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

2013

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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 2013 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 providers/submitters have, by law, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e. for calendar year data be sure to check the first quarter of the following year also).

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 2013 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 950 bytes), Base Data #2 (logical record length of 700 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 69 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 577 hospitals:				
Base Data #1	731,187 records	194 variables	Fixed field format 680 MB	Tab-delimited 310 MB
Base Data #2	731,187 records	100 variables	Fixed field format 501 MB	Tab-delimited 194 MB
Charges	11,615,014 records	13 variables	Fixed field format 930 MB	Tab-delimited 540 MB
Facility Type Data	577 records	10 variables	Fixed field format 41 KB	Tab-delimited 28 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:

BASE DATA #1 FILE (Separated Base File 2011)	
FAC_LONG_TERM_AC_IND	Added 2004
	Added 2004 Added 2004
PAT_COUNTRY FIRST DAYMENT CDC	
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and
CECOND DAYMENT CDC	SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and
DEVENUE CODE 42	SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	111 12004
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
BASE DATA #2 FILE (added 2011) Moved calculated charge amoun	nts andsSituational data elements to this file
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
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS LINE ITEM	Added 2004
CHRGS_NON_COV	Added 2004
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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). Section 108.013 (c) 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 Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), 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 THCIC 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 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 THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-9-CM

- code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly 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 casemix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during
 hospitalization 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 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

Field 1:	RECORD_ID			
Description:			ber assigned to identify the record. First available	
	1 st quarter 2002. Does N	NOT match the REC	CORD_ID in THCIC Research Data Files	
	(RDF's).			
Beginning Position:	1	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 2:	DISCHARGE			
Description:	Discharge Quarter. Year	and quarter of disc	charge. yyyyQn.	
Beginning Position:	13	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique ide	ntifier assigned to t	he provider by DSHS.	
Suppression:	Hospitals with fewer tha	n 50 discharges ha	ve been aggregated into the Provider ID '999999'.	
	If a hospital has fewer th	nan 5 discharges of	a particular gender, including 'unknown',	
	Provider ID is '999998'.			
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 4:	PROVIDER_NAME			
Description:	Hospital name provided	by the hospital.		
Suppression:	Hospitals with fewer tha	n 50 discharges (Pr	rovider ID equals '999999') are assigned the	
• •	name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a			
	particular gender, includ			
Beginning Position:	13	Data Source:	Provider	
Length:	55	Type:	Alphanumeric	

Field 5:	TYPE_OF_ADMISSION					
Description:	Code indicating the type of admission					
Coding Scheme:	1 Emergency					
coung seneme.	2 Urgent					
	3 Elective					
	4 Newborn					
	5 Trauma Center 9 Information not available					
	` Invalid					
Beginning Position:	80 Data Source:	Claim				
Length:	1 Type:	Alphanumeric				
Field 6:	SOURCE_OF_ADMISSION	•				
Description:	Code indicating source of the admission.					
Coding Scheme:	1 Non-Healthcare Facility Point of Origin (Be	ginning July 1, 2010)				
o .	2 Clinic referral					
	-	Transfer from a hospital Transfer from a skilled nursing facility, intermediate care facility or assisted living facility				
	6 Transfer from another health care facility	inediate care facility of assisted	inving facility			
	8 Court/Law Enforcement					
	9 Information not available					
	O Transfer from psychiatric, substance abuse,	rehab hospital				
	B Transfer from another home health agency D Transfer from One distinct Unit of the Hosp	ital to another Distinct Unit of t	ha Cama Hagnital Dagulting in			
	D Transfer from One distinct Unit of the Hosp Separte Claim to the Payer	ital to another Distinct Unit of the	ne Same Hospital Resulting in			
	E Transfer from Amubulatory 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					
Beginning Position:	81 Data Source:	Claim				
Length:	1 Type:	Alphanumeric				
Field 7:	SPEC_UNIT_1	r				
Description:	Specialty Units in which most days during	stav occurred based on r	number of days by Type of			
•	Bill or Revenue Code. In order by number					
	SPEC_UNIT_5 are combined in one field					
	individually in the fixed length file.					
Coding Scheme:	C Coronary Care Unit	P	Pediatric Unit			
<u> </u>	D Detoxification Unit	Y	Psychiatric Unit			
	I Intensive Care Unit H Hospice Unit	R U	Rehabilitation Unit Sub-acute Care Unit			
	N Nursery	S	Skilled Nursing Unit			
	B Obstetric Unit	Blank	Acute Care			
	O Oncology Unit					
Beginning Position:	82 Data Source:	Calculated				
Length:	1 Type:	Alphanumeric				
Field 8:	SPEC_UNIT_2					
Description:	Specialty Units in which most days during					
	Bill or Revenue Code. In order by number					
	SPEC_UNIT_5 are combined in one field	in the Tab Delimited file	and can be accessed			
	individually in the fixed length file.	D	D. P. C. H. W			
Coding Scheme:	C Coronary Care Unit D Detoxification Unit	P Y	Pediatric Unit 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			
Reginning Position	O Oncology Unit 83 Data Source:					
Beginning Position: Length:	1 Type:	Alphanumeric				
Field 9:	SPEC_UNIT_3	Афианинстс				
Description:	Specialty Units in which most days during	stay occurred based on r	number of days by Type of			
Description.	Specially Onlis in which most days during	stay occurred based off i	iumoci of days by Type of			

	D'II an Danasa Cada	To and an horacon harm	. C. d CDI	CC UNIT 1 dec. 1
			of days in the unit. SPI	le and can be accessed
	individually in the fix		ii tile Tab Dellillited III	ie and can be accessed
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
Couning Scheme.	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S Blank	Skilled Nursing Unit
	B O	Obstetric Unit Oncology Unit	Втапк	Acute Care
Beginning Position:	84	Data Source:		
Length:	1	Type:	Alphanumeric	
Field 10:	SPEC UNIT 4			
Description:		ich most davs during	stav occurred based on	number of days by Type of
F			of days in the unit. SPI	
				le and can be accessed
	individually in the fix			
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
coung seneme.	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N B	Nursery Obstetric Unit	S Blank	Skilled Nursing Unit Acute Care
	0	Oncology Unit	Dialik	Acute Care
Beginning Position:	85	Data Source:		
Length:	1	Type:	Alphanumeric	
Field 11:	SPEC_UNIT_5	- Jpc.	Пришинене	
Description:		ich most davs during	stay occurred based on	number of days by Type of
z esemption.			of days in the unit. SPI	
				le and can be accessed
	individually in the fix		ir the Tub Denninted III	ie und eun be decessed
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
couning benefite.	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N B	Nursery Obstetric Unit	S Blank	Skilled Nursing Unit Acute Care
	0	Oncology Unit	Dialik	Acute Care
Beginning Position:	86	Data Source:		
Length:	1	Type:	Alphanumeric	
Field 12:	PAT_STATE	- J por	111/11111111111111111111111111111111111	_
Description:		mailing address in Te	eas and contiguous stat	tes. Standard 2-character
z esemption.	Postal Service abbrev	_		
Coding Scheme:	AR Arkansas	intion.		
couning benefite.	LA Louisiana			
	NM New Mexico			
	OK Oklahoma TX Texas			
		American Territories		
	FC Foreign country	interieur Territories		
	XX Foreign country			
Beginning Position:	87	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 13:	PAT_ZIP			
Description:	Patient's five-digit ZI	P code.		
Suppression:				es. If state equals 'ZZ', ZIP
	code equals '88888'.	If state equals 'FC' (fe	oreign country) ZIP co	de is blank. If ICD-9-CM
	indicates alcohol or d	rug use or an HIV dia	gnosis the ZIP code is	blank. If a hospital has
	fewer than fifty disch	arges the ZIP code is	blank. If a hospital has	fewer than 5 discharges of
	a particular gender, in			_
Beginning Position:	89	Data Source:	Claim	

Pat	Length:	5		Т	'ype:	Alphan	umeric		
Country of patient's residential address. List maintained by the International Organization for Standardization (ISOs)			COUNTRY		<i>J</i> F • • • • • • • • • • • • • • • • • • •	1			-
Suppression Suppressed if fewer than 5 patients from one country.			Country of patient's residential address. List maintained by the International Organization for						
See Part Part	•						•		
Beginning Position: 94	Suppression:	Supp	ressed if fewer th	an 5 p	atients from one	e country	•		
Pried 15: PAT_COUNTY Field 15: PAT_COUNTY Field 15: PAT_COUNTY Field 15: PAT_COUNTY Field 15: PAT_COUNTY Priest 15: PAT_COUNTY Priest 16: Path Section Path	Coding scheme:	See 1	www.ISO.org for o	comple	ete list.				
Field 15: FIPS code of patient's county Surfight Surfight		94		D	ata Source:	Claim			
Pescription	Length:	2		T	'ype:	Alphan	umeric		
Coding scheme: 001 Anderson 129 Donley 257 Ranfman 385 Real 003 Andrews 131 Daval 229 Kendall 387 Red Kiver 007 Aransas 135 Escror 263 Kent 391 Retigio 007 Aransas 135 Escror 263 Kent 392 Retigio 011 Armatron 139 Ellis 267 Kimbel 393 Roberts 015 Austria 143 Eralth 271 Kimbel 399 Romets 019 Bandera 147 Famin 275 Knoc 403 Sabine 019 Bandera 147 Famin 275 Knoc 403 Sabine 019 Bandera 147 Famin 275 Knoc 403 Sabine 023 Baylor 151 Fisher 277 Lam 407 San Jacustine	Field 15:	PAT	_COUNTY						
Marcheward 131 Davral 259 Rendall 387 Red River 005 Angelina 133 Estaland 261 Kenedy 389 Reves 261 Reves 262 Rendy 389 Reves 262 Rendy 389 Reves 263 Rendy 360 Reves 263 Rendy 361 Refugio 362 Rendy 361 Refugio 362 Rendy 362 Rendy	Description:	FIPS	code of patient's	count	у.				
Marche	Coding scheme:				•				
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O11							•		
13 Auscona 141 El Pano 209 King 377 Rockwall 1015 Austin 143 Frath 271 Kinney 399 Rumels 1017 Bailey 145 Falls 273 Kleberg 401 Runk 1019 Bandera 147 Fannin 275 Knox 403 Sabine 1021 Bastrup 149 Fayette 283 La Salle 405 San Augustine 1023 Baylor 151 Fisher 277 Lamar 407 San Jacinto 1025 Bee 153 Floyd 279 Lamb 409 San Patricio 1027 Bell 155 Foard 281 Lampass 411 San Saba 1029 Bexar 157 Fort Bend 285 Lavaca 413 Schleicher 1033 Borden 161 Freestone 289 Leon 417 Shellyy 1033 Borden 161 Freestone 289 Leon 417 Shellyy 1033 Borden 161 Freestone 289 Leon 417 Shellyy 1037 Bowle 163 Gainestone 295 Linestone 421 Sherman 104 Brazos 167 Galveston 295 Linestone 421 Sherman 104 Brazos 175 Glassock 301 Loving 429 Somervell 104 Brazos 175 Glassock 301 Loving 429 Somervell 104 Brazos 175 Glassock 301 Loving 429 Stering 429 Brown 177 Gonzáles 305 Lynn 433 Stonewall 105 Gray 307 McCulloch 435 Stonewall 106 Garna 107 Gray 307 McCulloch 435 Stonewall 106 Garna 107 Gray 307 McCulloch 435 Stonewall 106 Garna 107 Gray 307 McCulloch 435 Stonewall 107 Gray 307 McCulloch 437 Stonewall 107 Gray 307 McCulloch 435 Stonewall 107 Gray 307 McCulloch 437 Stonewall 107 Gray 307 McCulloch 437 Stonewall 107 Gray 307 McCulloch 437 Stonewall 108 Graps 108 Marion 447 Tracoknotron 108 Graps 108 Marion 447 Tracoknotron 108 Graps 108 Marion 447 Tracoknotron 108 Graps 108 G									
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165				161	Freestone	289			
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O41 Brazos 169 Garza 297 Live Oak 425 Somervell									
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O45									
O49 Brown 177 Gonzales 305 Lynn 433 Stonewall O51 Burleson 179 Gray 307 McCulloch 435 Sutton O53 Burnet 181 Grayson 309 McLennan 437 Swisher O55 Caldwell 183 Gregg 311 McMullen 439 Tarrant O57 Calhoun 185 Grimes 313 Masison 441 Taylor O59 Callahan 187 Guadalupe 315 Marion 443 Terrell O61 Cameron 189 Hale 317 Martin 445 Terry O63 Camp 191 Hall 319 Mason 447 Throckmorton 180 Manifor 321 Matagorda 449 Titus O67 Cass 195 Hansford 323 Maverick 451 Tom Green O69 Castro 197 Hardeman 325 Medina 453 Travis O71 Chambers 199 Hardin 327 Medina 453 Travis O73 Chidress 203 Harrison 331 Millam 459 Upshur O75 Childress 203 Harrison 331 Millam 459 Upshur O77 Clay 205 Hartley 333 Mills 461 Upton O79 Cochran 207 Haskell 335 Minchell 463 Uvalde O81 Coke 209 Hays 337 Mintehl 463 Uvalde O83 Collingsworth 211 Hemphill 339 Montgomery 467 Van Zandt O85 Collin 213 Henderson 341 Moore 469 Victoria O85 Collingsworth 215 Hidalgo 343 Morris 471 Walker O89 Colorado 217 Hill 345 Motley 473 Waller O91 Comal 219 Hockley 347 Nacogdoches 475 Ward O93 Comanche 221 Hood 349 Navarro 477 Washington O95 Concho 223 Houston 353 Nolan 481 Wharton O99 Coryell 227 Howard 355 Nueces 483 Wheeler O97 Crosey 235 Houston 363 Politro 491 Williamson 109 Culberson 237 Jack 365 Parker 495 Williarson 109 Culberson 237 Jack 365 Parker 495 Williarson 109 Culberson 237 Jack 365 Parker 495 Winkler 115 Dawson 243 Jefferson 373 Polke 499 Wood 117 Deaf Smith 245 Jefferson 373			Briscoe	173				429	
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O61 Cameron 189 Hale 317 Martin 445 Terry									
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121 Denton 249 Jim Wells 377 Presidio 505 Zapata									•
		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
Beginning Position:	96			Data Source:	Assign	ed; based o	on patient ZIP	code
Longth	2			Trimos	A labor			

Length: Field 16:

PUBLIC_HEALTH_REGION

Description:

Public Health Region of patient's address.

