphanumeric
116	OTH_ICD9_CODE_3	503	5	Alphanumeric
117	OTH_SURG_PROC_CODE_4	508	7	Alphanumeric
118	OTH_SURG_PROC_DAY_4	515	4	Alphanumeric
119	OTH_ICD9_CODE_4	519	5	Alphanumeric
120	OTH_SURG_PROC_CODE_5	524	7	Alphanumeric
121	OTH_SURG_PROC_DAY_5	531	4	Alphanumeric
122	OTH_ICD9_CODE_5	535	5	Alphanumeric
123	OTH_SURG_PROC_CODE_6	540	7	Alphanumeric
124	OTH_SURG_PROC_DAY_6	547	4	Alphanumeric
125	OTH_ICD9_CODE_6	551	5	Alphanumeric
126	OTH_SURG_PROC_CODE_7	556	7	Alphanumeric
127	OTH_SURG_PROC_DAY_7	563	4	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
128	OTH_ICD9_CODE_7	567	5	Alphanumeric
129	OTH_SURG_PROC_CODE_8	572	7	Alphanumeric
130	OTH_SURG_PROC_DAY_8	579	4	Alphanumeric
131	OTH_ICD9_CODE_8	583	5	Alphanumeric
132	OTH_SURG_PROC_CODE_9	588	7	Alphanumeric
133	OTH_SURG_PROC_DAY_9	595	4	Alphanumeric
134	OTH_ICD9_CODE_9	599	5	Alphanumeric
135	OTH_SURG_PROC_CODE_10	604	7	Alphanumeric
136	OTH_SURG_PROC_DAY_10	611	4	Alphanumeric
137	OTH_ICD9_CODE_10	615	5	Alphanumeric
138	OTH_SURG_PROC_CODE_11	620	7	Alphanumeric
139	OTH_SURG_PROC_DAY_11	627	4	Alphanumeric
140	OTH_ICD9_CODE_11	631	5	Alphanumeric
141	OTH_SURG_PROC_CODE_12	636	7	Alphanumeric
142	OTH_SURG_PROC_DAY_12	643	4	Alphanumeric
143	OTH_ICD9_CODE_12	647	5	Alphanumeric
144	OTH_SURG_PROC_CODE_13	652	7	Alphanumeric
145	OTH_SURG_PROC_DAY_13	659	4	Alphanumeric
146	OTH_ICD9_CODE_13	663	5	Alphanumeric
147	OTH_SURG_PROC_CODE_14	668	7	Alphanumeric
148	OTH_SURG_PROC_DAY_14	675	4	Alphanumeric
149	OTH_ICD9_CODE_14	679	5	Alphanumeric
150	OTH_SURG_PROC_CODE_15	684	7	Alphanumeric
151	OTH_SURG_PROC_DAY_15	691	4	Alphanumeric
152	OTH_ICD9_CODE_15	695	5	Alphanumeric
153	OTH_SURG_PROC_CODE_16	700	7	Alphanumeric
154	OTH_SURG_PROC_DAY_16	707	4	Alphanumeric
155	OTH_ICD9_CODE_16	711	5	Alphanumeric
156	OTH_SURG_PROC_CODE_17	716	7	Alphanumeric
157	OTH_SURG_PROC_DAY_17	723	4	Alphanumeric
158	OTH_ICD9_CODE_17	727	5	Alphanumeric
159	OTH_SURG_PROC_CODE_18	732	7	Alphanumeric
160	OTH_SURG_PROC_DAY_18	739	4	Alphanumeric
161	OTH_ICD9_CODE_18	743	5	Alphanumeric
162	OTH_SURG_PROC_CODE_19	748	7	Alphanumeric
163	OTH_SURG_PROC_DAY_19	755	4	Alphanumeric
164	OTH_ICD9_CODE_19	759	5	Alphanumeric
165	OTH_SURG_PROC_CODE_20	764	7	Alphanumeric
166	OTH_SURG_PROC_DAY_20	771	4	Alphanumeric
167	OTH_ICD9_CODE_20	775	5	Alphanumeric
168	OTH_SURG_PROC_CODE_21	780	7	Alphanumeric
169	OTH_SURG_PROC_DAY_21	787	4	Alphanumeric
170	OTH_ICD9_CODE_21	791	5	Alphanumeric
171	OTH_SURG_PROC_CODE_22	796	7	Alphanumeric
172	OTH_SURG_PROC_DAY_22	803	4	Alphanumeric
173	OTH_ICD9_CODE_22	807	5	Alphanumeric
174	OTH_SURG_PROC_CODE_23	812	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
175	OTH_SURG_PROC_DAY_23	819	4	Alphanumeric
176	OTH_ICD9_CODE_23	823	5	Alphanumeric
177	OTH_SURG_PROC_CODE_24	828	7	Alphanumeric
178	OTH_SURG_PROC_DAY_24	835	4	Alphanumeric
179	OTH_ICD9_CODE_24	839	5	Alphanumeric
180	MS_MDC	844	2	Alphanumeric
181	MS_DRG	846	3	Alphanumeric
182	MS_GROUPER_VERSION_NBR	849	5	Alphanumeric
183	MS_GROUPER_ERROR_CODE	854	2	Alphanumeric
184	APR_MDC	856	2	Alphanumeric
185	APR_DRG	858	4	Alphanumeric
186	RISK_MORTALITY	862	1	Alphanumeric
187	ILLNESS_SEVERITY	863	1	Alphanumeric
188	APR_GROUPER_VERSION_NBR	864	5	Alphanumeric
189	APR_GROUPER_ERROR_CODE	869	2	Alphanumeric
190	ATTENDING_PHYSICIAN_UNIF_ID	871	10	Alphanumeric
191	OPERATING_PHYSICIAN_UNIF_ID	881	10	Alphanumeric
192	ENCOUNTER_INDICATOR	891	2	Alphanumeric
193	CERT_STATUS	893	1	Alphanumeric
194	FILLER_SPACE	894	57	Alphanumeric
	<b>RECORD_LENGTH</b>		950	

### Base Data #2 File

Number	FIELD NAME (Base Data #2 File)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric

Number	FIELD NAME (Base Data #2 File)	Position	Length	Field Type
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric

Number	FIELD NAME (Base Data #2 File)	Position	Length	Field Type
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
100	FILLER_SPACE	649	52	Alphanumeric
	<b>RECORD_LENGTH</b>		700	



## Charges Data File

Number	FIELD NAME	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	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	CHRG_LINE_ITEM	53	14	Numeric
13	CHRG_NON_COV	67	14	Numeric
	<b>RECORD_LENGTH</b>		80	

## Facility Type Indicator File

Number	FIELD NAME	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
	<b>RECORD_LENGTH</b>		69	