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 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
- 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
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Beginning Position: Length:

Data Source: Assigned Alphanumeric

Field 17:

Description: Coding Scheme:

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

- 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

99

30 Still patient

PAT_STATUS

- 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

Beginning Position:	101 2	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 18:	SEX_CODE		during an exact of some
Description:	Gender of the patient as re		
Suppression:			dicates drug or alcohol use or an HIV diagnosis. If
			icular gender, including unknown, Provider ID is
C. P C. b	M Male	ime and Patient ZII	P Code are blank for those patients.
Coding Scheme:	F Female		
	U Unknown		
	` Invalid		
Beginning Position:	103	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 19:	RACE		
Description:	Code indicating the patier		
Suppression:			ne race that race is changed to 'Other' (code equals 5).
Coding Scheme:	1 American Indian/Eskim 2 Asian or Pacific Islande		
	2 Asian or Pacific Islande3 Black	er -	
	4 White		
	5 Other		
	Invalid		
Beginning Position:	104	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 20:	ETHNICITY		
Description:	Code indicating the Hispa		
Suppression:	If a hospital has fewer tha	n ten patients of or	ne race the ethnicity of patients of that race is
	suppressed (code is blank).		
Coding Scheme:	1 Hispanic Origin		
	2 Not of Hispanic Origin		
Beginning Position:	_ Invalid 105	Data Source:	Claim
	103		
Length: Field 21:	ADMIT WEEKDAY	Type:	Alphanumeric
Description:	Code indicating day of we	aals nationt is admit	ttad
Coding Scheme:	1 Monday	tek patient is admin	5 Friday
County Scheme:	2 Tuesday		6 Saturday
	3 Wednesday		7 Sunday
	4 Thursday		` Invalid
Beginning Position:	106	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 22:	LENGTH_OF_STAY		
Description:			ers period through date <i>minus</i> Admission/start of
-			lay. The maximum is 9999 days.
Beginning Position:	107	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 23:	PAT_AGE		
Description:	Code indicating age of pa	• •	
Coding Scheme:	00 1-28 days	10 35-39	
	01 29-365 days 02 1-4 years	11 40-44 12 45-49	
	03 5-9	13 50-54	
	04 10-14	14 55-59	
	05 15-17	15 60-64	
	06 18-19	16 65-69	
	07 20-24	17 70-74	
	08 25-29	18 75-79	
Roginning Desition:	09 30-34 111	19 80-84	
Beginning Position:	111 2	Data Source:	Assigned
Length:	۷	Type:	Alphanumeric

Field 24:	FIRST_PAYMENT_SRC			
Description:	Code indicating the expected p	orimary source	of payment.	
Coding Scheme:	09 Self Pay Removed from 5010			Taintenance Organization
County Deneme.	10 Central Certification	,	LI Liability	2
	11 Other Non-federal Programs		LM Liability	
	12 Preferred Provider Organizati	on (PPO)	MA Medicare	
	13 Point of Service (POS)14 Exclusive Provider Organizat	ion (FPO)	MB Medicare MC Medicaid	
	15 Indemnity Insurance	ion (Ero)	TV Title V	•
	16 Health Maintenance Organiza Medicare Risk	ation (HMO)	OF Other Fee	deral Program
	AM Automobile Medical			Administration Plan
	BL Blue Cross/Blue Shield			Compensation Health Claim
	CH CHAMPUS CI Commercial Insurance			Indigent or Unknown 2 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invalid	and ZZ, combined for 2004 & 2005
Beginning Position:	•	Data Source:	Claim	
Length:		ype:	Alphanumeric	
Field 25:	SECONDARY_PAYMENT_		Aiphanumene	
Description:	Code indicating the expected s		as of payment	
Coding Scheme:	Same as field 24, FIRST_PAY		ce of payment.	
		Data Source:	Claim	
Beginning Position:				
Length:		Type:	Alphanumeric	
Field 26:	TYPE_OF_BILL	1 1 1 .	1	
Description:	Provides specific information			
G 11 G 1	Second digit = type of care. The		uence of the claim	2rd 1: :: C
Coding Scheme:	1 st digit–Type of Facility 1 Hospital	2 nd digit-Type of	including Medicare	3 rd digit–Sequence of claim O Non-payment/Zero claim
	1 Hospital	Part A	merading Medicare	o ivon-payment zero ciami
	2 Skilled nursing	Inpatient,	Medicare Part B only	 Admit through discharge claim
	3 Home health	3 Outpatier		2 Interim–first claim
	4 Religious non-medical health		nt Other, Medicare	3 Interim–continuing claim
	care–Hospital 5 Religious non-medical health	Part B on 5 Intermedi	iate Care–Level I	4 Interim–last claim
	care–Extended care	3 Intermedi	iate Care-Level I	4 Intermi-last Claim
	6 Intermediate care		ate Care-Level II	5 Late charge(s) only claim
	7 Clinic	7 Sub-acute	e inpatient – Level III	6 Adjustment of prior claim (Not
	0 0 110 114	0 0 1	1	used by Medicare)
	8 Special facility	8 Swing be	a	7 Replacement of prior claim8 Void/cancel of prior claim
Beginning Position:	117 I	Data Source:	Claim	void/cancer or prior claim
Length:		Type:	Alphanumeric	
Field 27:	TOTAL_CHARGES	JPC.	тиришнинене	
ricia 27.		es non-covere	d accommodation (charges, ancillary charges, non-
	covered ancillary charges. Rep			charges, unemary charges, non
Beginning Position:		Data Source:	Claim	
Length:		Type:	Numeric	
Field 28:	TOTAL_NON_COV_CHAR		Tvallierre	
ricia 20.	Sum of non-covered accommo		non-covered anci	illary charges
Beginning Position:		Data Source:	Claim	mary emarges.
Length:		Type:	Numeric	
Field 29:	TOTAL_CHARGES_ACCO		110110110	
	Sum of covered and non-cover		ation charges	
Beginning Position:		Data Source:	Claim	
Length:		Type:	Numeric	
Field 30:	TOTAL_NON_COV_CHAR			
riciu Jv.	Sum of non-covered accommo			
Beginning Position:		Data Source:	Claim	
Length:		ype:	Numeric	
Field 31:	TOTAL_CHARGES_ANCI		TAUTHOLIC	
riciu 31.	TOTAL_CHARGES_ANCH	L		

	C C 1 1 1		
D	Sum of covered and non-co	•	
Beginning Position:	168	Data Source:	Claim
Length: Field 32:	12	Type:	Numeric
riela 32:	TOTAL_NON_COV_CH		4
D	Sum of non-covered ancilla		Claim
Beginning Position:	180 12	Data Source:	
Length: Field 33:		Type:	Numeric
rieid 55:	POA_PROVIDER_INDIC		ired to submit Diagnosis Present on Admission
	• •	• •	he following facility types as exempt from
			ccess Hospitals, Inpatient Rehabilitation Hospitals,
			itals ,Children's or Pediatric Hospitals and Long
	Term Care Hospitals.	uns, cuncer mosp	ruis , considers of reducte Hospitals and Bong
Coding Scheme:		ons that would be exen	npted from reporting POA for those patients)
9	R Required		
	X Exempt		
Beginning Position:	Invalid 192	Data Source:	Assigned
Length:	192	Type:	Assigned Alphanumeric
Field 34:	ADMITTING_DIAGNOS		Alphanumeric
riciu 54.			and 5th digits if applicable. Decimal is implied
	following the third character		and our eigner is approved to the inchine
Beginning Position:	193	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 35:	PRINC_DIAG_CODE		
			liagnosis, including the 4th and 5th digits if
	applicable. Decimal is impl		
Beginning Position:	199	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 36:	POA_PRINC_DIAG_CO		
		rincipal Diagnons	sis code was present at the time the patient was
Coding Sahama	admitted to the hospital Y Yes		
Coding Scheme:	N No		
	U Unknown		
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
	` Invalid	omy)	
Beginning Position:	205	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 37:	OTH_DIAG_CODE_1		
			and 5th digits if applicable. Decimal is implied
	following the third character		GI .
Beginning Position:	206	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 38:	POA_OTH_DIAG_CODI	_	code was present at the time the patient was
	admitted to the hospital	Jui_Diag_Code_i	code was present at the time the patient was
Coding Scheme:	Y Yes		
coung seneme.	N No		
	U Unknown		
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
	` Invalid	J/	
Beginning Position:	212	Data Source:	Claim
Length:	1	Type:	Alphanumeric
		- 3 500	7 Hondinameric
Field 39:	OTH_DIAG_CODE_2		7 Hiphanamerie

			and 5th digits if applicable. Decimal is implied
5 1 1 5 14	following the third characte		an i
Beginning Position:	213	Data Source:	Claim
Length: Field 40:	6 POA_OTH_DIAG_CODE	Type:	Alphanumeric
riciu 40:			2 code was present at the time the patient was
	admitted to the hospital	7tii_Diug_codc_2	2 code was present at the time the patient was
Coding Scheme:	Y Yes		
O	N No U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012	only)	
Beginning Position:	Invalid	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 41:	OTH DIAG CODE 3	1 y pc.	1 II primitation in the second
		including the 4th	and 5th digits if applicable. Decimal is implied
	following the third characte		
Beginning Position:	220	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 42:	POA_OTH_DIAG_CODE		
	admitted to the hospital	oth_Diag_Code_s	3 code was present at the time the patient was
Coding Scheme:	Y Yes		
Couning Benefite.	N No		
	U Unknown W Clinically Undetermined		
	Space (1 st & 2 nd Qtr 2012	only)	
	Invalid		
Beginning Position:	226 1	Data Source:	Claim
Length: Field 43:	OTH_DIAG_CODE_4	Type:	Alphanumeric
riciu 43.		including the 4th	and 5th digits if applicable. Decimal is implied
	following the third characte		and our orgins is approved to the approve
Beginning Position:	227	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 44:	POA_OTH_DIAG_CODE		
		Oth_Diag_Code_4	4 code was present at the time the patient was
Cadina Sahama	admitted to the hospital Y Yes		
Coding Scheme:	N No		
	U Unknown W Clinically Undetermined		
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
.	Invalid	-	
Beginning Position:	233	Data Source:	Claim
Length: Field 45:	OTH DIAC CODE 5	Type:	Alphanumeric
rieia 45:	OTH_DIAG_CODE_5	including the Ath	and 5th digits if applicable. Decimal is implied
	following the third characte	_	and our digits it applicable. Decimal is implied
Beginning Position:	234	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 46:	POA_OTH_DIAG_CODE	E_ 5	
		Oth_Diag_Code_5	5 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	only)	
	1 Space (1 & 2 Qu 2012	omy,	

Invalid **Beginning Position:** 240 **Data Source:** Claim Length: Alphanumeric Type: Field $\overline{47}$: OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 241 **Data Source:** Claim Length: 6 Type: Alphanumeric Field 48: POA OTH DIAG CODE 6 Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital Yes **Coding Scheme:** Y N No П Unknown Clinically Undetermined W Space (1st & 2nd Qtr 2012 only) 1 Invalid **Beginning Position:** 247 **Data Source:** Claim Length: Alphanumeric Type: Field 49: OTH DIAG CODE 7 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 248 Data Source: Claim Length: 6 Type: Alphanumeric Field 50: POA OTH DIAG CODE 7 Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital Yes **Coding Scheme:** Y Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1 Invalid 254 **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 51: OTH DIAG CODE 8 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 255 **Data Source:** Claim Length: Alphanumeric Type: Field 52: POA OTH DIAG CODE 8 Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Yes **Coding Scheme:** Y N No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1 **Beginning Position: Data Source:** 261 Claim Length: Alphanumeric Type: Field 53: OTH DIAG CODE 9 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 262 **Data Source:** Claim

6 Type:
POA OTH DIAG CODE 9

Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was

admitted to the hospital

Length:

Field 54:

Alphanumeric

Coding Scheme:	Y N	Yes No		
	U	Unknown		
	W 1	Clinically Undetermined Space (1 st & 2 nd Qtr 2012 of	only)	
Beginning Position:	268	Invalid	Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 55:	OTF	I DIAG CODE 10	- JP	1
				and 5th digits if applicable. Decimal is implied
		wing the third character		
Beginning Position:	269		Data Source:	Claim
Length:	6	OTH DIAC CODE	Type:	Alphanumeric
Field 56:		_OTH_DIAG_CODE		0 code was present at the time the patient was
		tted to the hospital	ui_Diag_Code_i	o code was present at the time the patient was
Coding Scheme:	Y	Yes		
couning benefite.	N	No		
	U W	Unknown Clinically Undetermined		
	w 1	Space (1 st & 2 nd Qtr 2012 of	only)	
	`	Invalid	,	
Beginning Position:	275		Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 57:		I_DIAG_CODE_11		
				and 5th digits if applicable. Decimal is implied
D!! D!4!		wing the third character		Claim
Beginning Position:	276		Data Source:	Claim
Length: Field 58:	6 DOA	OTH_DIAG_CODE	Type:	Alphanumeric
rielu 50:				1 code was present at the time the patient was
		tted to the hospital	ui_Diag_Codc_i	1 code was present at the time the patient was
Coding Scheme:	Y	Yes		
	N	No		
	U W	Unknown Clinically Undetermined		
	1	Space (1 st & 2 nd Qtr 2012 of	only)	
	`	Invalid		
Beginning Position:	282		Data Source:	Claim
Length:	1	T DILG GODE 44	Type:	Alphanumeric
Field 59:		I_DIAG_CODE_12	:	and 5th digitalif analysable. Desired is invalid
		wing the third character		and 5th digits if applicable. Decimal is implied
Beginning Position:	283	wing the timu character	Data Source:	Claim
Length:	6		Type:	Alphanumeric
Field 60:		OTH DIAG CODE		1 in primaries in contract to the contract to
11014 001				2 code was present at the time the patient was
		tted to the hospital		r
Coding Scheme:	Y	Yes		
C	N U	No Unknown		
	W	Unknown Clinically Undetermined		
	1	Space (1 st & 2 nd Qtr 2012 o	only)	
Destant B 10	200	Invalid	D-4- C	Claim
Beginning Position:	289		Data Source:	Claim
Length:	1 OTP	I DIAC CODE 12	Type:	Alphanumeric
Field 61:		I_DIAG_CODE_13	including the 1th	and 5th digits if applicable. Decimal is implied
		wing the third character		and our digits it applicable. Declinal is implied
Beginning Position:	290	are unite character	Data Source:	Claim
~ Smiring I obition.	270			

Length:	6	Type:	Alphanumeric
Field 62:		IAG_CODE_13	
			13 code was present at the time the patient was
	admitted to the	hospital	
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically	Undetermined	
		& 2 nd Qtr 2012 only)	
n · · n · ·	Invalid	D 4 G	Claire
Beginning Position:	296	Data Source:	
Length:	1	Type:	Alphanumeric
Field 63:	OTH_DIAG_		1 4.5.4. 4'. '. '. (f 1' 11 D ' 1 '. ' 1' 4
			h and 5th digits if applicable. Decimal is implied
D ' ' D '	following the th		
Beginning Position:	297	Data Source:	
Length:	6	Type:	Alphanumeric
Field 64:		OIAG_CODE_14	
			14 code was present at the time the patient was
	admitted to the	hospital	
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically	Undetermined	
	1 Space (1 st Invalid	& 2 nd Qtr 2012 only)	
Beginning Position:	303	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 65:	OTH_DIAG_0	**	Aiphanumeric
riciu us.			h and 5th digits if applicable. Decimal is implied
	following the t		in and 3th digits it applicable. Decimal is implied
Beginning Position:	304	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 66:		PIAG CODE 15	7 ii pilanemerie
ricia oo.			15 code was present at the time the patient was
	admitted to the		15 code was present at the time the patient was
Coding Scheme:	Y Yes	nosprui.	
coung seneme.	N No		
	U Unknown W Clinically	TTd-4	
		Undetermined & 2 nd Qtr 2012 only)	
	Invalid	22 22 22 23 23 23 23 23 23 23 23 23 23 2	
Beginning Position:	310	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 67:	OTH_DIAG_		
			h and 5th digits if applicable. Decimal is implied
	following the the		
Beginning Position:	311	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 68:	DO LOTTE D	IAG_CODE_16	
	POA_OTH_D		
		ng whether Oth_Diag_Code_	16 code was present at the time the patient was
		-	16 code was present at the time the patient was
Coding Scheme:	Code identifyir admitted to the Y Yes	-	16 code was present at the time the patient was
Coding Scheme:	Code identifying admitted to the Y Yes N No	-	16 code was present at the time the patient was
Coding Scheme:	Code identifyin admitted to the Y Yes N No U Unknown	hospital	_16 code was present at the time the patient was
Coding Scheme:	Code identifyin admitted to the Y Yes N No U Unknown W Clinically 1 Space (1st	-	_16 code was present at the time the patient was
C	Code identifyin admitted to the Y Yes N No U Unknown W Clinically 1 Space (1st Invalid	Undetermined & 2 nd Qtr 2012 only)	
Coding Scheme: Beginning Position: Length:	Code identifyin admitted to the Y Yes N No U Unknown W Clinically 1 Space (1st	hospital	

Field 69:	OTH_DIAG_CODE_17		
			and 5th digits if applicable. Decimal is implied
	following the third characte		
Beginning Position:	318	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 70:	POA_OTH_DIAG_CODE	E_ 17	
	Code identifying whether O	th_Diag_Code_1	7 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes		
	N No U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012)	only)	
	` Invalid	-	
Beginning Position:	324	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 71:	OTH_DIAG_CODE_18		
			and 5th digits if applicable. Decimal is implied
	following the third characte		
Beginning Position:	325	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 72:	POA_OTH_DIAG_CODE		
		th_Diag_Code_1	8 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes		
	N No U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr 2012)	only)	
D 1 1 D 11	` Invalid		
			CI:
Beginning Position:	331	Data Source:	Claim
Length:	1	Data Source: Type:	Claim Alphanumeric
	1 OTH_DIAG_CODE_19	Type:	Alphanumeric
Length:	1 OTH_DIAG_CODE_19 ICD-9-CM diagnosis code,	Type: including the 4th	
Length: Field 73:	1 OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte	Type: including the 4th	Alphanumeric and 5th digits if applicable. Decimal is implied
Length: Field 73: Beginning Position:	1 OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332	Type: including the 4th r. Data Source:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 73: Beginning Position: Length:	1 OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied
Length: Field 73: Beginning Position:	1 OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 73: Beginning Position: Length: Field 74:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Coadmitted to the hospital	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identification whether	Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Cadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Cadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characters 332 6 POA_OTH_DIAG_CODE Code identifying whether Coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 invalid	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Cadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identified identification identified ide	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identified identification identified ide	Type: including the 4th r. Data Source: Type: E_19 th_Diag_Code_1 only) Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characters 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identified identification identified identifie	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identified identification identified ide	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characters 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identification whe	Type: including the 4th r. Data Source: Type: E_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r.	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 19 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75: Beginning Position:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characters 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identified iden	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 19 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identifies id	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r. Data Source: Type: C_20	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identifies id	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r. Data Source: Type: C_20	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 19 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75: Beginning Position: Length:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identifying whether Code identifying undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 338 1 OTH_DIAG_CODE_20 ICD-9-CM diagnosis code, following the third characte 339 6 POA_OTH_DIAG_CODE Code identifying whether Code identification identific	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r. Data Source: Type: C_20	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 73: Beginning Position: Length: Field 74: Coding Scheme: Beginning Position: Length: Field 75: Beginning Position: Length: Field 76:	OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, following the third characte 332 6 POA_OTH_DIAG_CODE Code identifying whether Code identifying whether Code identifying undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 338 1 OTH_DIAG_CODE_20 ICD-9-CM diagnosis code, following the third characte 339 6 POA_OTH_DIAG_CODE Code identifying whether Code identifying whether Code identifying whether Code admitted to the hospital	Type: including the 4th r. Data Source: Type: C_19 th_Diag_Code_1 only) Data Source: Type: including the 4th r. Data Source: Type: C_20	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 9 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric

W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1

Beginning Position: 345 **Data Source:** Claim

Length: Alphanumeric Type:

Field 77: OTH DIAG CODE 21

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

following the third character.

Beginning Position: 346 Data Source: Claim

Length: Alphanumeric 6 Type:

Field 78: POA OTH DIAG CODE 21

Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was

admitted to the hospital

Y Yes **Coding Scheme:** N No

Coding Scheme:

Beginning Position:

Beginning Position:

U Unknown

W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1

Invalid

Beginning Position: 352 Data Source: Claim

Length: Alphanumeric Type:

Field 79: OTH_DIAG_CODE_22

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

following the third character.

Beginning Position: 353 **Data Source:** Claim

Length: 6 Alphanumeric Type:

Field 80: POA_OTH_DIAG_CODE_22

Code identifying whether Oth Diag Code 22 code was present at the time the patient was

admitted to the hospital

Yes Y N No

U Unknown

W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1

Invalid

Beginning Position: 359 **Data Source:** Claim

Length: Type: Alphanumeric

Field 81: OTH DIAG CODE 23

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

Claim

following the third character. 360

Length: Type:

Alphanumeric Field 82: POA OTH DIAG CODE 23

Data Source:

Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was

admitted to the hospital Y Yes

Coding Scheme:

N No

U Unknown

W Clinically Undetermined 1

Space (1st & 2nd Qtr 2012 only)

Invalid

366 Length:

Data Source: Claim

Type: Alphanumeric

Field 83: OTH_DIAG_CODE_24

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

following the third character.

Beginning Position: 367 **Data Source:** Claim

Length: 6 Type: Alphanumeric

Field 84:		H_DIAG_CODE		
			th_Diag_Code_2	24 code was present at the time the patient was
	admitted to	the hospital		
Coding Scheme:	Y Yes			
	N No			
	U Unkn			
		cally Undetermined e (1 st & 2 nd Qtr 2012 o	mly)	
	` Inval		miy)	
Beginning Position:	373		Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 85:	E_CODE_	1	турс.	ruphanameric
riela 65:			inalization tha Ath	and 5th digits if applicable, of the primary
		use of injury. A d		d following the third character.
Beginning Position:	374		Data Source:	Claim
Length:	6		Type:	Alphanumeric
Field 86:	POA_E_C			
			_Code_1 code w	vas present at the time the patient was admitted to
	the hospita	1		
Coding Scheme:	Y Yes			
	N No			
	U Unkn W Clini	own cally Undetermined		
	1 Space	e (1 st & 2 nd Qtr 2012 o	only)	
	` Inval		,,)	
Beginning Position:	380		Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 87:	E_CODE	2	V 1	-
			including the 4th	and 5th digits if applicable, of an additional
				following the third character.
Beginning Position:	381	ase of injury. Dec	Data Source:	Claim
Length:	6		Type:	Alphanumeric
Field 88:	POA_E_C	ODE 2	туре.	Aiphanumeric
riela 99:			C. 4. 2 4	
			_Code_z code w	vas present at the time the patient was admitted to
a 11 a 1	the hospita	I		
Coding Scheme:	Y Yes N No			
	U Unkn	iown		
		cally Undetermined		
	1 Space	e (1 st & 2 nd Qtr 2012 o	only)	
	` Inval	id		
Beginning Position:	387		Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 89:	E_CODE_	_3		
	ICD-9-CM	diagnosis code, i	including the 4th	and 5th digits if applicable, of an additional
	external ca	use of injury. Dec	cimal is implied:	following the third character.
Beginning Position:	388	<i>3 3</i>	Data Source:	Claim
Length:	6		Type:	Alphanumeric
Field 90:	POA_E_C	ODE 3		
			Code 3 code w	as present at the time the patient was admitted to
	the hospita		_code_s code w	as present at the time the patient was admitted to
Coding Sahamas	Y Yes	1		
Coding Scheme:	N No			
	U Unkn	iown		
		cally Undetermined		
		e (1 st & 2 nd Qtr 2012 o	only)	
n n	` Inval	ıd	D 4 G	
Beginning Position:	394		Data Source:	Claim
Length:	1		Type:	Alphanumeric

Field 91:	E_CODE_4				
	ICD-9-CM diagnosis code,	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional			
	external cause of injury. De	cimal is implied	following the third character.		
Beginning Position:	395	Data Source:	Claim		
Length:	6	Type:	Alphanumeric		
Field 92:	POA_E_CODE_4	J.F.	1		
11414 > = 4		Code 4 code w	as present at the time the patient was admitted to		
	the hospital		us prosent ut use time the patient was admitted to		
Coding Scheme:	Y Yes				
couning benefite.	N No				
	U Unknown				
	W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012	omly)			
	1 Space (1 st & 2 nd Qtr 2012 Invalid	omy)			
Beginning Position:	401	Data Source:	Claim		
Length:	1	Type:	Alphanumeric		
Field 93:	E_CODE_5	1 J per	The production of the control of the		
ricia 75.		including the 4th	and 5th digits if applicable, of an additional		
			following the third character.		
Beginning Position:	402	Data Source:	Claim		
Length:	6	Type:	Alphanumeric		
Field 94:	POA_E_CODE_5	турс.	Alphanumene		
riela 94;		Codo 5 ando v	was present at the time the patient was admitted to		
		_Code_5 code w	vas present at the time the patient was admitted to		
C- 1 - C-1	the hospital Y Yes				
Coding Scheme:	N No				
	U Unknown				
	W Clinically Undetermined				
	Space (1 st & 2 nd Qtr 2012 Invalid	only)			
	ilivaliu				
Reginning Position:	408	Data Source:	Claim		
Beginning Position: Length:	408 1	Data Source: Type:	Claim Alphanumeric		
Length:	1	Data Source: Type:	Claim Alphanumeric		
	1 E_CODE_6	Type:	Alphanumeric		
Length:	1 E_CODE_6 ICD-9-CM diagnosis code,	Type: including the 4th	Alphanumeric and 5th digits if applicable, of an additional		
Length: Field 95:	1 E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De	Type: including the 4th cimal is implied	Alphanumeric and 5th digits if applicable, of an additional following the third character.		
Length: Field 95: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409	Type: including the 4th cimal is implied Data Source:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim		
Length: Field 95: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409	Type: including the 4th cimal is implied	Alphanumeric and 5th digits if applicable, of an additional following the third character.		
Length: Field 95: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6	Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E	Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim		
Length: Field 95: Beginning Position: Length: Field 96:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital	Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E	Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown	Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code w	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code w	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code w	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code w	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid) 415	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code w	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7	Type: including the 4th cimal is implied Data Source: Type: Code_6 code w only) Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code,	Type: including the 4th cimal is implied Data Source: Type:Code_6 code w only) Data Source: Type: including the 4th	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric and 5th digits if applicable, of an additional		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric a and 5th digits if applicable, of an additional following the third character.		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6	Type: including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric a and 5th digits if applicable, of an additional following the third character.		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7	including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E	including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric a and 5th digits if applicable, of an additional following the third character. Claim		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position: Length: Field 98:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E the hospital	including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position: Length:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E	including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		
Length: Field 95: Beginning Position: Length: Field 96: Coding Scheme: Beginning Position: Length: Field 97: Beginning Position: Length: Field 98:	E_CODE_6 ICD-9-CM diagnosis code, external cause of injury. De 409 6 POA_E_CODE_6 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E the hospital Y Yes	including the 4th cimal is implied Data Source: Type: _Code_6 code woonly) Data Source: Type: including the 4th cimal is implied Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric vas present at the time the patient was admitted to Claim Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric		

Space (1st & 2nd Qtr 2012 only) 1 Invalid **Beginning Position:** 422 **Data Source:** Claim Length: Alphanumeric Type: Field 99: E CODE 8 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. **Beginning Position:** 423 Data Source: Claim Length: Alphanumeric 6 Type: **Field 100:** POA E CODE 8 Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Y Yes **Coding Scheme:** N No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1 Invalid **Beginning Position:** 429 Data Source: Claim Length: Alphanumeric Type: E CODE 9 **Field 101:** 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. **Beginning Position:** 430 **Data Source:** Claim Length: 6 Alphanumeric Type: **Field 102:** POA_E_CODE 9 Code identifying whether E Code 9 code was present at the time the patient was admitted to the hospital Ŷes **Coding Scheme:** Y N No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1 Invalid **Beginning Position:** 436 **Data Source:** Claim Length: Type: Alphanumeric **Field 103:** E CODE 10 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. **Beginning Position:** 437 **Data Source:** Claim Length: Alphanumeric Type: **Field 104:** POA E CODE 10 Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital Y Yes **Coding Scheme:** N No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr 2012 only) 1 Invalid **Beginning Position:** 443 **Data Source:** Claim Length: Type: Alphanumeric **Field 105:** PRINC_SURG_PROC_CODE Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length:

Beginning Position:

Claim

Alphanumeric

Data Source:

Type:

444

W

Clinically Undetermined

Field 106:	PRINC_SURG_PROC_DA				
	Day of principal surgical or	other procedure	equals Principal Surgical Procedure Date minus		
	Admission/Start of Care Dat	te			
Beginning Position:	451	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 107:	PRINC_ICD9_CODE	J.F.	•		
111111111111111111111111111111111111111		al surgical or oth	er procedure, including the 4th and 5th digits if		
	applicable. Decimal is impli				
Beginning Position:	455	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 108:	OTH_SURG_PROC_COL	- V I			
11001			an the principal procedure performed during the		
	period covered by the bill. It				
Beginning Position:	460	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 109:	OTH_SURG_PROC_DAY		1 riphanameric		
riciu 107.			als Other Surgical Procedure Date minus		
	Admission/Start of Care Date		uis Other Burglear Frocedure Date minus		
Beginning Position:	467	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 110:	OTH_ICD9_CODE_1	турс.	Aiphanumeric		
riciu 110.		l or other preced	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	471	Data Source:	Assigned		
	5				
Length: Field 111:	OTH_SURG_PROC_COL	Type:	Alphanumeric		
rieia 111:			on the mineinal mused dum menformed duming the		
			an the principal procedure performed during the		
Doginalna Dogition.	period covered by the bill. Io	Data Source:	Claim		
Beginning Position:	476				
Length: Field 112:	OTH SUBC PROC DAY	Type:	Alphanumeric		
riela 112:	OTH_SURG_PROC_DAY		als Other Surgical Procedure Date minus		
	Admission/Start of Care Date		ans Other Surgical Procedure Date minus		
Doginaina Dogitions	483		Calculated		
Beginning Position:	4	Data Source:			
Length: Field 113:	OTH_ICD9_CODE_2	Type:	Alphanumeric		
rielu 115:		l or other presed	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	487	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 114:	OTH SURG PROC COL		Aiphanumeric		
riciu 114.		_	an the principal procedure performed during the		
	period covered by the bill. It				
Beginning Position:	- ·	Data Source:	Claim		
0 0	492 7		<u> </u>		
Length:	·	Type:	Alphanumeric		
Field 115:	OTH_SURG_PROC_DAY		ala Othan Cumai aal Duo aa duma Data miinus		
			als Other Surgical Procedure Date minus		
D ' ' D ''	Admission/Start of Care Date		C-1-1-4-1		
Beginning Position:	499	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 116:	OTH_ICD9_CODE_3				
			ure other than the principal procedure, including		
n n			is implied following the third character.		
Beginning Position:	503	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		

Field 117:	OTH_SURG_PROC_COL		
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	508	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 118:	OTH_SURG_PROC_DAY		
	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te	
Beginning Position:	515	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 119:	OTH_ICD9_CODE_4		
	ICD-9-CM code for surgica	l or other proced	ure other than the principal procedure, including
	the 4th and 5th digits if app	licable. Decimal	is implied following the third character.
Beginning Position:	519	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 120:	OTH_SURG_PROC_COL	DE_5	
	Code for surgical or other p	rocedure other th	an the principal procedure performed during the
	period covered by the bill. I	CD-9, HCPCS, o	or CPT code.
Beginning Position:	524	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 121:	OTH_SURG_PROC_DAY	Y_ 5	
	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da		<u> </u>
Beginning Position:	531	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 122:	OTH_ICD9_CODE_5		
	ICD-9-CM code for surgica	l or other proced	ure other than the principal procedure, including
			is implied following the third character.
Beginning Position:	535	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 123:	OTH_SURG_PROC_COL	DE_6	
	Code for surgical or other p	rocedure other th	an the principal procedure performed during the
	period covered by the bill. I	CD-9, HCPCS, o	or CPT code.
Beginning Position:	540	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 124:	OTH_SURG_PROC_DAY	Y_6	
	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te	
Beginning Position:	547	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 125:	OTH_ICD9_CODE_6		
			ure other than the principal procedure, including
	the 4th and 5th digits if app	licable. Decimal	is implied following the third character.
Beginning Position:	551	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 126:	OTH_SURG_PROC_COL	DE_7	
	Code for surgical or other p	rocedure other th	an the principal procedure performed during the
	period covered by the bill. I	CD-9, HCPCS, o	or CPT code.
Beginning Position:	556	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 127:	OTH_SURG_PROC_DAY	Y_ 7	•
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	563	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

71.11.100	000000000000000000000000000000000000000				
Field 128:	OTH_ICD9_CODE_7				
		ICD-9-CM code for surgical or other procedure other than the principal procedure, including			
D	the 4th and 5th digits if applicable. Decimal is implied following the third character.				
Beginning Position:	567	Data Source:	Assigned		
Length:	OTH SUBC PROC COL	Type:	Alphanumeric		
Field 129:	OTH_SURG_PROC_COL		on the naineign managed and more formed during the		
	period covered by the bill. It		an the principal procedure performed during the		
Doginning Dogition	572	Data Source:	Claim		
Beginning Position: Length:	7	Type:	Alphanumeric		
Field 130:	OTH_SURG_PROC_DAY		Alphanumeric		
riciu 150.		_	als Other Surgical Procedure Date minus		
	Admission/Start of Care Date		uis other burgiour Procedure Bute minus		
Beginning Position:	579	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 131:	OTH_ICD9_CODE_8	V 1			
		or other procedu	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	583	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 132:	OTH_SURG_PROC_COL				
			an the principal procedure performed during the		
	period covered by the bill. Io				
Beginning Position:	588	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 133:	OTH_SURG_PROC_DAY		al- Other Couries Due as done Data with		
	Admission/Start of Care Date		als Other Surgical Procedure Date minus		
Beginning Position:	595	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 134:	OTH_ICD9_CODE_9	- ypc.			
		or other procedu	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	599	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 135:	OTH_SURG_PROC_COL				
			an the principal procedure performed during the		
D D	period covered by the bill. Io				
Beginning Position:	604	Data Source:	Claim		
Length:	OTH CHECK PROCEDAY	Type:	Alphanumeric		
Field 136:	OTH_SURG_PROC_DAY	_	als Other Surgical Procedure Date minus		
	Admission/Start of Care Date		uis Other Surgical Procedure Date minus		
Beginning Position:	611	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 137:	OTH ICD9 CODE 10				
		or other procedu	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	615	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 138:	OTH_SURG_PROC_COL				
			an the principal procedure performed during the		
	period covered by the bill. Io				
Beginning Position:	620	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		

Field 139:	OTH_SURG_PROC_DAY					
		Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>				
	Admission/Start of Care Date.					
Beginning Position:	627	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 140:	OTH_ICD9_CODE_11					
		ICD-9-CM code for surgical or other procedure other than the principal procedure, including				
	the 4th and 5th digits if appl		is implied following the third character.			
Beginning Position:	631	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 141:	OTH_SURG_PROC_COL	DE_12				
	Code for surgical or other pr	rocedure other th	an the principal procedure performed during the			
	period covered by the bill. Io	CD-9, HCPCS, o	or CPT code.			
Beginning Position:	636	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 142:	OTH_SURG_PROC_DAY	7_12				
	Day of other surgical or other	er procedure equ	als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat	te.				
Beginning Position:	643	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 143:	OTH_ICD9_CODE_12					
	ICD-9-CM code for surgical	l or other proced	ure other than the principal procedure, including			
	the 4th and 5th digits if appl	icable. Decimal	is implied following the third character.			
Beginning Position:	647	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 144:	OTH_SURG_PROC_COL					
	Code for surgical or other pr	rocedure other th	an the principal procedure performed during the			
	period covered by the bill. Io	CD-9, HCPCS, o				
Beginning Position:	652	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 145:	OTH_SURG_PROC_DAY					
			als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat					
Beginning Position:	659	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 146:	OTH_ICD9_CODE_13					
			ure other than the principal procedure, including			
			is implied following the third character.			
Beginning Position:	663	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 147:	OTH_SURG_PROC_COL	_				
			an the principal procedure performed during the			
5.1.1.5.11	period covered by the bill. Io					
Beginning Position:	668	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 148:	OTH_SURG_PROC_DAY					
			als Other Surgical Procedure Date minus			
5.1.1.5.11	Admission/Start of Care Dat					
Beginning Position:	675	Data Source:	Calculated			
Length:	4 CONT. 14D0 CODE 14	Type:	Alphanumeric			
Field 149:	OTH_ICD9_CODE_14	1	and the advantage of the sector of the secto			
			ure other than the principal procedure, including			
Dagingina De 144			is implied following the third character.			
Beginning Position:	679 5	Data Source:	Alphanymaria			
Length:	5	Type:	Alphanumeric			

E2.1.1.150	OTH CIDC PROC COT	NE 15				
Field 150:	OTH_SURG_PROC_COL		on the principal procedure newforms defining the			
		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.				
5 1 1 5 W						
Beginning Position:	684	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 151:	OTH_SURG_PROC_DAY					
			als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat	te.				
Beginning Position:	691	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 152:	OTH_ICD9_CODE_15					
	ICD-9-CM code for surgical	or other proced	ure other than the principal procedure, including			
			is implied following the third character.			
Beginning Position:	695	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 153:	OTH_SURG_PROC_COL		r · · · · · · · · · · · · · · · · · · ·			
11010 1007			an the principal procedure performed during the			
	period covered by the bill. It					
Beginning Position:	700	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 154:	OTH SURG PROC DAY	<u> </u>	Aiphanuncie			
riciu 154:		_	ala Othan Sunai aal Dra aaduma Data minus			
			als Other Surgical Procedure Date minus			
D	Admission/Start of Care Dat		0.1. 11			
Beginning Position:	707	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 155:	OTH_ICD9_CODE_16					
			ure other than the principal procedure, including			
			is implied following the third character.			
Beginning Position:	711	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 156:	OTH_SURG_PROC_COL	DE_17				
	Code for surgical or other pr	ocedure other th	an the principal procedure performed during the			
	period covered by the bill. Io	CD-9, HCPCS, o	or CPT code.			
Beginning Position:	716	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 157:	OTH_SURG_PROC_DAY	7 17	•			
	Day of other surgical or other	er procedure <i>equ</i>	als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat		č			
Beginning Position:	723	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 158:	OTH_ICD9_CODE_17					
		or other proced	ure other than the principal procedure, including			
			is implied following the third character.			
Beginning Position:	727	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 159:	OTH_SURG_PROC_COL		Aiphanameric			
rieiu 159:			on the mineral massed was mentaged during the			
			an the principal procedure performed during the			
T T	period covered by the bill. It					
Beginning Position:	732	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 160:	OTH_SURG_PROC_DAY					
			als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat	te.				
Beginning Position:	739	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			

	000000000000000000000000000000000000000				
Field 161:	OTH_ICD9_CODE_18				
		ICD-9-CM code for surgical or other procedure other than the principal procedure, including			
D ' ' D ''	the 4th and 5th digits if applicable. Decimal is implied following the third character.				
Beginning Position:	743	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 162:	OTH_SURG_PROC_COL				
			an the principal procedure performed during the		
Danimuina Danisiana	period covered by the bill. I		or CP1 code. Claim		
Beginning Position:	748	Data Source:			
Length: Field 163:	7 OTH_SURG_PROC_DAY	Type:	Alphanumeric		
rieid 105;			als Other Surgical Procedure Date minus		
	Admission/Start of Care Da		ans Other Surgical Procedure Date minus		
Beginning Position:	755	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 164:	OTH_ICD9_CODE_19	турс.	7 ii pii anumerie		
11clu 104.		l or other proced	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	759	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 165:	OTH_SURG_PROC_COL				
			an the principal procedure performed during the		
	period covered by the bill. I				
Beginning Position:	764	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 166:	OTH_SURG_PROC_DAY	Y_20			
			als Other Surgical Procedure Date minus		
	Admission/Start of Care Da				
Beginning Position:	771	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 167:	OTH_ICD9_CODE_20				
			ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	775	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 168:	OTH_SURG_PROC_COL	_	and the second and the second and the second second at the second		
	period covered by the bill. I	rocedure other th	an the principal procedure performed during the		
Beginning Position:	780	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 169:	OTH_SURG_PROC_DAY		Aiphanumene		
riciu 107.			als Other Surgical Procedure Date minus		
	Admission/Start of Care Da		uis Other Burglear Procedure Date minus		
Beginning Position:	787	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 170:	OTH ICD9 CODE 21	Турст			
11010 1700		l or other proced	ure other than the principal procedure, including		
			is implied following the third character.		
Beginning Position:	791	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 171:	OTH_SURG_PROC_COL	DE_22	*		
			an the principal procedure performed during the		
	period covered by the bill. I				
Beginning Position:	796	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		

Field 172:	OTH_SURG_PROC_DAY	Y_ 22	
	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te.	
Beginning Position:	803	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 173:	OTH_ICD9_CODE_22		•
		l or other proced	ure other than the principal procedure, including
			is implied following the third character.
Beginning Position:	807	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 174:	OTH_SURG_PROC_COI	DE 23	*
			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	812	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 175:	OTH_SURG_PROC_DAY		<u> </u>
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te.	•
Beginning Position:	819	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 176:	OTH_ICD9_CODE_23		
	ICD-9-CM code for surgica	l or other proced	ure other than the principal procedure, including
	the 4th and 5th digits if appl	licable. Decimal	is implied following the third character.
Beginning Position:	823	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 177:	OTH_SURG_PROC_COI	DE_24	
			an the principal procedure performed during the
	period covered by the bill. I	CD-9, HCPCS, o	or CPT code.
Beginning Position:	828	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 178:	OTH_SURG_PROC_DAY		
			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	835	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 179:	OTH_ICD9_CODE_24		
			ure other than the principal procedure, including
			is implied following the third character.
Beginning Position:	839	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 180:	MS-MDC	0.mg;	
			ned by Centers for Medicare and Medicaid Services
			ministration (HCFA)) for hospital payment for
D ' ' D '	Medicare beneficiaries. Firs		
Beginning Position:	844	Data Source:	Assigned
Length:	2 2	Type:	Alphanumeric
Field 181:	MS-DRG	r 1: :10 :	(CMC) D' ' D 1 (1 C (DDC)
			(CMS) Diagnosis Related Group (DRG), as
Desirate D 141	assigned for hospital payme		
Beginning Position:	846	Data Source:	Assigned
Length:	MC CDOUDED VEDGIC	Type:	Alphanumeric
Field 182:	MS_GROUPER_VERSIO		Comment CMC DDC C
			Grouper (formerly CMS DRG Grouper and
		A_GKOUPEK_\	VERSION_NBR) version used to assign MS DRG
	and, MS MDC codes		