# Texas Hospital Inpatient Discharge Data

## Public Use Data File

### Reporting Status of Texas Hospitals, 2011

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Abilene</b>									
091001 Abilene Regional Medical Center		X		X		X			
500000 Hendrick Medical Center		X		X		X			
688000 Hendrick Center–Extended Care		X		X		X <sup>lv</sup>			
846000 Acadia Abilene		X <sup>OC</sup>		X		X			
920000 Reliant Rehab Hospital Abilene		X		X	X	X			
<b>Addison</b>									
750000 Methodist Hospital for Surgery		X		X		X			
<b>Alice</b>									
689401 CHRISTUS Spohn Hospital Alice		X		X		X			
<b>Allen</b>									
724200 Texas Health Presbyterian Hospital Allen		X	X	X	X	X	X		
854000 Twin Creeks Hospital		X		X		X			
<b>Alpine</b>									
711900 Big Bend Regional Medical Center		X		X		X			
<b>Alvin</b>									
212001 Clear Lake Regional Medical Center Alvin Emergency Center	212000								
<b>Amarillo</b>									
001000 Baptist St Anthonys Health System–Baptist Campus		X		X		X			
318000 Northwest Texas Hospital		X		X		X			
318001 The Pavilion	318000								
714000 Northwest Texas Surgery Center		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
796000 Plum Creek Specialty Hospital		X		X		X			
818000 Kindred Hospital Amarillo		X		X		X			
841400 Kindred Rehabilitation Hospital Amarillo		X		X		X			
852900 Physicians Surgical Hospital–Quail Creek		X		X		X			
852901 Physicians Surgical Hospital–Panhandle Campus		X		X		X			
<b>Anahuac</b>									
442000 Bayside Community Hospital		*		*		*			
<b>Andrews</b>									
187000 Permian Regional Medical Center		*		*		*			
<b>Angleton</b>									
126000 Angleton Danbury Medical Center		X		X		X			
<b>Anson</b>									
016000 Anson General Hospital		*		*		*			
<b>Aransas Pass</b>									
239001 Care Regional Medical Center		X		X		X	X		
<b>Arlington</b>									
100084 Sundance Hospital		X		OC		X			
409001 Diagnostic & Surgery Center–Arlington		***		***		***			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
422000 Texas Health Arlington Memorial Hospital		X	X	X	X	X	X		
502000 Medical Center-Arlington		X	X	X	X	X	X		
660000 HEALTHSOUTH Rehab Hospital-Arlington		X		X		X			
690000 Kindred Hospital-Tarrant County		X	X	X	X	X			
730001 Texas Health Heart & Vascular Hospital		X	X	X	X	X	X		
765001 Millwood Hospital		X		X		X			
799001 USMD Hospital-Arlington		X		X		X			
831800 Kindred Rehabilitation Hospital Arlington		X		X		X	X		
936000 Baylor Orthopedic and Spine Hospital-Arlington		X		X		X			
<b>Aspermont</b>									
666000 Stonewall Memorial Hospital		*		*		*			
<b>Athens</b>									
374000 East Texas Medical Center-Athens		X		X		X			
<b>Atlanta</b>									
131000 Atlanta Memorial Hospital		*		*		*			
<b>Aubrey</b>									
873200 Emerus Hospital		***		X <sup>OC</sup>		X <sup>OC</sup>			
<b>Austin</b>									
000100 Austin State Hospital		X	X	X	X	X	X		
000119 UTMB Austin Womens Hospital		X		X		X			
035000 St Davids Hospital		X		X		X			
335000 University Medical Center-Brackenridge		X	X	X	X	X	X		
497000 Seton Medical Center		X	X	X	X	X	X		
602000 St Davids South Austin Hospital		X		X		X			
622001 Texas NeuroRehab Center		X		X <sup>OC</sup>		X			
649000 St Davids Rehab Center		X		X		X			
663000 HEALTHSOUTH Rehab Hospital-Austin		X		X		X			
700000 Cornerstone Hospital-Austin		X		X		X			
739001 Texas NeuroRehab Center		X		X <sup>OC</sup>		X			
770000 Seton Shoal Creek Hospital		X		X		X			
794000 Northwest Hills Surgical Hospital		X		X		X			
797500 Seton Southwest Hospital		X	X	X	X	X	X		
797600 Seton Northwest Hospital		X	X	X	X	X	X		
798500 Austin Surgical Hospital		X		X		X			
822800 Westlake Medical Center		X		X		X			
829000 Heart Hospital-Austin		X		X		X			
829900 North Austin Medical Center		X		X		X			
852000 Dell Childrens Medical Center		X	X	X	X	X	X		
854400 Central Texas Rehab Hospital		X	X	X		X			
855200 Austin Lakes Hospital		X		X		X			
<b>Azle</b>									
469000 Texas Health Harris Methodist Hospital Azle		X	X	X	X	X	X		
<b>Ballinger</b>									
234000 Ballinger Memorial Hospital District		*X <sup>lv</sup>		*X <sup>lv</sup>		*X <sup>lv</sup>			
<b>Bay City</b>									
006000 Matagorda Regional Medical Center		X	X	X	X	X	X		
006001 Matagorda Regional Medical Center		X <sup>lv</sup>	X	X <sup>lv</sup>	X	X <sup>lv</sup>	X		
<b>Baytown</b>									
405000 San Jacinto Methodist Hospital		X		X		X <sup>OC</sup>			
405002 San Jacinto Methodist Hospital-Alexander Campus	405000								
720401 Kindred Hospital Baytown		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Beaumont</b>									
389000 Baptist Hospitals of Southeast Texas		X		X		X			
389002 Baptist Hospitals of Southeast Texas Fannin Behavioral Ctr	389000								
444001 CHRISTUS St Elizabeth Hospital		X		X		X <sup>OC</sup>			
671000 HEALTHSOUTH Rehab Hospital–Beaumont		X		X		X			
708000 CHRISTUS Dubuis Hospital–Beaumont		X	X	X	X	X	X		
826500 Beaumont Bone & Joint Institute		***		***		***			
861900 Kate Dishman Rehab Hospital		X	X	X	X	X	X		
<b>Bedford</b>									
182000 Texas Health Harris Methodist HEB		X	X	X	X	X	X		
182001 Texas Health Harris Methodist HEB	182000								
700003 Reliant Rehab Hospital Mid–Cities		X		X		X			
778000 Texas Health Springwood Hospital		X	X	X	X	X	X		
<b>Beeville</b>									
429001 CHRISTUS Spohn Hospital–Beeville		X		X		X			
<b>Bellaire</b>									
831900 Foundation Surgical Hospital		X		X		X			
840100 First Street Hospital		X		X		X			
<b>Bellville</b>									
552000 Bellville General Hospital		*		*		*			
<b>Belton</b>									
806002 Cedar Crest Hospital		X		X		X			
<b>Big Lake</b>									
343000 Reagan Memorial Hospital		*		*		*			
<b>Big Spring</b>									
000101 Big Spring State Hospital		X	X	X	X	X	X		
221000 Scenic Mountain Medical Center		X		X		X			
<b>Bonham</b>									
106001 Red River Regional Hospital		X		X		X			
<b>Borger</b>									
654000 Golden Plains Community Hospital		X		X		X			
<b>Bowie</b>									
440000 Bowie Memorial Hospital		*		*		*			
<b>Brady</b>									
362000 Heart of Texas Healthcare System		*		*		*			
<b>Breckenridge</b>									
430000 Stephens Memorial Hospital		*		*		*			
<b>Brenham</b>									
066000 Scott & White Hospital–Brenham		X		X		X			
<b>Bridgeport</b>									
868700 North Texas Community Hospital		X		X		X			
<b>Brownfield</b>									
078000 Brownfield Regional Medical Center		*		*		*			
<b>Brownsville</b>									
019000 Valley Regional Medical Center		X		X		X			
314001 Valley Baptist Medical Center–Brownsville		X		X		X			
314002 Valley Baptist Medical Center–Brownsville Psych Unit	314001								
724900 Brownsville Doctors Hospital		X		X		X			
821100 South Texas Rehab Hospital		X		X		X			
847500 Solara Hospital–Brownsville Campus		X		X		X			
<b>Brownwood</b>									
058000 Brownwood Regional Medical Center		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Bryan</b>									
002001 St Joseph Regional Health Center		X	X	X	X	X	X		
002002 St Joseph Regional Rehab Center	002001								
717500 Physicians Centre Hospital		X		X		X	X		
864800 CHRISTUS Dubuis Hospital–Bryan		X <sup>lv</sup>	X	X <sup>lv</sup>	X	X <sup>lv</sup>	X		
<b>Burnet</b>									
559000 Seton Highland Lakes Hospital		X	X	X	X	X	X		
<b>Caldwell</b>									
679000 Burleson St Joseph Health Center–Caldwell		X	X	X	X	X	X		
<b>Cameron</b>									
665000 Central Texas Hospital		X		X		X			
<b>Canadian</b>									
457000 Hemphill County Hospital		*		*		*			
<b>Carrizo Springs</b>									
156000 Dimmit Regional Hospital		*		*		*			
<b>Carrollton</b>									
042000 Baylor Medical Center at Carrollton		X	X	X	X	X	X		
<b>Carthage</b>									
484000 East Texas Medical Center–Carthage		X		X		X <sup>OC</sup>			
<b>Cedar Park</b>									
858300 Cedar Park Regional Medical Center		X		X		X			
<b>Center</b>									
860500 Shelby Regional Medical Center		X		X		X			
<b>Channelview</b>									
720400 Kindred Hospital East Houston		X		X		X			
<b>Childress</b>									
026000 Childress Regional Medical Center		X		*		*			
<b>Chillicothe</b>									
523000 Chillicothe Hospital		*		*		*			
<b>Clarksville</b>									
292000 East Texas Medical Center–Clarksville		X		X		X <sup>OC</sup>			
<b>Cleburne</b>									
323000 Texas Health Harris Methodist Hospital Cleburne		X	X	X	X	X	X		
<b>Cleveland</b>									
108000 Cleveland Regional Medical Center		X		X		X			
840400 Doctors Diagnostic Hospital		X		X		X			
<b>Clifton</b>									
070000 Goodall–Witcher Healthcare Foundation		*		*		*			
<b>Coleman</b>									
049000 Coleman County Medical Center		*		*		*			
<b>College Station</b>									
071000 College Station Medical Center		X		X		X			
<b>Colorado City</b>									
075000 Mitchell County Hospital		X		X		X			
<b>Columbus</b>									
014000 Columbus Community Hospital		*		*		*			
<b>Comanche</b>									
495001 Comanche County Medical Center		X		X		X			
<b>Commerce</b>									
087000 Hunt Regional Community Hospital		X		X <sup>OC</sup>		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Conroe</b>									
100087 Montgomery County Mental Health Treatment Facility First reports 2 <sup>nd</sup> quarter 2011				X <sup>lv</sup>		X			
508001 Conroe Regional Medical Center		X		X <sup>OC</sup>		X <sup>OC</sup>			
695000 HEALTHSOUTH Rehab Hospital The Woodlands		X		X		X			
854100 Solara Hospital Conroe		X		X		X			
915000 Aspire Behavioral Health–Conroe		X		X		X			
<b>Corpus Christi</b>									
398000 CHRISTUS Spohn Hospital Corpus Christi		X		X		X			
398001 CHRISTUS Spohn Hospital Corpus Christi–Shoreline		X		X		X			
398002 CHRISTUS Spohn Hospital Corpus Christi–South		X		X		X			
488000 Driscoll Childrens Hospital		X		X <sup>OC</sup>		X <sup>OC</sup>			
699000 Corpus Christi Specialty Hospital		X <sup>lv</sup>		X		X			
703000 Corpus Christi Medical Center–Bay Area		X	X	X	X	X			
703002 Corpus Christi Medical Center–Doctors Regional		X	X	X	X	X			
703003 Corpus Christi Medical Center–Heart Hospital		X	X	X	X	X			
704004 Corpus Christi Medical Center–Northwest		X	X	X	X	X			
716500 Padre Behavioral Hospital		X	X	X		X			
797001 Dubuis Hospital–Corpus Christi		X	X	X	X	X	X		
804100 Kindred Hospital–Corpus Christi		X		X		X			
931000 South Texas Surgical Hospital		X		X		X			
<b>Corsicana</b>									
141000 Navarro Regional Hospital		X		X		X			
<b>Crane</b>									
467000 Crane Memorial Hospital		*		*		*			
<b>Crockett</b>									
185000 East Texas Medical Center–Crockett		X		X		X <sup>OC</sup>			
<b>Crosbyton</b>									
176000 Crosbyton Clinic Hospital		*		*		*			
<b>Cuero</b>									
074000 Cuero Community Hospital		*		*		*			
<b>Cypress</b>									
843200 North Cypress Medical Center		X		X		X			
<b>Dalhart</b>									
262000 Coon Memorial Hospital & Home		*		*		*			
<b>Dallas</b>									
008001 Baylor Medical Center at Uptown		X		X		X			
028000 Kindred Hospital–Dallas		X	X	X	X	X			
054000 Texas Scottish Rite Hospital for Children		*		*		*			
142000 Methodist Charlton Medical Center		X		X		X			
143000 Childrens Medical Center–Dallas		X		X		X			
255000 Methodist Dallas Medical Center		X		X		X			
331000 Baylor University Medical Center		X	X	X	X	X	X		
340000 Medical City Dallas Hospital		X	X	X	X	X	X		
431000 Texas Health Presbyterian Hospital Dallas		X	X	X	X	X	X		
448001 UT Southwestern University Hospital–St Paul		X		X		X	X		
449000 Dallas Medical Center		X		X <sup>OC</sup>		X			
474000 Parkland Memorial Hospital		X	X	X	X	X	X		