Beginning Position: Length:	849 5	Data Source: Type:	Assigne Alphan		
Field 183:	MS_GROUPER_ERROR_CODE				
11010 1001	Error codes identify potential variations with MS DRG code assignment				
Coding Scheme:	00	No errors. DRG successfully	11	Invalid Principal Diagnosis	
5 5 th 8 12 5		assigned.			
	01	Diagnosis code cannot be used as	19	DisableHac $= 0$ and at least one HAC	
		principal diagnosis		POA is invalid or exempt	
	02	Record does not meet criteria for an	v 20	DisableHac is invalid and at least one	
		DRG		HAC POA is N or U	
	03	Invalid Age	21	DisableHac is invalid and at least one	
		6		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	
		2		HAC POA is exempt	
	10	Illogical Principal Diagnosis (CMS	24	DisableHac = 0 and there are multiple	
		only)		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	
		1		multiple HACs that have different	
				HAC POA values that are not Y or W	
	10	Illogical Principal Diagnosis (CMS			
		only)			
Beginning Position:	854	Data Source:	Assigne	ed	
Length:	2	Type:	Alphan	umeric	
Field 184:		APR-MDC			
		Diagnostic Category (MDC) as assign			
Beginning Position:	856	Data Source:	Assigne		
Length:	2	Type:	Alphan	umeric	
Field 185:	APR-DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG			DDC) as assigned by 2M ADD DDC	
	Groupe		Group (DRG) as assigned by SM AFR-DRG	
Beginning Position:	858	Data Source:	Assigne	2d	
Length:	4	Type:	Alphan		
Field 186:		MORTALITY			
	_		the All P	Patient Refined (APR) Diagnosis Related	
		(DRG) from the 3M APR-DRG Group			
Coding Scheme:	1	Minor			
	2	Moderate			
	3 4	Major Extreme			
Beginning Position:	862	Data Source:	Assigne	ed	
Length:	1	Type:	Alphan		
Field 187:	ILLNESS_SEVERITY				
	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related				
	Group (DRG) from the 3M APR-DRG Grouper. Indicates the extent of physiologic				
	decom	pensation.			
Coding Scheme:	1	Minor			
	2	Moderate			
	3 4	Major Extreme			
Beginning Position:	863	Data Source:	Assigne	ed	
Length:	1	Type:	Alphan		
Field 188:	APR_GROUPER_VERSION_NBR				
			l Grouper	version used to assign APR DRG codes,	
		ADC codes Rick of Mortality rankings	-	<u> </u>	

APR MDC codes, Risk of Mortality rankings and, Severity of Illness rankings

Beginning Position: Length:	864 5	Data Source: Type:	Assigned		
Field 189:	APR_GROUPER_ERROR_CODE Error codes identify potential variations with APR DRG code assignment				
Coding Scheme:	00	No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)	
	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	7 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	
	06	Invalid birthweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U	
	09	Invalid discharge age in days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W	
	11	Invalid Principal Diagnosis			
Beginning Position:	869	Data Source:	Assigned		
Length: Field 190:	2	Type: NDING_PHYSICIAN_UNIF_ID	Alphanu	meric	
	expecte	ed to certify medical necessity of service	es render		
Suppression:	expecte patient under t patient includi podiatr Suppre	ed to certify medical necessity of services are to certify medical necessity of services are and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admits a seed when the number of physicians re	ces render in is an in- in individ- ic or thera is, nurse p or treat p	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and	
Beginning Position:	expector patient under t patient includi podiatr Suppre minima 871	ed to certify medical necessity of services are and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit assed when the number of physicians ream cell size of five. Data Source:	es render in is an individual ic or thera is, nurse p or treat p presented	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the	
Beginning Position: Length:	expector patient under t patient includi podiatr Suppre minimo 871	ed to certify medical necessity of services are and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit assed when the number of physicians ream cell size of five. Data Source: Type:	tes render in is an individual ic or thera is, nurse por or treat presented	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the	
Beginning Position:	expecte patient under to patient includi podiatr Suppre minime 871 10 OPER Operat the ope individing therape	ed to certify medical necessity of services are and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentist instead and the hospital to admit is seed when the number of physicians ream cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other than a physician who admits particle procedures to inpatients, including the control of th	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the atter the Med patients to g psycholo	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the dimeric licable). Unique identifier assigned to inding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic or orgists, chiropractors, dentists, nurse	
Beginning Position: Length:	expecte patient under to patient includi podiatr Suppre minime 871 10 OPER Operat the operation individing the suppression of the superior of	ed to certify medical necessity of service's medical care and treatment. Physicia he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit issed when the number of physicians return cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other that all licensed to practice medicine under that all other than a physician who admits puttic procedures to inpatients, including oners, nurse midwives, and podiatrists	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the atter the Med patients to g psycholo	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the dimeric licable). Unique identifier assigned to inding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic or orgists, chiropractors, dentists, nurse	
Beginning Position: Length:	expecte patient under to patient includi podiate Suppreminime 871 10 OPER Operate the operate individe the practititi patient Suppreminime Suppremin	ed to certify medical necessity of services are decembered to certify medical necessity of services are medical care and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentist initiatists authorized by the hospital to admit assed when the number of physicians regard cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other than a physician who admits predict the procedures to inpatients, including oners, nurse midwives, and podiatrists is.	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the atten the Med patients to g psycholo authorize	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the dimeric licable). Unique identifier assigned to inding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic or orgists, chiropractors, dentists, nurse	
Beginning Position: Length: Field 191:	expecte patient under to patient includi podiate Suppreminime 871 10 OPER Operate the operate individe the practititi patient Suppreminime Suppremin	ed to certify medical necessity of service's medical care and treatment. Physicia he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit issed when the number of physicians return cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other that all licensed to practice medicine under unal other than a physician who admits peutic procedures to inpatients, including oners, nurse midwives, and podiatrists seed when the number of physicians return cell size of five. 998 Cell size less than 5	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the atten the Med patients to g psycholo authorize presented	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. It in a DRG for a hospital is less than the distribution of the physician is an ical Practice Act. Can include an or hospitals or who provides diagnostic or or original possibility, chiropractors, dentists, nurse distribution and procedure of the physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician or who provides diagnostic or original physician is an ical Practice Act. Can include an originate of the physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician is an ical Practice Act. Can include an original physician ical Practice Act. Can in	
Beginning Position: Length: Field 191: Suppression:	expecte patient under to patient includi podiatr Suppre minima 871 10 OPER Operate the operate individe the practiti patient Suppre minima 9999999	ed to certify medical necessity of service's medical care and treatment. Physicia he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit assed when the number of physicians return cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other that all licensed to practice medicine under that all other than a physician who admits participate procedures to inpatients, including oners, nurse midwives, and podiatrists seem cell size of five. See Cell size less than 5	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the atten the Med patients to g psycholo authorize presented	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. It in a DRG for a hospital is less than the distribution of the physician is an ical Practice Act. Can include an or hospitals or who provides diagnostic or or origists, chiropractors, dentists, nurse and by the hospital to admit or treat the matched of the	
Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position:	expecte patient under to patient includi podiate Suppre minime 871 10 OPER Operate the open individed individed the practiting patient Suppre minime 999999999999999999999999999999999999	ed to certify medical necessity of services are decembered to certify medical necessity of services are medical care and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentist initiatists authorized by the hospital to admit assed when the number of physicians resum cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID in gor other Physician Uniform Identificating physician or physician other than all licensed to practice medicine under that unal licensed to practice medicine under that other than a physician who admits peutic procedures to inpatients, including oners, nurse midwives, and podiatrists sees when the number of physicians resum cell size of five. 998 Cell size less than 5 Temporary license or license number of Data Source:	es render in is an in- in individ- ic or thera is, nurse p or treat p presented Assigned Alphanu er (if app in the attent the Med patients to g psycholo authorize presented Assigned authorize presented Assigned or could no Assigned	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. It in a DRG for a hospital is less than the distribution of the physician is an ical Practice Act. Can include an or hospitals or who provides diagnostic or or ogists, chiropractors, dentists, nurse and by the hospital to admit or treat the matched of the ma	
Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position: Length: Field 192: Description:	expecte patient under to patient under to patient includi podiate Suppre minime 871 10 OPER Operate the operate individed individed the practitip patient Suppre minime 99999999 881 10 ENCO Indicate including the properation of the practitip patient Suppre minime 999999999999999999999999999999999999	ed to certify medical necessity of services are to certify medical necessity of services are medical care and treatment. Physicial he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit assed when the number of physicians resum cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID in grating physician or physician other than all licensed to practice medicine under that all licensed to practice medicine under that all licensed to practice medicine under that all physician who admits partice procedures to inpatients, including toners, nurse midwives, and podiatrists seems. Sessed when the number of physicians resum cell size of five. 1998	rese render on is an incomination in individual individual in individual in individual individual in individual ind	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the dimeric licable). Unique identifier assigned to inding physician. Physician is an ical Practice Act. Can include an or hospitals or who provides diagnostic or or origists, chiropractors, dentists, nurse and by the hospital to admit or treat I in a DRG for a hospital is less than the intermediate the matched dimeric	
Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position: Length: Field 192:	expecte patient under to patient includi podiate Suppre minime 871 10 OPER Operat the operation individed individed the practiting patient Suppre minime 999999999999999999999999999999999999	ed to certify medical necessity of service's medical care and treatment. Physicia he Medical Practice Act. Can include a set to hospitals or who provides diagnosting psychologists, chiropractors, dentistists authorized by the hospital to admit assed when the number of physicians return cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identificating physician or physician other that any licensed to practice medicine under that all icensed to practice medicine under that all other than a physician who admits partice procedures to inpatients, including oners, nurse midwives, and podiatrists sees when the number of physicians return cell size of five. Sessed when the number of physicians return cell size of five. Sessed when the number of physicians return cell size of five. Data Source: Type: Type:	res render in is an individual ic or thera is, nurse progresented Assigned Alphanus are (if appropriate the Medipatients to green ted presented authorize presented authorize presented Assigned Alphanus Assigned Alphanus	red, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits apeutic procedures to inpatients, practitioners, nurse midwives, and patients. I in a DRG for a hospital is less than the dimeric licable). Unique identifier assigned to inding physician. Physician is an ical Practice Act. Can include an or hospitals or who provides diagnostic or origists, chiropractors, dentists, nurse and by the hospital to admit or treat I in a DRG for a hospital is less than the intermedical meric	

Field 193:	CERT_STATUS			
	Assignment of a code to indicate the certification of data and submission of comments by the			
	hospital. First available 3 rd quarter 1999.			
Coding Scheme:	1 Certified, without comment			
8	2 Certified, with comment			
	3 Certified, with comment, comment not received by deadline			
	4 Hospital elected not to certify			
	5 Hospital closed, data not certified			
	6 Hospital out of compliance, did not certify data			
Beginning Position:	893	Data Source:	Assigned	
Length:	1	Type:	Alphanumeric	
Field 194:	FILLER_SPACE			
Description:	Indicates the number of claims used to create the encounter			
Beginning Position:	Data Source: Calculated			
Length:	57 Type: Alphanumeric			

BASE DATA #2 FILE

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First available				
	1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).				
Beginning Position:	1	Data Source:	Assigned		
Length:	12	Type:	Alphanumeric		
Field 2:	PRIVATE_AMOUNT				
Description:	Accommodation Charge, Priva	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR			
_	algorithm. Sum of charges as	sociated with re	venue codes 0100-0219, revenue center 11X, 14X		
Beginning Position:	13	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 3:	SEMI_PRIVATE_AMOUN	NT			
	Accommodation Charge, Sen	ni-private Room	Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges as	sociated with re	venue codes 0100-0219, revenue center 10X, 12X-		
	14X, 16X-19X				
Beginning Position:	25	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 4:	WARD_AMOUNT				
	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of				
	charges associated with revenue codes 0100-0219, revenue center 15X.				
Beginning Position:	37	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 5:	ICU AMOUNT				
	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR				
	algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X.				
Beginning Position:	49	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 6:	CCU_AMOUNT				
	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR				
	algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 21X.				
Beginning Position:	-	Data Source:	Calculated		
Length:		Type:	Numeric		
6		. I			

Etala 7.	OTHED AMOUNT				
Field 7:	OTHER_AMOUNT A poillow's Sorving Charge Other Charge Amount Calculated using MEDDAR algorithm Sum				
	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, 6				
Doginning Dogition		Data Source:	Calculated		
Beginning Position: Length:	73 12	Type:	Numeric		
Field 8:	PHARM_AMOUNT	Type:	Numeric		
rielu o:		Oharmaari Charga	Amount. Calculated using MEDPAR algorithm.		
			es other than 0100-0219, revenue center 25X, 26X,		
	and 63X.	with revenue cod	es other than 0100-0219, revenue center 25A, 20A,		
Beginning Position:	85	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 9:	MEDSURG_AMOUNT				
ricia >.		Medical/Surgical	Supply Charge Amount. Calculated using		
			ated with revenue codes other than 0100-0219,		
	revenue center 27X, 62X.	or charges associ	ated with revenue codes other than 0100 0217,		
Beginning Position:	97	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 10:	DME AMOUNT	J			
		Ourable Medical	Equipment Charge Amount. Calculated using		
			ated with revenue codes other than 0100-0219,		
	revenue centers 290-292, 29				
Beginning Position:	109	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 11:	USED_DME_AMOUNT				
	Ancillary Service Charge, U	Jsed Durable Me	dical Equipment Charge Amount. Calculated		
	using MEDPAR algorithm.	Sum of charges	associated with revenue codes other than 0100-		
	0219, revenue center 293.				
Beginning Position:	121	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 12:	PT_AMOUNT				
			Charge Amount. Calculated using MEDPAR		
		associated with re	evenue codes other than 0100-0219, revenue center		
	42X.				
Beginning Position:	133	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 13:	OT_AMOUNT				
	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR				
	č č	associated with re	evenue codes other than 0100-0219, revenue center		
Daginning Dagitian.	42X.	Data Carres	Calandatad		
Beginning Position:	145	Data Source:	Calculated		
Length: Field 14:	SPEECH AMOUNT	Type:	Numeric		
riela 14:	SPEECH_AMOUNT 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.				
Beginning Position:	157	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 15:		Type.	Numeric		
riciu 13.	IT_AMOUNT 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.				
Beginning Position:	169	Data Source:	Calculated		
Length:	12	Type:	Numeric		
~~~~		-JP			

	DI COD ALICANIE		
Field 16:	BLOOD_AMOUNT	011.1.1	MTDDAD 1 14 G C1
			MEDPAR algorithm. Sum of charges associated
	with revenue codes other th		
<b>Beginning Position:</b>	181	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 17:	BLOOD_ADMIN_AMOU		
			MEDPAR algorithm. Sum of charges associated
	with revenue codes other th	han 0100-0219, re	evenue center 39X.
<b>Beginning Position:</b>	193	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 18:	OR_AMOUNT		
	Ancillary Service Charge,	Operating Room (	Charge amount. Calculated using MEDPAR
	algorithm. Sum of charges	associated with re	evenue codes other than 0100-0219, revenue center
	36X, 71X-72X.		
<b>Beginning Position:</b>	205	<b>Data Source:</b>	Calculated
Length:	12	Type:	Numeric
Field 19:	LITH_AMOUNT	× •	
	Ancillary Service Charge,	Lithotripsy Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 79X.
<b>Beginning Position:</b>	217	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 20:	CARD_AMOUNT	J P	
		Cardiology Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 48X, 73X.
<b>Beginning Position:</b>	229	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 21:	ANES_AMOUNT	-, p-0	
11010 211		Anesthesia Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 37X.
<b>Beginning Position:</b>	241	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 22:	LAB AMOUNT	2 y pc.	Tumerie
riciu 22.	<del>_</del>	Laboratory Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 30X-31X,
	74X-75X.	with revenue cod	es other than 0100 0219, revenue center 3021 3121,
<b>Beginning Position:</b>	253	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 23:	RAD_AMOUNT	турс.	rumene
riciu 25.		Radiology Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 28X, 32X-
	35X, 40X.	with revenue cod	es other than 0100 0217, revenue center 2011, 3211
<b>Beginning Position:</b>	265	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 24:	MRI_AMOUNT	турс.	rumene
riciu 24.		MRI Charge Amo	ount. Calculated using MEDPAR algorithm. Sum of
			than 0100-0219, revenue center 61X.
<b>Beginning Position:</b>	277	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 25:	OP AMOUNT	турс.	Numeric
rielu 25.	<del>_</del>	Outpotiont Comic	as Charge Amount Calculated using MEDDAD
			es Charge Amount. Calculated using MEDPAR
		associated with re	evenue codes other than 0100-0219, revenue center
Daginning Dagities	49X-50X.	Data Carras	Coloulated
<b>Beginning Position:</b>	289	Data Source:	Calculated
Length:	12	Type:	Numeric

Field 26:	ER_AMOUNT			
riela 20:		Emorgonov Doom	Chargo /	Amount Calculated using MEDDAD
				Amount. Calculated using MEDPAR des other than 0100-0219, revenue center
	45X.	s associated with re	evenue co	des other than 0100-0219, revenue center
<b>Beginning Position:</b>	301	Data Source:	Calcula	ted
Length:	12	Type:	Numeri	
Field 27:	AMBULANCE_AMOU	V A	TVUITICITY	
riciu 27.	<del>-</del>		ra Amoun	t. Calculated using MEDPAR algorithm.
				nan 0100-0219, revenue center 54X.
<b>Beginning Position:</b>	313	Data Source:	Calcula	
Length:	12	Type:	Numeri	
Field 28:	PRO_FEE_AMOUNT	турс.	Transcri	
1100 201		Professional Fee (	Charge Ar	nount. Calculated using MEDPAR
				des other than 0100-0219, revenue center
	96X-98X.	s associated with re	venue co	des other than 0100-0217, revenue center
<b>Beginning Position:</b>	325	Data Source:	Calcula	ted
Length:	12	Type:	Numeri	
Field 29:	ORGAN AMOUNT	турс.	TVUITICITY	
riciu 27.	<del>-</del>	Organ Acquisition	Charga	Amount. Calculated using MEDPAR
				des other than 0100-0219, revenue center
	81X, 89X.	s associated with it	venue co	des other than 0100-0219, revenue center
Beginning Position:	337	Data Source:	Calcula	ted
Length:	12	Type:	Numeri	
Field 30:	ESRD AMOUNT	Type.	Numen	<u> </u>
riela 50:	<del>_</del>	End Stope Denal I	Dialmaia C	Sharaa Amaunt Calculated using
				Charge Amount. Calculated using
			ateu witii	revenue codes other than 0100-0219,
Daginning Dagitian.	revenue center 80X, 82X	Data Source:	Calanda	4-4
Beginning Position: Length:	349 12		Calcula	
i engin:				
		Type:	Numeri	С
Field 31:	CLINIC_AMOUNT	**		
	CLINIC_AMOUNT Ancillary Service Charge	, Clinic Visit Charg	ge Amoun	t. Calculated using MEDPAR algorithm.
Field 31:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated	, Clinic Visit Charg	ge Amoun es other th	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X.
Field 31: Beginning Position:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associate 361	, Clinic Visit Charg d with revenue code <b>Data Source:</b>	ge Amoun es other th Calcula	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted
Field 31:  Beginning Position: Length:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12	, Clinic Visit Charg	ge Amoun es other th	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted
Field 31: Beginning Position:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12 OCCUR_CODE_1	, Clinic Visit Charg d with revenue code Data Source: Type:	ge Amoun es other th Calcula Numeri	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12 OCCUR_CODE_1 Code describing a signific	, Clinic Visit Charg d with revenue code Data Source: Type:	ge Amoun es other th Calcula Numeric	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c
Field 31:  Beginning Position: Length:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12 OCCUR_CODE_1 Code describing a signified 1 Auto accident	, Clinic Visit Charg d with revenue code Data Source: Type:	ge Amoun es other th Calcula Numeri	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c m. Scheduled date of admission
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Inventory Accident/Other	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to	ge Amoun es other th Calcula Numeric to the clai: 40 41	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Inventory Accident/Other 3 Accident/ Tort Liability	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to	ge Amoun es other th Calcula Numeric to the clair 40 41 42	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only)
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to	ge Amoun es other th Calcular Numeric to the clair 40 41 42 43	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to	ge Amoun es other th Calcular Numeric to the clair 40 41 42 43 44	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment	, Clinic Visit Charg d with revenue code     Data Source:     Type: cant event relating to	ge Amoun es other th Calcular Numeric to the clair 40 41 42 43	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/Other 4 Accident/ Employment 5 Other accident 6 Crime Victim	, Clinic Visit Charg d with revenue code     Data Source:     Type: cant event relating to	ge Amoun es other th Calcular Numeric to the clair 40 41 42 43 44 45	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill	, Clinic Visit Charged with revenue code Data Source: Type:  cant event relating to colved - Including Auto Related  ment Cycle	ge Amoun es other th Calcula Numeric to the clai: 40 41 42 43 44 45 46 47 A1	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invo-Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chri	, Clinic Visit Charged with revenue code Data Source: Type:  cant event relating to colved - Including Auto Related  ment Cycle	ge Amoun es other th Calcula Numeric to the clair 40 41 42 43 44 45 46 47	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invo-Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chri	, Clinic Visit Charged with revenue code Data Source: Type:  cant event relating to colved - Including Auto Related  ment Cycle	ge Amoun es other th Calcula Numeric to the clai: 40 41 42 43 44 45 46 47 A1 A2	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invo-Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chri	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to colved - Including Auto Related  ment Cycle  ness onically Dependent	ge Amoun es other th Calcula Numeric to the clai: 40 41 42 43 44 45 46 47 A1	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Invention Accident/Other 3 Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chr Individual 16 Date of Last Therapy 17 Date Outpatient OT Plat Reviewed	, Clinic Visit Charg d with revenue code     Data Source:     Type:  cant event relating to colved - Including Auto Related  ment Cycle ness onically Dependent  in Established or Last	ge Amoun es other th Calcula Numeric to the clair 40 41 42 43 44 45 46 47 A1 A2 A3 A4	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy  Payer A benefits exhausted Split Bill Date
Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Involucion Accident/Other 3 Accident/Other 3 Accident/ Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chr Individual 16 Date of Last Therapy 17 Date Outpatient OT Pla Reviewed 18 Date of Retirement - Pa	, Clinic Visit Charged with revenue code Data Source: Type:  cant event relating to colved - Including Auto Related  ment Cycle  ness onically Dependent  in Established or Last attent/Beneficiary	ge Amoun es other th Calcula Numeric to the clair 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy  Payer A benefits exhausted Split Bill Date  Birthdate - Insured B
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Field 31:  Beginning Position: Length: Field 186:	CLINIC_AMOUNT Ancillary Service Charge Sum of charges associated 361 12  OCCUR_CODE_1  Code describing a signified 1 Auto accident 2 No Fault Insurance Inventor Accident/Other 3 Accident/Tort Liability 4 Accident/ Employment 5 Other accident 6 Crime Victim 9 Start of Infertility Treat 10 Last Menstrual Period 11 Onset of Symptoms/ Ill 12 Date of Onset for a Chr Individual 16 Date of Last Therapy 17 Date Outpatient OT Pla Reviewed 18 Date of Retirement - Pa 19 Date Guarantee of Payr	, Clinic Visit Charged with revenue code Data Source: Type:  cant event relating to colved - Including Auto Related  ment Cycle  ness conically Dependent  in Established or Last titent/Beneficiary couse ment Began	ge Amoun es other th Calcula Numeric to the clai: 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3	t. Calculated using MEDPAR algorithm. nan 0100-0219, revenue center 51X. ted c  m. Scheduled date of admission Date of first test of pre-admission testing  Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy  Payer A benefits exhausted Split Bill Date  Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted
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	27 Date Home Health Plan E	stablished or Last	E2	Effective date - Insured D Policy
	Reviewd 28 Date Comprehensive Outp		E3	Payer D benefits exhausted
	Plan Established or Last R 29 Date Outpatient PT Plan e		F1	Birthdate - Insured E
	reviewed 30 Date Outpatient ST Plan e reviewed	stablished or last	F2	Effective date - Insured E Policy
	31 Date beneficiary notified (accommodations)	of intent to bill	F3	Payer E benefits exhausted
	32 Date beneficiary notified	· · · · · · · · · · · · · · · · · · ·		Birthdate - Insured F
	Date of inpatient hospital covered transplant patient	discharge for non-	G2	Effective date - Insured F Policy
	<ul><li>Date treatment started for</li><li>Date discharged on a cont</li></ul>		G3	Payer F benefits exhausted
	therapy			
<b>Beginning Position:</b>	373	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 33:	OCCUR_DAY_1			
	Occurrence Day equals Occ			
<b>Beginning Position:</b>	375	Data Source:	Calculat	
Length:	4	Type:	Alphanu	imeric
Field 34:	OCCUR_CODE_2			
	Code describing a significant	nt event relating t	o the clain	n.
Coding Scheme:	Same as Field 186.	<b>5</b>	G1 :	
<b>Beginning Position:</b>	379	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 35:	OCCUR_DAY_2	5		1 (0) (0)
	Occurrence Day equals Occ			
<b>Beginning Position:</b>	381	Data Source:	Calculat	
Length:	4	Type:	Alphanu	imeric
Field 36:	OCCUR_CODE_3		. 4 1	
C- 1 C-1	Code describing a significant	nt event relating t	o the clan	n.
Coding Scheme: Beginning Position:	Same as Field 186. 385	Data Source:	Claim	
Length:	2		Alphanu	umorio.
Field 37:	OCCUR_DAY_3	Type:	Aipiiaiit	imene
rieiu 5/:	Occurrence Day <i>equals</i> Occ	nirranca Data mir	us Admis	sion/Start of Cara Data
<b>Beginning Position:</b>	387	Data Source:	Calculat	
Length:	4	Type:	Alphanu	
Field 38:	OCCUR_CODE_4	турс.	2 Hphane	inerie
_ 1014 001	Code describing a signification	nt event relating t	o the clair	n.
Coding Scheme:	Same as Field 186.		• • • • • • • • • • • • • • • •	
Beginning Position:	391	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 39:	OCCUR_DAY_4	v =		
	Occurrence Day equals Occ	currence Date min	<i>us</i> Admis	ssion/Start of Care Date.
<b>Beginning Position:</b>	393	<b>Data Source:</b>	Calculat	
Length:	4	Type:	Alphanu	imeric
Field 40:	OCCUR_CODE_5			
	Code describing a significant	nt event relating t	o the clain	n.
<b>Coding Scheme:</b>	Same as Field 186.	_		
<b>Beginning Position:</b>	397	<b>Data Source:</b>	Claim	
Length:	2	Type:	Alphanu	ımeric
Field 41:	OCCUR_DAY_5			
	Occurrence Day equals Occ	currence Date mir	<i>ius</i> Admis	ssion/Start of Care Date.
<b>Beginning Position:</b>	399	<b>Data Source:</b>	Calculat	red
Length:	4	Type:	Alphanu	ımeric
		·		

Field 42:	OCCUR_CODE_6		
	Code describing a significant	event relating t	o the claim.
Coding Scheme:	Same as Field 186.	C	
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 43:	OCCUR_DAY_6	турс.	Alphanumeric
rieiu 43:		manaa Data min	wa Admission/Start of Care Data
D ' ' D '			nus Admission/Start of Care Date.
<b>Beginning Position:</b>		Data Source:	Calculated
Length:		Type:	Alphanumeric
Field 44:	OCCUR_CODE_7		
	Code describing a significant	event relating t	o the claim.
Coding Scheme:	Same as Field 186.		