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
511000 Doctors Hospital–White Rock Lake		X		X		X			
586000 Baylor Specialty Hospital		X		X		X			
642000 Baylor Institute for Rehab		X		X		X	X		
653001 UT Southwestern University Hospital–Zale Lipsy		X		X		X	X		
661001 Texas Specialty Hospital–Dallas		X <sup>OC</sup>		OC		X <sup>OC</sup>			
672000 Select Specialty Hospital–Dallas		X	X	X		X	X		
680001 Reliant Rehab Hospital Dallas		X <sup>OC</sup>		X <sup>OC</sup>		X	X		
710000 Our Childrens House Baylor		X		X		X			
717000 LifeCare Hospital–Dallas		X		X		X			
719400 Kindred Hospital–White Rock		X	X	X	X	X	X		
752000 Timberlawn Mental Health System		X		X		X			
766000 Green Oaks Hospital		X	X	X	X	X	X		
784400 Baylor Heart & Vascular Center		X		X		X			
813100 Texas Institute for Surgery–Texas Health Presbyterian–D		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
818200 Pine Creek Medical Center		X		X		X			
839100 Vibra Specialty Hospital		X <sup>OC</sup>		X <sup>OC</sup>		X			
860600 North Central Surgical Center		X		X		X			
862000 Methodist Rehab Hospital		X		X		X			
872100 Global Rehab		X		X		X			
900000 Forest Park Medical Center		X		X		X			
908000 South Hampton Community Hospital		X		X		X			
914000 Kindred Hospital Dallas Central		X		X		X	X		
<b>De Soto</b>									
785900 Select Specialty Hospital–South Dallas		X		X		X	X		
837800 Hickory Trail Hospital		X	X	X	X	X	X		
<b>Decatur</b>									
254000 Wise Regional Health System		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>			
<b>Del Rio</b>									
462000 Val Verde Regional Medical Center		X		X		X			
<b>Denison</b>									
847000 Texoma Medical Center		X	X	X	X	X	X		
847001 Reba McEntire Center–Rehab	847000								
864600 Carrus Specialty Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Denton</b>									
336001 Denton Regional Medical Center		X	X	X	X	X	X		
816500 North Texas Hospital		X		X		X <sup>OC</sup>			
820800 Texas Health Presbyterian Hospital–Denton		X	X	X	X	X	X		
826800 University Behavioral Health–Denton		X		X		X			
831700 Mayhill Hospital		X		X		X			
844200 Integrity Transitional Hospital		X		X		X			
847200 Atrium Medical Center–Corinth		X		X		X			
871500 Select Rehab Hospital–Denton		X		X		X			
<b>Denver City</b>									
485000 Yoakum County Hospital		*		*		*			
<b>Dilley</b>									
803000 Community General Hospital Dilley Texas		X		X		X <sup>OC</sup>			
<b>Dimmitt</b>									
260000 Plains Memorial Hospital		*		*		*			
<b>Dumas</b>									
199000 Memorial Hospital		*X		*X		*X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Eagle Lake</b>									
560000 Rice Medical Center		X		X		X			
<b>Eagle Pass</b>									
547001 Fort Duncan Regional Medical Center		X		X	X	X			
<b>Eastland</b>									
222000 Eastland Memorial Hospital		*		*		*			
<b>Eden</b>									
202000 Concho County Hospital		*		*		*			
<b>Edinburg</b>									
140002 Edinburg Regional Medical Center		X		X		X			
797100 Doctors Hospital–Renaissance		X		X		X			
797101 Womens Hospital–Renaissance	797100								
797102 Behavioral Medicine–Renaissance	797100								
797103 Rehab Center at Renaissance	797100								
802004 South Texas Behavioral Health Center	802001								
830000 Cornerstone Regional Hospital		X		X		X			
816301 Solara Hospital		X		X		X <sup>lv</sup>			
<b>Edna</b>									
017000 Jackson Healthcare Center		*		*		*			
<b>El Campo</b>									
426000 El Campo Memorial Hospital		X		X		X			
<b>El Paso</b>									
000118 El Paso Psychiatric Center		X <sup>lv</sup>	X	X	X	X	X		
130000 Providence Memorial Hospital		X		X		X			
180000 Las Palmas Medical Center		X		X		X			
180001 Las Palmas Rehab Hospital	180000								
263000 University Medical Center of El Paso		X	X	X	X	X	X		
266000 Sierra Medical Center		X		X		X			
319000 Del Sol Medical Center		X		X		X			
701000 Mesa Hills Specialty Hospital		X <sup>OC</sup>		X		X			
718002 Highlands Regional Rehab Hospital		X		X		X			
727100 Kindred Hospital El Paso		X		X		X			
728200 El Paso Specialty Hospital		X		X		X			
801300 East El Paso Physicians Medical Center		X		X		X			
841300 El Paso LTAC Hospital		X		X		X			
858600 University Behavioral Health–El Paso		X		X		X			
865000 Sierra Providence East Medical Center		X		X		X			
<b>Eldorado</b>									
136000 Schleicher County Medical Center		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Electra</b>									
490000 Electra Memorial Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Ennis</b>									
714500 Ennis Regional Medical Center		X	X	X		X			
<b>Fairfield</b>									
401000 East Texas Medical Center–Fairfield		X		X		X <sup>OC</sup>			
<b>Floresville</b>									
433000 Connally Memorial Medical Center		X		X		X			
<b>Flower Mound</b>									
100082 Continuum Rehabilitation Hospital North Texas		X <sup>lv</sup>		X		X			
943000 Texas Health Presbyterian Hospital Flower Mound		X		X		X			
<b>Fort Stockton</b>									
356000 Pecos County Memorial Hospital		*		*		*			