<b>Beginning Position:</b>	409	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 45:	OCCUR_DAY_7		
		rrence Date min	aus Admission/Start of Care Date.
<b>Beginning Position:</b>	• •	<b>Data Source:</b>	Calculated
Length:	4	Type:	Alphanumeric
Field 46:	OCCUR_CODE_8	JI	1
11010 101	Code describing a significant	event relating t	o the claim
Coding Scheme:	Same as Field 186.		
Beginning Position:		Data Source:	Claim
Length:		Type:	Alphanumeric
Field 47:	OCCUR_DAY_8	Type.	Alphanumene
rieiu 47:		rmanaa Data mir	nus Admission/Start of Care Date.
Doginaina Dogition.			
<b>Beginning Position:</b>		Data Source:	Calculated
Length:		Type:	Alphanumeric
Field 48:	OCCUR_CODE_9		
	0 1 1 '1' ' 'C'		.1 1 1
~ ~ .	Code describing a significant	event relating t	o the claim.
Coding Scheme:	Same as Field 186.	_	
<b>Beginning Position:</b>	Same as Field 186. 421	Data Source:	Claim
Beginning Position: Length:	Same as Field 186. 421 2	_	
<b>Beginning Position:</b>	Same as Field 186. 421 2 OCCUR_DAY_9	Data Source: Type:	Claim Alphanumeric
Beginning Position: Length: Field 49:	Same as Field 186. 421 2 OCCUR_DAY_9 Occurrence Day equals Occu	Data Source: Type:  urrence Date min	Claim Alphanumeric  aus Admission/Start of Care Date.
Beginning Position: Length:	Same as Field 186. 421 2 OCCUR_DAY_9 Occurrence Day equals Occu	Data Source: Type:	Claim Alphanumeric
Beginning Position: Length: Field 49:	Same as Field 186. 421 2 OCCUR_DAY_9 Occurrence Day equals Occu 423	Data Source: Type:  urrence Date min	Claim Alphanumeric  aus Admission/Start of Care Date.
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Beginning Position: Length: Field 49: Beginning Position: Length:	Same as Field 186. 421 2 OCCUR_DAY_9 Occurrence Day equals Occu 423 4 OCCUR_CODE_10	Data Source: Type:  arrence Date min Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric
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Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186.	Data Source: Type:  arrence Date min Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.
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Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10	Data Source: Type:  mrence Date min Data Source: Type:  event relating t  Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim. Claim Alphanumeric
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Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429	Data Source: Type:  mrence Date min Data Source: Type:  event relating t  Data Source: Type:  mrence Date min Data Source:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim. Claim Alphanumeric  aus Admission/Start of Care Date. Calculated
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Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant	Data Source: Type:  mrence Date min Data Source: Type:  event relating t  Data Source: Type:  mrence Date min Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric
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Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52: Coding Scheme: Beginning Position:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant Same as Field 186. 433 2  OCCUR_DAY_11	Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Claim Alphanumeric  o the claim.  Claim Alphanumeric
Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52: Coding Scheme: Beginning Position: Length: Length: Field 52:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant Same as Field 186. 433 2  OCCUR_DAY_11 Occurrence Day equals Occu	Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Claim Claim Claim Alphanumeric
Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52: Coding Scheme: Beginning Position: Length: Length: Field 52:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant Same as Field 186. 433 2  OCCUR_DAY_11 Occurrence Day equals Occu	Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Claim Alphanumeric  o the claim.  Claim Alphanumeric
Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52: Coding Scheme: Beginning Position: Length: Field 53: Beginning Position:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant Same as Field 186. 433 2  OCCUR_DAY_11 Occurrence Day equals Occu 435	Data Source: Type:  Irrence Date min Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  o the claim.  Claim Alphanumeric  othe claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated  Claim Alphanumeric
Beginning Position: Length: Field 49: Beginning Position: Length: Field 50: Coding Scheme: Beginning Position: Length: Field 51: Beginning Position: Length: Field 52: Coding Scheme: Beginning Position: Length: Field 53:	Same as Field 186.  421 2  OCCUR_DAY_9 Occurrence Day equals Occu 423 4  OCCUR_CODE_10 Code describing a significant Same as Field 186. 427 2  OCCUR_DAY_10 Occurrence Day equals Occu 429 4  OCCUR_CODE_11 Code describing a significant Same as Field 186. 433 2  OCCUR_DAY_11 Occurrence Day equals Occu 435	Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  Irrence Date min Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:  I event relating to Data Source: Type:	Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Alphanumeric  aus Admission/Start of Care Date. Calculated Alphanumeric  o the claim.  Claim Claim Alphanumeric  o the claim.  Claim Alphanumeric  ous Admission/Start of Care Date.

Field 54:	OCCUR_CODE_12		
	Code describing a significant	nt event relating	to the claim.
Coding Scheme:	Same as Field 186.		
<b>Beginning Position:</b>	439	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 55:	OCCUR DAY 12	* *	•
		currence Date min	nus Admission/Start of Care Date.
<b>Beginning Position:</b>	441	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 56:	OCCUR_SPAN_CODE_1		•
			to the claim that may affect payer processing.
Coding Scheme:	70 Qualifying stay dates (for		78 SNF prior stay dates
coung senomer	71 Prior stay dates	-	79 Payer use codes
	72 First/Last Visit		DR Katrina disaster related
	<ul><li>73 Benefit eligibility period</li><li>74 Noncovered level of care/</li></ul>	I eave of absence	<ul><li>M0 PRO/UR approved stay dates</li><li>M1 Provider liability - no utilization</li></ul>
	75 SNF level of care	Leave of absence	M2 Inpatient respite dates
	76 Patient Liability Period		M3 ICF level of care
	77 Provider Liability - Utiliza		M4 Residential level of care
<b>Beginning Position:</b>	445	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 57:	OCCUR_SPAN_FROM_1		
			ate of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	447	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 58:	OCCUR_SPAN_THRU_1		
			of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	453	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 59:	OCCUR_SPAN_CODE_2		
		nt event relating	to the claim that may affect payer processing.
Coding Scheme:	Same as Field 210.		
<b>Beginning Position:</b>	459	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 60:	OCCUR_SPAN_FROM_2		
			ate of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	461	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 61:	OCCUR_SPAN_THRU_2		
			of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	467	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 62:	OCCUR_SPAN_CODE_3		
		nt event relating	to the claim that may affect payer processing.
Coding Scheme:	Same as Field 210.		
<b>Beginning Position:</b>	473	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 63:	OCCUR_SPAN_FROM_3		
	1 1	0 0	nte of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	475	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 64:	OCCUR_SPAN_THRU_3		
	Occurrence Span Thru equa	als Ending Date of	of Event minus Admission/Start of Care Date.
<b>Beginning Position:</b>	481	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 65:	OCCUR_SPAN_CODE_4		
	Code describing a significant	nt event relating	to the claim that may affect payer processing.
		ŭ	· · · · · · · · · · · · · · · · · ·

Coding Scheme:	Same	as Field 210.			
<b>Beginning Position:</b>	487		Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 66:		CUR_SPAN_FROM_4			
		rrence Span From equa	0 0		t minus Admission/Start of Care Date.
<b>Beginning Position:</b>	489		Data Source:	Calculate	ed
Length:	6		Type:	Alphanu	meric
Field 67:		CUR_SPAN_THRU_4			
	Occu	rrence Span Thru equa	ls Ending Date of	Event mi	inus Admission/Start of Care Date.
<b>Beginning Position:</b>	495		<b>Data Source:</b>	Calculate	ed
Length:	6		Type:	Alphanu	meric
Field 68:	CON	DITION_CODE_1		_	
		describing a condition	relating to the cla	aim.	
Coding Scheme:	1	Military service related		76	Back-up in facility dialysis
O	2	Condition is employment r	elated	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 insuran	ce 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 m	onths of entitlement	A0	CHAMPUS external partnership program
	7	covered by EGHP Treatment of non-terminal	condition for hospice	A1	EPSDT/CHAP
	8	patient Beneficiary would not prov	vide information	A2	Physically handicapped children's program
	O	concerning other insurance		712	Thysically handicapped children's program
	9	Neither patient or spouse is		A3	Special Federal Funding
	10	Patient and/or spouse is employed but no EGHP		A4	Family planning
	11	exists 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 nam		A8	Induced abortion - victim rape/incest
	20	Beneficiary requested billing	ng	A9	Second opinion surgery
	21	Billing for denial notice		AA	Abortion performed due to rape
	22	Patient on multiple drug re	egimen	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 recei	iving 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 choose		n AF	Abortion performed due to
	27	a Medicare certified facility Patient referred to a sole co		AG	emotional/psychological health of mother Abortion performed due to social or economic
		a diagnostic laboratory test			reasons
	28	Patient and/or spouse's EG Medicare	HP is secondary to	AH	Elective abortion
	29	Disabled beneficiary and/o LGHP is secondary to Med	•	AI	Sterilization
	30	Non-research services provenrolled in a qualified clini	vided to patients	AJ	Payer responsible for co-payment
	31	Patient is student (full time		AJ	Payer responsible for co-payment
	32	Patient is student (cooperat	tive/work study	AK	Air ambulance required
	33	program) Patient is student (full time	e - night)	AL	Specialized treatment/bed unavailable
	34	Patient is student (part-time	•	AM	Non-emergency medically necessary stretcher
	36	•		A NI	transport required
	30 37	General care patient in a sp Ward accommodation at pa		AN B0	Pre-admission screening not required  Medicare coordinated care demonstration claim
	38	•	•	В0 В1	
	36	Semi-private room not ava	iiaUIC	DI	Beneficiary is ineligible for demonstration program

	39	Private room medically nec	Accors.	B2	Critical access hospital ambulance attestation
	40	Same day transfer	essary	B3	Pregnancy indicator
	41	Partial hospitalization		B4	Admission unrelated to discharge on same day
	42	Continuing care not related	to innatient	C1	Approved as billed
	43	admission Continuing care not provide	•		Automatic approval as billed based on focused
	44	postdischarge window Inpatient admission change	•	C3	review Partial approval
	45	Reserved	a to outpution	C4	Admission/services denied
	46	Non-availability statement	on file	C5	Postpayment review applicable
	47	Reserved for CHAMPUS	on me	C6	Admission Preauthorization
	48		ment centers for	C7	Extended Authorization
	49	Psychiatric residential treatment centers for children and adolescents (RTCs) Product replacement within product lifecycle		D0	Changes to Service Dates
	55	SNF bed not available	i product interjete	D1	Changes to Charges
	56			D2	Changes in Revenue Codes/HCPCS/HIPPS rate
	57	Medical appropriateness		D3	code Second or Subsequent Interim PPS Bill
	58	SNF readmission	ica cucanization	D3 D4	•
	59 59	Terminated Medicare+Choice organization enrollee		D4	Change in ICD-9-CM diagnosis and/or procedure codes.  Cancel to correct HICN or Provider ID
	60	Non-primary ESRD facility		D5 D6	
	60	Day outlier		D0	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		D9	Any Other Change
	68	(LTR) days Beneficiary elects to use lif	e time reserve (LTR	) DR	Katrina disaster related
	69	days IME/DGME/N&AH Payment Only		E0	Changes in Patient Status
	70	IME/DGME/N&AH Payment Only Self-administered anemia management drug		G0	Distinct Medical Visit
	71	Full care in unit	nanagement arag	НО	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
	74	Home		M2	pneumococcal pneumonia vaccine (PPV) HHA payment significantly exceeds total charges
	75	Home - 100% reimburseme	ent	P1	Do not Resuscitate Order (DNR)
				WO	United Mine Workers of America (UMWA) Demonstration Indicator
<b>Beginning Position:</b>	501		Data Source:	Claim	Demonstration indicator
Length:	2		Type:	Alphanu	imeric
Field 69:		DITION_CODE_2	турс.	7 IIpiiuii	
ricia oz.		describing a condition	relating to the cl	laim	
Coding Scheme:		as Field 68.	relating to the ci		
Beginning Position:	503	us 1 1010 00.	Data Source:	Claim	
Length:	2		Type:	Alphanu	imeric
Field 70:		DITION CODE 3	-JF		
11010		describing a condition	relating to the cl	laim	
Coding Scheme:		as Field 68.	returning to the er		
Beginning Position:	505		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 71:		DITION CODE 4	J.F.		
		describing a condition	relating to the cl	laim.	
Coding Scheme:		as Field 68.			
Beginning Position:	507		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 72:		DITION_CODE_5	-JP**	P.1.4110	· · · · · · · · · · · · · · · · · · ·
_ 1010 / #1		describing a condition	relating to the cl	laim	
Coding Scheme:		as Field 68.	Truming to the Cl		
Beginning Position:	509	1 1010 00.	Data Source:	Claim	
~6	20)		zam podice.	-241111	

Length:	2	Type:	Alphanu	meric		
Field 73:	CONDITION_CODE	6				
	Code describing a condition relating to the claim.					
<b>Coding Scheme:</b>	Same as Field 68.	•				
<b>Beginning Position:</b>	511	Data Source:	Claim			
Length:	2	Type:	Alphanu	meric		
Field 74:	CONDITION_CODE	7				
	Code describing a condi		aim.			
<b>Coding Scheme:</b>	Same as Field 68.	•				
<b>Beginning Position:</b>	513	Data Source:	Claim			
Length:	2	Type:	Alphanu	meric		
Field 75:	CONDITION_CODE_	_8		_		
	Code describing a condi	ition relating to the cla	aim.			
Coding Scheme:	Same as Field 68.					
<b>Beginning Position:</b>	515	Data Source:	Claim			
Length:	2	Type:	Alphanu	meric		
Field 76:	VALUE_CODE_1					
	Code describing information		payer prod	cessing.		
Coding Scheme:	1 Most common semi-p		66	Medicaid spenddown amount		
	<ul> <li>Hospital has no semi-</li> <li>Inpatient professional</li> </ul>	private rooms component charges which	67 68	Peritoneal dialysis EPO-drug		
	are combined billed	component charges which	00	Li O-drug		
		ent included in charges and	69	State charity care percentage		
	also billed separately		70			
	6 Medicare blood deduc 8 Medicare life time res	serve amount in the first	72 73	Flat rate surgery charge Drug deductible		
	calendar year	or ve amount in the mor	, 5	21mg available		
	9 Medicare coinsurance	e amount in the first	74	Drug coinsurance		
	calendar year  10 Medicare lifetime rese	erve amount in the second	77	New technology add-on payment		
	calendar year	or to amount in the second		The weed motogy and on payment		
	11 Medicare coinsurance calendar year	e amount in the second	A0	Special zip code reporting		
	•	ciary/spouse with employer	A1	Deductible payer A		
	13 ESRD beneficiary in	a Medicare coordination	A2	Coinsurance payer A		
	period with an employ  14 No fault, including au		A3	Estimated responsibility payer A		
	15 Worker's compensation		A4	Covered self-administrable drugs - emergency		
	1	(PHS) or other federal	A5	Covered self-administrable drugs - administrable		
	agency	` '		in form and situation furnished to patient		
	21 Catastrophic		A6	Covered self-administrable drugs - diagnostic		
	22 Surplus		A7	study and other Co-payment payer A		
	23 Recurring monthly in	come	A8	Patient weight		
	24 Medicaid Rate Code		A9	Patient height		