	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Fort Worth</b>									
047000 Huguley Memorial Medical Center		X	X	X	X	X	X		
235000 Texas Health Harris Methodist Hospital-Fort Worth		X	X	X	X	X	X		
332000 Cook Childrens Medical Center		X	X	X	X	X	X		
363000 Baylor All Saints Medical Center-Fort Worth		X	X	X	X	X	X		
363001 Baylor Medical Center-Southwest Fort Worth		X	X	X	X	X	X		
409000 John Peter Smith Hospital		X	X	X	X	X	X		
477000 Plaza Medical Center-Fort Worth		X	X	X	X	X	X		
627000 Texas Health Harris Methodist Hospital-Southwest Fort Worth		X	X	X	X	X	X		
652000 Texas Health Specialty Hospital-Fort Worth		X <sup>lv</sup>	X	X <sup>lv</sup>	X	X <sup>lv</sup>	X		
659000 HEALTHSOUTH Rehab Hospital		X		X		X			
662000 HEALTHSOUTH City View Rehab Hospital		X		X		X			
690600 LifeCare Hospital-Fort Worth		X		X		X			
800000 Kindred Hospital-Tarrant County		X	X	X	X	X	X		
800700 Kindred Hospital-Fort Worth		X	X	X	X	X	X		
804500 Baylor Surgical Hospital-Fort Worth		X		X		X			
839200 Regency Hospital-Fort Worth		X		X		X			
861400 USMD Hospital Fort Worth		X		X		X			
873800 Global Rehab-Fort Worth		X		X		X			
902200 Texas Rehabilitation Hospital-Fort Worth First reports 3 <sup>rd</sup> quarter 2011						X			
<b>Fredericksburg</b>									
219000 Hill Country Memorial Hospital		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
<b>Friona</b>									
200000 Parmer Medical Center		*		*		*			
<b>Frisco</b>									
100093 Baylor Institute for Rehab Frisco		X		X		X	X		
787400 Baylor Medical Center-Frisco		X	X	X	X	X			
806300 Centennial Medical Center		X		X		X			
<b>Gainesville</b>									
298000 North Texas Medical Center		X <sup>OC</sup>		*X <sup>OC</sup>		*			
<b>Galveston</b>									
000102 UT Medical Branch Hospital		X		X		X			
247000 Shriners Hospital for Children-Galveston First reports 3 <sup>rd</sup> quarter 2011						X <sup>OC</sup>			
<b>Garland</b>									
027000 Baylor Medical Center-Garland		X	X	X	X	X	X		
359002 Vista Hospital-Dallas Last reports 2 <sup>nd</sup> quarter 2011		X <sup>Nlv</sup>		X <sup>lv</sup>					
<b>Gatesville</b>									
346000 Coryell Memorial Hospital		X		X		X	X		
<b>Georgetown</b>									
835700 St Davids Georgetown Hospital		X		X		X			
<b>Gilmer</b>									
806800 East Texas Medical Center-Gilmer		X		X		X <sup>OC</sup>			
<b>Glen Rose</b>									
059000 Glen Rose Medical Center		*		*		*			
<b>Gonzales</b>									
103000 Memorial Hospital		*		*		*			
<b>Graham</b>									
094000 Graham Regional Medical Center		*		*		*			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Granbury</b>									
424000 Lake Granbury Medical Center		X		X		X			
<b>Grand Saline</b>									
138000 Cozby–Germany Hospital		X		X		OC			
<b>Grapevine</b>									
513000 Baylor Regional Medical Center–Grapevine		X		X		X			
858200 Ethicus Hospital DFW		X		X		X			
<b>Greenville</b>									
085000 Hunt Regional Medical Center Greenville		X		X <sup>OC</sup>		X			
754000 Glen Oaks Hospital		X		X		X			
<b>Groesbeck</b>									
052000 Limestone Medical Center		*		*		*			
<b>Groves</b>									
907000 Renaissance Hospital–Groves		X		X		X			
<b>Hallettsville</b>									
527000 Lavaca Medical Center		*		*		*			
<b>Hamilton</b>									
640000 Hamilton General Hospital		*		*		*			
<b>Hamlin</b>									
305000 Hamlin Memorial Hospital		*		*		*			
<b>Harlingen</b>									
000104 Rio Grande State Center		X	X	X	X	X	X		
400000 Valley Baptist Medical Center		X <sup>OC</sup>		X		X			
788002 Harlingen Medical Center		X		X		X			
840700 Solara Hospital Harlingen		X		X		X			
<b>Haskell</b>									
572000 Haskell Memorial Hospital		*		*		*			
<b>Hemphill</b>									
522000 Sabine County Hospital		X		X		X			
<b>Henderson</b>									
248000 East Texas Medical Center Henderson		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
<b>Henrietta</b>									
193000 Clay County Memorial Hospital		*		*		*			
<b>Hereford</b>									
420000 Hereford Regional Medical Center		*		*		*			
<b>Hillsboro</b>									
383000 Hill Regional Hospital		X		X		X			
<b>Hondo</b>									
427000 Medina Regional Hospital		*		*		*			
<b>Houston</b>									
000105 UT MD Anderson Cancer Center		X		X		X			
000115 Harris County Psychiatric Center		X		X		X			
007000 Womans Hospital–Texas		X <sup>OC</sup>		X <sup>OC</sup>		X			
030000 Doctors Hospital–Tidwell		X <sup>OC</sup>		X		X			
117000 Texas Childrens Hospital		X		X		X			
117002 Texas Childrens Hospital West Campus First reports 2 <sup>nd</sup> quarter 2011				X		X <sup>Iv</sup>			
118000 St Lukes Episcopal Hospital		X	X	X	X	X	X		
119000 Memorial Hermann Southeast Hospital		X		X		X			
124000 Methodist Hospital		X		X		X			
124001 West Pavillion	124000								
164000 TIRR Memorial Hermann		X		X		X			
172000 Memorial Hermann Northwest Hospital		X		X		X			
206003 Select Specialty Hospital–Houston Heights		X		X		X	X		

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
206004 Select Specialty Hospital–Houston West		X		X		X	X		
206005 Select Specialty Hospital–Houston Medical Center		X		X		X	X		
229000 Houston Northwest Medical Center		X		X		X			
302000 Memorial Hermann Memorial City Medical Center		X		X		X			
337001 West Houston Medical Center		X		X		X			
347000 Memorial Hermann Hospital		X		X		X			
384000 Lyndon B Johnson General Hospital		X		X		X			
390000 Park Plaza Hospital		X		X		X			
407000 Memorial Hermann Southwest Hospital		X		X		X			
421000 Spring Branch Medical Center		***		***		X			
458001 East Houston Regional Medical Center		X <sup>OC</sup>		X		X <sup>OC</sup>			
459000 Ben Taub General Hospital		X		X		X			
459001 Quentin Mease Community Hospital		X		X		X			
460000 Riverside General Hospital		X		X		X			
526000 Shriners Hospitals For Children First reports 3 <sup>rd</sup> quarter 2011						X <sup>OC</sup>			
606000 Cypress Fairbanks Medical Center		X		X		X			
646000 HEALTHSOUTH Hospital–Houston Last reports 2 <sup>nd</sup> quarter 2011		X		X					
674000 TOPS Surgical Specialty Hospital		X		X		X			
676000 Kindred Hospital–Houston Medical Center		X		X		X			
678000 Kindred Hospital Midtown		X <sup>Iv</sup>		X		X <sup>Iv</sup>			
690001 St Michaels Hospital		OC		X <sup>Iv</sup>		***			
698005 Cornerstone Hospital Houston–Bellaire		X		X		X			
706000 Kindred Hospital Houston NW		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
712500 HealthBridge Childrens Hospital–Houston		X <sup>OC</sup>		X		X			
713400 Kindred Hospital North Houston		X		X		X			
715001 Texas Specialty Hospital–Houston		X <sup>Iv</sup>		X <sup>Iv</sup>		X <sup>Iv</sup>	X		
724700 Methodist Willowbrook Hospital		X	X	X	X	X	X		
740000 St Lukes Hospital at the Vintage		X	X	X	X	X	X		
744001 Cypress Creek Hospital		X		X		X			
755001 West Oaks Hospital		X		X		X			
758000 Houston Hospital for Specialized Surgery		X <sup>Iv</sup>		X <sup>Iv</sup>		X <sup>Iv</sup>			
762001 IntraCare Medical Center Hospital		X		X		X			
763000 Plaza Specialty Hospital		X		X		X			
782001 Intracare North Hospital		X		X		X			
792000 Texas Orthopedic Hospital		X <sup>OC</sup>		X		X			
792600 Kindred Hospital Spring		X		X		X	X		
792702 Kindred Hospital Town & Country		X		X		X	X		
794200 Menninger Clinic		X		X		X			
800010 Methodist West Houston Hospital		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
807000 CHRISTUS Dubuis Hospital–Houston		X	X	X <sup>Iv</sup>	X	X <sup>Iv</sup>	X		
838400 Memorial Hermann Rehab Hospital Katy		X		X		X			
838600 St Joseph Medical Center		X	X	X		X	X		
840200 University General Hospital		X	X	X	X	X	X		
856300 Acuity Hospital–Houston Last reports 1 <sup>st</sup> quarter 2011		X <sup>OC</sup>							
909000 St Anthonys Hospital		X		X		X			
941000 Kindred Hospital The Heights		X		X		X			
956000 Westbury Community Hospital		X		X		X			
969200 Behavioral Hospital–Bellaire		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Humble</b>									
616000 HEALTHSOUTH Rehab Hospital Humble		X		X		X			
847100 Memorial Hermann Northeast		X		X		X			
865900 Icon Hospital		X		X		X			
901100 Humble Surgical Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Huntsville</b>									
061000 Huntsville Memorial Hospital		X		X		X			
<b>Hurst</b>									
812300 Southwest Surgical Hospital		X <sup>lv</sup>		X		X			
850200 Cook Childrens Northeast Hospital		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
<b>Iraan</b>									
258000 Iraan General Hospital		*		*		*			
<b>Irving</b>									
300000 Baylor Medical Center-Irving		X	X	X	X	X	X		
799500 Irving Coppell Surgical Hospital		X		X		X			
814000 Las Colinas Medical Center		X	X	X	X	X	X		
<b>Jacksboro</b>									
046000 Faith Community Hospital		*		*		*			
<b>Jacksonville</b>									
416000 East Texas Medical Center-Jacksonville		X		X		X <sup>OC</sup>			
725400 Mother Frances Hospital-Jacksonville		X		X		X			
<b>Jasper</b>									
038001 CHRISTUS Jasper Memorial Hospital		X		X		X <sup>OC</sup>			
<b>Jourdanton</b>									
334002 South Texas Regional Medical Center		X		X		X			
<b>Junction</b>									
205000 Kimble Hospital		X		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Katy</b>									
534001 Memorial Hermann Katy Hospital		X		X		X			
715901 CHRISTUS St Catherine Hospital		X		X		X			
<b>Kaufman</b>									
303000 Texas Health Presbyterian Hospital-Kaufman		X	X	X	X	X	X		
<b>Kenedy</b>									
357000 Otto Kaiser Memorial Hospital		*		*		*			
<b>Kermit</b>									
062000 Winkler County Memorial Hospital		X <sup>lv</sup>		X		X			
<b>Kerrville</b>									
000106 Kerrville State Hospital		X <sup>lv</sup>	X	X	X	X <sup>lv</sup>	X		
406000 Peterson Regional Medical Center		X		X		X			
<b>Kilgore</b>									
031001 Allegiance Specialty Hospital-Kilgore		X		X <sup>OC</sup>		X			
<b>Killeen</b>									
397001 Metroplex Hospital		X		X		X			
397002 Metroplex Pavilion	397001								
<b>Kingsville</b>									
216001 CHRISTUS Spohn Hospital-Kleberg		X		X		X			
<b>Kingwood</b>									
675000 Kingwood Medical Center		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
813800 Memorial Hermann Specialty Hospital Kingwood		X <sup>lv</sup>		X <sup>OC</sup>		X <sup>lv</sup>			
818600 Kingwood Pines Hospital		X		X		X			
<b>Knox City</b>									
568000 Knox County Hospital		*		*		*			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Kyle</b>									
921000 Seton Medical Center Hays		X	X	X	X	X	X		
<b>La Grange</b>									
823400 St Marks Medical Center		X		X		X			
<b>Lake Jackson</b>									
436000 Brazosport Regional Health System		X		X		X			
<b>Lamesa</b>									
341000 Medical Arts Hospital		*		*		*			
<b>Lampasas</b>									
397000 Rollins Brooks Community Hospital		X		X		X			
<b>Laredo</b>									
207001 Laredo Medical Center		X		X	X	X	X		
301000 Doctors Hospital-Laredo		X		X		X			
804400 Providence Hospital	301000								
836300 Laredo Specialty Hospital		X	X	X		X			
<b>League City</b>									
718000 Devereux Texas Treatment Network		X		X		X			
<b>Levelland</b>									
307000 Covenant Hospital-Levelland		X		X		X			
<b>Lewisville</b>									
394000 Medical Center-Lewisville		X	X	X	X	X	X		
<b>Liberty</b>									
089001 Liberty-Dayton Regional Medical Center		X		X		X			
<b>Linden</b>									
822100 Good Shepherd Medical Center-Linden		X		X		X	X		
<b>Littlefield</b>									
217000 Lamb Healthcare Center		*		*		*			
<b>Livingston</b>									
466000 Memorial Medical Center-Livingston		X		X		X			
<b>Llano</b>									
476000 Scott & White Hospital Llano		X		X		X			
<b>Lockney</b>									
010000 WJ Mangold Memorial Hospital		*		*		*			
<b>Longview</b>									
029000 Good Shepherd Medical Center		X		X		X	X		
525000 Longview Regional Medical Center		X		X		X			
794600 Select Specialty Hospital-Longview		X		X		X	X		
944000 Behavioral Hospital Longview		X		X		X			
<b>Lubbock</b>									
013001 Grace Medical Center		X		X		X			
109000 Covenant Medical Center-Lakeside		X		X		X			
145000 University Medical Center		X	X	X	X	X	X		
465000 Covenant Medical Center		X		X		X			
686000 Covenant Childrens Hospital		X		X		X			
786001 Southwest Regional Specialty Hospital		X		X <sup>lv</sup>		X <sup>lv</sup>			
801500 Lubbock Heart Hospital		X <sup>N</sup>		X <sup>N</sup>		X <sup>N</sup>			
804000 Sunrise Canyon		X		X		X			
846200 Covenant Specialty Hospital		X		X		X			
865800 Trustpoint Hospital		X <sup>N</sup>		X <sup>N</sup>		X <sup>N</sup>			
940000 Texas Specialty Hospital Lubbock		X <sup>lv</sup>		X <sup>lv</sup>		X			
<b>Lufkin</b>									
129000 Memorial Medical Center East Texas		X		X		X			
481000 Woodland Heights Medical Center		X		X		X			
691000 Memorial Specialty Hospital		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Luling</b>									
597000 Seton Edgar B Davis Hospital		X	X	X	X	X	X		
848200 Warm Springs Specialty Hospital–Luling		X		X		X			
<b>Madisonville</b>									
041000 Madison St Joseph Health Center		X	X	X	X	X	X		
<b>Mansfield</b>									
657000 Kindred Hospital–Mansfield		X	X	X	X	X			
842800 Methodist Mansfield Medical Center		X		X		X			
<b>Marlin</b>									
517000 Falls Community Hospital & Clinic		*		*		*			
<b>Marshall</b>									
020000 Good Shepherd Medical Center–Marshall		X	X	X	X	X	X		
<b>McAllen</b>									
601000 Rio Grande Regional Hospital		X		X		X			
802001 McAllen Medical Center		X		X		X			
802003 McAllen Heart Hospital	802001								
816300 Solara Hospital		X		X		X			
821001 LifeCare Hospital–South Texas–South		X		X		X			
821002 LifeCare Hospitals–South Texas–North		X		X		X			
<b>McCamey</b>									
240000 McCamey Hospital		*		*		*			
<b>McKinney</b>									
246000 Columbia Medical Center–McKinney		X		X		X	X		
246001 Medical Center McKinney–Wysong Campus	246000								
922000 The Hospital at Craig Ranch		X		X		X <sup>OC</sup>			
937000 Methodist McKinney Hospital		X		X		X			
<b>Mesquite</b>									
315003 Dallas Regional Medical Center		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
670001 Mesquite Rehab Hospital		X		X		X			
840000 Mesquite Specialty Hospital		X		X	X	X			
<b>Mexia</b>									
505000 Parkview Regional Hospital		X		X		X			
<b>Midland</b>									
452000 Midland Memorial Hospital		X		X	X	X			
452002 Midland Memorial Hospital–West Campus	452000								
693000 HEALTHSOUTH Rehab Hospital–Midland/Odessa		X		X		X			
789900 Select Specialty Hospital–Midland		X		X		X			
874500 BCA Permian Basin		X		X		X			
924000 Allegiance Health Center Permian Basin		X		X		X			
<b>Mineral Wells</b>									
034000 Palo Pinto General Hospital		X		X		X			
<b>Mission</b>									
370000 Mission Regional Medical Center		X <sup>OC</sup>		X		X			
<b>Missouri City</b>									
609001 Memorial Hermann Sugar Land		X		X		X			
<b>Monahans</b>									
468000 Ward Memorial Hospital		*		*		*			
<b>Morton</b>									
159000 Cochran Memorial Hospital		*		*		*			
<b>Mount Pleasant</b>									
137000 Titus Regional Medical Center		*		*		*			
<b>Mount Vernon</b>									
282000 East Texas Medical Center–Mount Vernon		X		X		X <sup>OC</sup>			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Muenster</b>									
365000 Muenster Memorial Hospital		*		*		*			
<b>Mulshoe</b>									
631000 Mulshoe Area Medical Center		*		*		*			
<b>Nacogdoches</b>									
392000 Nacogdoches Medical Center		X		X		X			
478000 Nacogdoches Memorial Hospital		X		X		X <sup>OC</sup>			
478001 Cecil R Bomar Rehab Center	478000								
<b>Nassau Bay</b>									
600001 CHRISTUS St John Hospital		X		X		X			
<b>Navasota</b>									
728800 Grimes St Joseph Health Center		X	X	X	X	X	X		
<b>Nederland</b>									
127000 Mid-Jefferson Extended Care Hospital First reports 3 <sup>rd</sup> quarter 2011						X <sup>lv</sup>			
<b>New Braunfels</b>									
786200 New Braunfels Regional Rehab Hospital First reports 3 <sup>rd</sup> quarter 2011						X <sup>lv</sup>			
851800 Hill Country Specialty Hospital		X		X		X			
863300 CHRISTUS Santa Rosa Hospital New Braunfels		X		X		X <sup>OC</sup>			
<b>Nocona</b>									
348000 Nocona General Hospital		*		*		*			
<b>Odessa</b>									
181000 Medical Center Hospital		X		X		X			
425000 Odessa Regional Medical Center		X		X		X			
791001 Regency Hospital-Odessa		X		X		X	X		
938000 Basin Healthcare Center		X		X		X			
<b>Olney</b>									
294000 Hamilton Hospital		*		*		*			
<b>Orange</b>									
121000 Memorial Hermann Baptist Orange Hospital		X		X		X			
851400 Harbor Hospital-Southeast Texas		X		X		X			
<b>Palacios</b>									
574001 Palacios Community Medical Center		X <sup>OC</sup>		X		X			
<b>Palestine</b>									
629001 Palestine Regional Medical Center		X		X		X			
629002 Palestine Regional Medical Center Rehab & Psych Campus	629001								
<b>Pampa</b>									
832900 Pampa Regional Medical Center		X		X		X <sup>OC</sup>			
<b>Paris</b>									
095002 Paris Regional Medical Center South Campus		X		X		X			
095003 Paris Regional Medical Center North Campus	095002								
787500 Dubuis Hospital-Paris		X	X	X	X	X <sup>lv</sup>	X		
<b>Pasadena</b>									
349001 Bayshore Medical Center		X <sup>OC</sup>		X		X <sup>OC</sup>			
694100 Surgery Specialty Hospitals of America-Southeast Houston		X <sup>lv</sup>		X <sup>lv</sup>		X			
801000 Kindred Hospital Bay Area		X	X	X	X	X	X		
846100 St Lukes Patients Medical Center		X		X		X			
<b>Pearsall</b>									
441000 Frio Regional Hospital		*		*		*			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Pecos</b>									
367000 Reeves County Hospital		*		*		*			
<b>Perryton</b>									
098000 Ochiltree General Hospital		*		*		*			
<b>Pittsburg</b>									
438000 East Texas Medical Center-Pittsburg		X		X		X <sup>OC</sup>			
<b>Plainview</b>									
146000 Covenant Hospital-Plainview		X		X		X			
816001 Allegiance Behavioral Health Center-Plainview		X <sup>Iv</sup>		X		X			
<b>Plano</b>									
143001 Childrens Medical Center Legacy		X		X		X			
214000 Medical Center-Plano		X	X	X	X	X	X		
664000 Texas Health Presbyterian Hospital-Plano		X	X	X	X	X	X		
670000 HEALTHSOUTH Plano Rehab Hospital		X		X	X	X	X		
720000 Texas Health Seay Behavioral Health Center		X	X	X	X	X	X		
789800 LifeCare Hospital-Plano		X	X	X	X	X	X		
805000 Plano Specialty Hospital		X		X		X			
814001 Baylor Regional Medical Center-Plano		X	X	X	X	X	X		
815300 Texas Health Center-Diagnostics & Surgery Plano		X		X		X			
844000 Heart Hospital Baylor Plano		X		X	X	X			
<b>Port Arthur</b>									
299001 CHRISTUS Hospital-St Mary		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
464002 Medical Center-Southeast Texas		X	X	X		X			
708001 CHRISTUS Dubuis Hospital-Port Arthur		X <sup>Iv</sup>	X	X <sup>Iv</sup>	X	X <sup>Iv</sup>	X		
792100 Promise Specialty Hospital-Southeast Texas		X		X		X <sup>Iv</sup>			
<b>Port Lavaca</b>									
487000 Memorial Medical Center		*		*		*			
<b>Quanah</b>									
102000 Hardeman County Memorial Hospital		*		*		*			
<b>Quitman</b>									
411000 East Texas Medical Center-Quitman		X		X		X <sup>OC</sup>			
<b>Rankin</b>									
290000 Rankin County Hospital District		*		*		*			
<b>Refugio</b>									
368000 Refugio County Memorial Hospital District		*		*		*			
<b>Richardson</b>									
549000 Methodist Richardson Medical Center		X		X	X	X			
549001 Bush Renner		***		***		***			
861300 Reliant Rehab Hospital North Texas		X		X <sup>OC</sup>		X	X		
<b>Richland Hills</b>									
437000 North Hills Hospital		X	X	X	X	X	X		
<b>Richmond</b>									
230000 Oakbend Medical Center		X		X		X			
230001 Oakbend Medical Center		X		X		X			
<b>Rio Grande City</b>									
393000 Starr County Memorial Hospital		X		X		X			
<b>Rockdale</b>									
369000 Richards Memorial Hospital		X		X		X			
<b>Rockwall</b>									
859900 Texas Health Presbyterian Hospital-Rockwall		X		X		X			
<b>Rotan</b>									
355000 Fisher County Hospital District		*		*		*			



	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>Round Rock</b>									
608000 Round Rock Medical Center		X		X		X			
852600 Scott & White Hospital Round Rock		X		X		X			
861700 Seton Medical Center Williamson		X	X	X	X	X	X		
866100 Reliant Rehab Hospital Central Texas		X		X <sup>OC</sup>		X	X		
<b>Rowlett</b>									
625000 Lake Pointe Medical Center		X		X		X			
<b>Rusk</b>									
000107 Rusk State Hospital		X	X	X	X	X	X		
<b>San Angelo</b>									
056000 San Angelo Community Medical Center		X		X		X			
168000 Shannon West Texas Memorial Hospital		X		X		X			
445000 Shannon Medical Center–St Johns Campus	168000								
747000 River Crest Hospital		X		X		X <sup>OC</sup>			
<b>San Antonio</b>									
000108 Texas Center for Infectious Disease		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
000110 San Antonio State Hospital		X	X	X	X	X	X		
081001 Mission Trail Baptist Hospital		X		X		X			
114001 Baptist Medical Center		X		X		X			
134001 Northeast Baptist Hospital		X		X		X			
154000 Methodist Hospital		X		X <sup>OC</sup>		X <sup>OC</sup>			
154001 Methodist Specialty & Transplant Hospital		X		X		X			
154002 Northeast Methodist Hospital		X		X		X			
154003 Methodist Texsan Hospital		X		X		X			
158000 University Hospital		X		X		X			
228001 Southwest General Hospital		X		X		X			
283000 Metropolitan Methodist Hospital		X		X		X			
339000 CHRISTUS Santa Rosa Hospital		X		X		X <sup>OC</sup>			
339001 CHRISTUS Santa Rosa Medical Center		X		X		X <sup>OC</sup>			
339002 CHRISTUS Santa Rosa Hospital–Westover Hills		X		X		X <sup>OC</sup>			
396001 Nix Specialty Health Center	396002								
396002 Nix Health Care System		X		X		X	X		
503001 St Lukes Baptist Hospital		X		X		X			
634000 CHRISTUS Santa Rosa Childrens Hospital		X		X		X <sup>OC</sup>			
636000 HEALTHSOUTH Rehab Institute–San Antonio		X		X		X			
645000 Kindred Hospital–San Antonio		X		X		X			
677001 North Central Baptist Hospital		X		X		X			
681001 Methodist Ambulatory Surgery Hospital–Northwest		X		X <sup>OC</sup>		X <sup>OC</sup>			
702001 Acuity Hospital South Texas		X <sup>lv</sup>		X		X			
719300 Select Specialty Hospital–San Antonio		X		X		X	X		
723001 Laurel Ridge Treatment Center		X		X		X			
737000 Clarity Child Guidance Center		X		X		X			
786800 South Texas Spine & Surgical Hospital		X		X	X	X			
799200 Promise Hospital–San Antonio		X <sup>lv</sup>		X <sup>OC</sup>		X <sup>lv</sup>			
815000 LifeCare Hospital–San Antonio		X		X		X			
820600 Innova Hospital–San Antonio		X		X		X			
844600 Warm Springs Rehab Hospital–San Antonio		X		X		X			
852100 Foundation Bariatric Hospital–San Antonio		X		X		X			
874100 Methodist Stone Oak Hospital		X		X		X			
939000 GlobalRehab Hospital–San Antonio		X		X		X			
<b>San Augustine</b>									
072000 Memorial Medical Center–San Augustine		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
<b>San Marcos</b>									
556000 Central Texas Medical Center		X		X		X			
<b>Seguin</b>									
155000 Guadalupe Regional Medical Center		X		X		X			
<b>Seminole</b>									
113000 Memorial Hospital		*		*		*			
<b>Seymour</b>									
546000 Seymour Hospital		*		*		*			
<b>Shamrock</b>									
571000 Shamrock General Hospital		*		*		*			
<b>Shenandoah</b>									
795000 Nexus Specialty Hospital Shenandoah Campus		X		X		X			
873700 Reliant Rehab Hospital North Houston		X		X		X			
<b>Sherman</b>									
100076 Heritage Park Surgical Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X			
297000 Texas Health Presbyterian Hospital – WNJ		X		X		X			
847002 Texoma Medical Center Behavioral Health Center	847000								
875300 Lifelong Independence and Fitness Enrichment Center Last reports 2 <sup>nd</sup> quarter 2011		X <sup>OC</sup>		X <sup>OC</sup>					
957000 Carrus Rehab Hospital		X		X		X	X		
<b>Smithville</b>									
385000 Smithville Regional Hospital Last reports 2 <sup>nd</sup> quarter 2011		X		X					
424500 Seton Smithville Regional Hospital First reports 3 <sup>rd</sup> quarter 2011						X			
<b>Snyder</b>									
439000 Cogdell Memorial Hospital		*		*		*			
<b>Sonora</b>									
147000 Lillian M Hudspeth Memorial Hospital		*X		*X <sup>lv</sup>		*X <sup>lv</sup>			
<b>Southlake</b>									
812800 Texas Health Harris Methodist Hospital Southlake		X		X		X			
<b>Spearman</b>									
395000 Hansford County Hospital		*		*		*			
<b>Spring</b>									
945500 Victory Medical Center Houston First reports 3 <sup>rd</sup> quarter 2011						X <sup>lv</sup>			
<b>Stafford</b>									
874000 Atrium Medical Center		X		X		X			
<b>Stamford</b>									
043000 Stamford Memorial Hospital		*		*		*			
<b>Stanton</b>									
388000 Martin County Hospital District		*		*		*			
<b>Stephenville</b>									
256000 Texas Health Harris Methodist Hospital– Stephenville		X	X	X	X	X	X		
<b>Sugar Land</b>									
790500 Sugar Land Surgical Hospital		X		X		X			
792700 Kindred Hospital Sugar Land		X		X		X	X		
823000 Methodist Sugar Land Hospital		X		X		X	X		
869700 St Lukes Sugar Land Hospital		X	X	X	X	X	X		
916000 Emerus Hospital		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
969000 HEALTHSOUTH Sugar Land Rehab Hospital		X		X		X <sup>OC</sup>			
<b>Sulphur Springs</b>									
280000 Hopkins County Memorial Hospital		*		*		*			
<b>Sunnyvale</b>									
919000 Texas Regional Medical Center Sunnyvale		X		X <sup>OC</sup>		X <sup>OC</sup>			
<b>Sweeny</b>									
178000 Sweeny Community Hospital		X		X		X			
<b>Sweetwater</b>									
471000 Rolling Plains Memorial Hospital		*		*		*			
<b>Tahoka</b>									
192000 Lynn County Hospital District		*		*		*			
<b>Taylor</b>									
044000 Scott & White Hospital Taylor		X		X		X			
<b>Temple</b>									
186000 Childrens Hospital Scott & White Healthcare		***		***		***			
537000 Scott & White Memorial Hospital		X		X		X			
537001 Scott & White Santa Fe Center	537000								
537002 Scott & White Pavilion	537000								
537003 Scott & White Memorial Hospital-SNF		X		X		X			
537005 Scott & White Memorial Hospital-Psych		X <sup>lv</sup>		X		X			
850300 Scott & White Continuing Care		X		X		X			
<b>Terrell</b>									
000111 Terrell State Hospital		X	X	X	X	X	X		
848600 Renaissance Hospital Terrell		X		X		X			
<b>Texarkana</b>									
144000 Wadley Regional Medical Center		X		X		X			
684000 HEALTHSOUTH Rehab Hospital-Texarkana		X		X		X			
713001 CHRISTUS St Michael Rehab Hospital		X		X		X			
788001 CHRISTUS St Michael Health System		X		X		X	X		
822000 Dubuis Hospital-Texarkana		X	X	X	X	X	X		
847600 Dubuis Hospital-Texarkana-Wadley		X	X	X	X	X	X		
<b>Texas City</b>									
793000 Mainland Medical Center		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
<b>The Woodlands</b>									
615000 Memorial Hermann The Woodlands Hospital		X		X		X			
793100 St Lukes The Woodlands Hospital		X	X	X	X	X	X		
795001 Nexus Specialty Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>OC</sup>			
923000 St Lukes Lakeside Hospital		X	X	X	X	X	X		
<b>Throckmorton</b>									
428000 Throckmorton County Memorial Hospital		*		*		*			
<b>Tomball</b>									
076000 Tomball Regional Medical Center		X <sup>OC</sup>		X <sup>OC</sup>		X <sup>OC</sup>			
792601 Kindred Hospital Tomball		X		X	X	X	X		
<b>Trinity</b>									
287000 East Texas Medical Center-Trinity		X		X		X <sup>OC</sup>			
<b>Trophy Club</b>									
805100 Baylor Medical Center Trophy Club		X		X <sup>OC</sup>		X			
<b>Tulia</b>									
273000 Swisher Memorial Hospital		*		*		*			
<b>Tyler</b>									
000112 UT Health Center-Tyler		X		X		X			
286000 Mother Frances Hospital		X		X		X			
410000 East Texas Medical Center		X		X		X <sup>OC</sup>			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
410001 East Texas Medical Center Behavioral Health Center	410000								
692000 Trinity Mother Frances Rehab Hospital		X		X		X			
777000 East Texas Medical Center Specialty Hospital		X		X		X <sup>OC</sup>			
790200 Texas Spine & Joint Hospital		X		X		X			
799000 East Texas Medical Center Rehab Hospital		X		X		X <sup>OC</sup>			
806500 Tyler Continue Care Hospital		X		X		X			
<b>Uvalde</b>									
063000 Uvalde Memorial Hospital		X		X		X			
<b>Van Horn</b>									
139000 Culberson Hospital		X <sup>lv</sup>		X <sup>lv</sup>		X <sup>lv</sup>			
<b>Vernon</b>									
000113 North Texas State Hospital–Vernon	000114								
084000 Wilbarger General Hospital		*		*		*			
<b>Victoria</b>									
064000 Citizens Medical Center		X		X		X			
453000 DeTar Hospital–Navarro		X	X	X	X	X	X		
453001 DeTar Hospital–North	453000								
812000 Kindred Hospital Victoria		X		X		X			
848100 Warm Springs Specialty Hospital–Victoria		X		X		X			
<b>Waco</b>									
000117 Waco Center for Youth		X <sup>lv</sup>	X	X	X	X <sup>lv</sup>	X		
040000 Providence Health Center		X		X		X			
506000 Hillcrest Baptist Medical Center		X		X		X			
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center		X <sup>OC</sup>		X		X			
<b>Waxahachie</b>									
285000 Baylor Medical Center–Waxahachie		X	X	X	X	X	X		
<b>Weatherford</b>									
844800 Weatherford Regional Medical Center		X		X <sup>OC</sup>		X			
<b>Webster</b>									
212000 Clear Lake Regional Medical Center		X		X		X			
680000 Kindred Rehab Hospital Clear Lake		X		X		X			
698004 Cornerstone Hospital Houston–Clear Lake		X		X		X			
720402 Kindred Hospital Clear Lake		X		X		X			
822001 Houston Physicians Hospital		X		X		X			
<b>Weimar</b>									
005000 Colorado–Fayette Medical Center		*		*		*			
<b>Wellington</b>									
195000 Collingsworth General Hospital		X		X		X			
<b>Weslaco</b>									
480000 Knapp Medical Center		X		X	X	X			
808500 Weslaco Rehab Hospital		X		X		X <sup>OC</sup>			
<b>Wharton</b>									
833000 Gulf Coast Medical Center		X		X		X			
<b>Wheeler</b>									
116000 Parkview Hospital		*		*		*			
<b>Whitney</b>									
161000 Lake Whitney Medical Center		X		X		X			
<b>Wichita Falls</b>									
000114 North Texas State Hospital		X	X	X	X	X	X		
417000 United Regional Health Care System		X		X		X			

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
681400 Kell West Regional Hospital		X		X		X			
685000 HEALTHSOUTH Rehab Hospital-Wichita Falls		X		X		X			
709001 Red River Hospital		X		X		X			
820002 Texas Specialty Hospital-Wichita Falls		X <sup>OC</sup>		X		X	X		
<b>Winnie</b>									
781400 Winnie Community Hospital		*		*		*			
<b>Winnsboro</b>									
446001 Mother Frances Hospital Winnsboro		X		X		X			
<b>Winters</b>									
151000 North Runnels Hospital		*		*		*			
<b>Woodville</b>									
569000 Tyler County Hospital		*		*		*			
<b>Yoakum</b>									
023000 Yoakum Community Hospital		x	x	x	x	x <sup>OC</sup>			
Total exempt hospitals		85		87		87			
Total exempt hospitals voluntarily reporting		3		4		3			
Total hospitals not in compliance. No data submitted		1		2		1			
Total hospitals with discharges reported by another hospital		32		31		31			
<b>Total reporting</b>		558		558		561			

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

C Closed, no data submitted.

C<sup>N</sup> Closed, data not certified.

NC Certification comments not submitted to DSHS.

OC Not in compliance for this quarter. No data submitted.

x Hospital submitted and certified data, submitted comments.

x<sup>lv</sup> 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'.

x<sup>N</sup> Hospital elected not to certify data.

x<sup>OC</sup> 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.