	25 Offset to the patient -	payment amount -	AA	Regulatory surcharges, assessments, allowances		
	prescription drugs	1.0		or health care related taxes - payer A		
	-	payment amount - hearing	AB	Other assessments or allowances (e.g., medical		
	and ear services  Offset to the patient -	payment amount - vision	B1	eduction) - payer A Deductible payer B		
	and eye services	payment amount vision	D.	Beddelible payer B		
	28 Offset to the patient - services	payment amount - dental	B2	Coinsurance payer B		
	29 Offset to the patient -	navment amount -	В3	Estimated responsibility payer B		
	chiropractic services	F	20	Fig. 2		
	30 Preadmission testing		В7	Co-payment payer B		
	31 Patient Liability Amo	ount	BA	Regulatory surcharges, assessments, allowances		
	32 Multiple patient ambu	ulance transport	ВВ	or health care related taxes - payer B Other assessments or allowances (e.g., medical eduction) - payer B		
	33 Offset to the patient -	payment amount - podiatri	c C1	Deductible payer C		
	services	-				

	24	Off and discontinuous		CO	
	34	Offset to the patient - payn medical services	nent amount - otner	C2	Coinsurance payer C
	35	Offset to the patient - payn insurance premiums	nent amount - health	C3	Estimated responsibility payer C
	37	Pints of blood furnished		C7	Co-payment payer C
	38	Blood deductible pints		CA	Regulatory surcharges, assessments, allowances
	39	Pints of blood replaced		СВ	or health care related taxes - payer C Other assessments or allowances (e.g., medical
	40	New coverage not impleme	ented by HMO	D3	eduction) - payer C Patient estimated responsibility
	41	Black lung		DR	Katrina disaster related
	42	VA		E1	Deductible Payer D
	43	Disabled beneficiary under	r 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			Coinsurance Payer D
	45	Accident hour		E7	Co-payment payer D
	46	Number of grace days		EA	Regulatory surcharges, assessments, allowances
	47	Any liability insurance		EB	or health care related taxes - payer D 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
	53	Cardiac rehab visits		FB	or health care related taxes - payer E 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 v	visit hours	G3	Coinsurance Payer F
	58	Arterial blood gas		G7	Co-payment payer F
	59 60	Oxygen saturation		GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F
	61	HHA branch MSA  Location where service is	furnished (HHA and	GB P1	Other assessments or allowances (e.g. medical education) - payer F
	01	hospice)	iui iiisileu (HHA aliu		Do not resuscitate order (DNR)
				Y1 Y2	Part A Demonstration Payment Part B Demonstration Payment
				Y3	Part B Coinsurance
				Y4	Conventional Provider Payment Amount for
				14	Non-Demonstration Claims
<b>Beginning Position:</b>	517		<b>Data Source:</b>	Claim	
Length:	2		Type:	Alphanu	meric
Field 77:		UE_AMOUNT_1			
		r amount that may be a			
<b>Beginning Position:</b>	519		Data Source:	Claim	
Length:	9		Type:	Alphanu	meric
Field 78:		UE_CODE_2			
a 11 a 1		describing information	n that may affect j	payer pro	cessing.
Coding Scheme:		as Field 222.	<b>D</b> 4 G	CI.	
<b>Beginning Position:</b>	528		Data Source:	Claim	
Length:	2	LIE AMOUNT A	Type:	Alphanu	meric
Field 79:		UE_AMOUNT_2	offeeted.		
Doginning Dogition	530	r amount that may be a	Data Source:	Claim	
Beginning Position:	530 9				maria
Length:	9		Type:	Alphanu	HIGHC

T: 1100			
Field 80:	VALUE_CODE_3		
	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 76.		
<b>Beginning Position:</b>	539	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 81:	VALUE_AMOUNT_3		
	Dollar amount that may be a	affected.	
<b>Beginning Position:</b>	541	<b>Data Source:</b>	Claim
Length:	9	Type:	Alphanumeric
Field 82:	VALUE_CODE_4		•
	Code describing information	that may affect	payer processing.
Coding Scheme:	Same as Field 76.	,	
Beginning Position:	550	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 83:	VALUE_AMOUNT_4	<i>J</i> I	<b>T</b>
11010 007	Dollar amount that may be a	iffected.	
<b>Beginning Position:</b>	552	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 84:	VALUE_CODE_5	= J P ***	p
1100001	Code describing information	that may affect	naver processing
Coding Scheme:	Same as Field 76.	i diai illay alloct	pujoi processing.
Beginning Position:	561	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 85:	VALUE AMOUNT 5	Type.	Alphanumeric
rielu os:	Dollar amount that may be a	effected	
<b>Beginning Position:</b>	563	Data Source:	Claim
Length:	9		
Field 86:	VALUE CODE 6	Type:	Alphanumeric
riela so:	Code describing information	that may offact	never processing
Coding Schomer	Same as Field 76.	i mai may ameci	payer processing.
Coding Scheme:	572	Data Source:	Claim
Beginning Position:	2		Alphanumeric
Length: Field 87:		Type:	Aiphanumeric
riela 8/:	VALUE_AMOUNT_6  Dollar amount that may be a	. CC 4 - J	
<b>.</b>			
	57A		Clair
<b>Beginning Position:</b>	574	Data Source:	Claim
Length:	9	Data Source: Type:	Claim Alphanumeric
	9 VALUE_CODE_7	Туре:	Alphanumeric
Length: Field 88:	9 VALUE_CODE_7 Code describing information	Туре:	Alphanumeric
Length: Field 88: Coding Scheme:	9 VALUE_CODE_7 Code describing information Same as Field 76.	Type:	Alphanumeric payer processing.
Length: Field 88: Coding Scheme: Beginning Position:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583	Type:  n that may affect  Data Source:	Alphanumeric payer processing. Claim
Length: Field 88: Coding Scheme: Beginning Position: Length:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2	Type:	Alphanumeric payer processing.
Length: Field 88: Coding Scheme: Beginning Position:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7	Type:  that may affect  Data Source: Type:	Alphanumeric payer processing. Claim
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a	Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585	Type:  that may affect  Data Source: Type:  affected. Data Source:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9	Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8	Type:  n that may affect  Data Source: Type:  affected. Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76.	Type:  n that may affect  Data Source: Type:  affected. Data Source: Type:  n that may affect	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position: Length:	9 VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2	Type:  n that may affect  Data Source: Type:  affected. Data Source: Type:  n that may affect	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position:	VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2 VALUE_AMOUNT_8	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position: Length:	VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2 VALUE_AMOUNT_8 Dollar amount that may be a	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position: Length:	VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2 VALUE_AMOUNT_8	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position: Length: Field 91:	VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2 VALUE_AMOUNT_8 Dollar amount that may be a	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim Alphanumeric
Length: Field 88:  Coding Scheme: Beginning Position: Length: Field 89:  Beginning Position: Length: Field 90:  Coding Scheme: Beginning Position: Length: Field 91:  Beginning Position:	VALUE_CODE_7 Code describing information Same as Field 76. 583 2 VALUE_AMOUNT_7 Dollar amount that may be a 585 9 VALUE_CODE_8 Code describing information Same as Field 76. 594 2 VALUE_AMOUNT_8 Dollar amount that may be a 596	Type:  that may affect  Data Source: Type:  affected. Data Source: Type:  that may affect  Data Source: Type:  affected. Data Source: Type:	Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric  payer processing.  Claim Alphanumeric  Claim Alphanumeric

Field 92:	VALUE_CODE_9				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 76.	J			
Beginning Position:	605	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 93:	VALUE_AMOUNT_9	J.F.			
	Dollar amount that may be	affected.			
<b>Beginning Position:</b>	607	<b>Data Source:</b>	Claim		
Length:	9	Type:	Alphanumeric		
Field 94:	VALUE_CODE_10		•		
	Code describing information	n that may affect	payer processing.		
Coding Scheme:	Same as Field 76.	•			
<b>Beginning Position:</b>	616	<b>Data Source:</b>	Claim		
Length:	2	Type:	Alphanumeric		
Field 95:	VALUE_AMOUNT_10				
	Dollar amount that may be	affected.			
<b>Beginning Position:</b>	618	<b>Data Source:</b>	Claim		
Length:	9	Type:	Alphanumeric		
Field 96:	VALUE_CODE_11				
	Code describing information	n that may affect	payer processing.		
Coding Scheme:	Same as Field 76.				
<b>Beginning Position:</b>	627	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 97:	VALUE_AMOUNT_11				
	Dollar amount that may be				
<b>Beginning Position:</b>	629	Data Source:	Claim		
Length:	9	Type:	Alphanumeric		
Field 98:	VALUE_CODE_12				
	Code describing information	n that may affect	payer processing.		
Coding Scheme:	Same as Field 76.				
<b>Beginning Position:</b>	638	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 99:	VALUE_AMOUNT_12				
	Dollar amount that may be		au :		
<b>Beginning Position:</b>	640	Data Source:	Claim		
Length:	9	Type:	Alphanumeric		
Field 100:	FILLER_SPACE				
<b>Beginning Position:</b>	649	Data Source:	Claim		
Length:	52	Type:	Alphanumeric		
Length.		- J pc.	1 II primitation in the contract of the contra		

## **References:**

# **CHARGES DATA FILE**

		CHARGES DATA I					
Field 1:	RECO	ORD_ID					
Description:		d Identification Number. Unique number	assigne	d to identify the record. First available			
•		arter 2002. Does NOT match the RECOR					
<b>Beginning Position:</b>	1	Data Source:	Assigne				
Length:	12	Type:	Alphan				
Field 2:		REVENUE_CODE					
<b>Description:</b>		Code corresponding to each specific accommodation, ancillary service or billing calculation					
<b>F</b> · · · ·		to the services being billed.	, , ,	<b>,</b>			
<b>Coding Scheme:</b>	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care			
O	0101	All-inclusive room charges	0517	Clinic - family practice			
	0110 0111	Room charges for private rooms - general Room charges for private rooms -	0519 0520	Clinic - other Freestanding Clinic - general			
	0111	medical/surgical/GYN	0320	Treestanding Chine general			
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC			
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner			
	0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice			
	0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF			
	0116	Room charges for private rooms - detoxification	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility			
	0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care			
	0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area			
	0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g.			
	0120	Room charges for semi-private rooms - general	0529	Scene of Accident) Freestanding Clinic - other			
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0530	Osteopathic service - general			
	0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy			
	0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other			
	0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general			
	0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies			
	0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport			
	0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile			
	0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen			
	0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance			
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal			
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy			
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0548	Ambulance service - telephone transmission EKG			
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0549	Ambulance service - other			
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0550	Skilled nursing - general			
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0551	Skilled nursing - visit charge			
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge			
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0559	Skilled nursing - other			

0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0560	Medical social services - general
0139	Room charges for semi-private - 3/4 beds -	0561	Medical social services - visit charge
0140	rooms - other Room charges for private (deluxe) rooms -	0562	Medical social services - hourly charge
0141	Room charges for private (deluxe) rooms -	0569	Medical social services - other
0142	medical/surgical/GYN Room charges for private (deluxe) rooms -	0570	Home health aide - general
0143	obstetrics Room charges for private (deluxe) rooms -	0571	Home health aide - visit charge
0144	pediatric Room charges for private (deluxe) rooms -	0572	Home health aide - hourly charge
0145	psychiatric Room charges for private (deluxe) rooms -	0579	Home health aide - other
0146	hospice Room charges for private (deluxe) rooms -	0580	Other visits (home health) - general
0147	detoxification Room charges for private (deluxe) rooms -	0581	Other visits (home health) - visit charge
0148	oncology Room charges for private (deluxe) rooms -	0582	Other visits (home health) - hourly charge
0149	rehabilitation Room charges for private (deluxe) rooms -	0583	Other visits (home health) - assessment
0150	other Room charges for ward rooms - general	0589	Other visits (home health) - other
0151	Room charges for ward rooms -	0590	Units of service (home health) - general
0131	medical/surgical/GYN	0370	Clifts of service (nome health) - general
0152	Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for nursery - other	0641	Home IV therapy services - nonroutine nursing, central line
 0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central line
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0182	Room charges for LOA - patient convenice- charges billable	0643	Home IV therapy services - IV start/change, peripheral line
0183	Room charges for LOA - therapeutic leave	0644	Home IV therapy services - nonroutine nursing, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0645	Home IV therapy services - training patient/caregiver, central line
0185	Room charges for LOA - hospitalization	0646	Home IV therapy services - traning, disabled patient, central line
0189	Room charges for LOA - other	0647	Home IV therapy services - training, patient/caregiver, peripheral
0190	Room charges for subacute care - general	0648	Home IV therapy services - training, disabled patient, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0649	Home IV therapy services - other
0192	Room charges for subacute care - Level II (comprehensive care)	0650	Hospice services - general
0193	Room charges for subacute care - Level III (complex care)	0651	Hospice services - routine home care
0194	Room charges for subacute care - Level IV (intensive care)	0652	Hospice services - continuous home care
0199	Room charges for subacute care - other	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care (nonrespite)
0201	Room charges for intensive care - surgical	0657	Hospice services - physician services
0202	Room charges for intensive care - medical	0658	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial infarction	0671	Outpatient special residence - hospital based
0212	Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0234	Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor
0250	Pharmacy - general	0732	EKG/ECG services - telemetry
0251	Pharmacy - generic drugs	0739	EKG/ECG services - other

0252	Pharmacy - nongeneric drugs	0740	EEG services - general
0253	Pharmacy - take-home drugs	0749	EEG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0750	Gastrointestinal services - general
0255	Pharmacy - drugs incident to radiology	0759	Gastrointestinal services - other
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other		Cost rand. Room
0260	IV Therapy - general	0769	Treatment or observation room services - other
0261	IV Therapy - infusion pump	0770	Preventive care services - general
0262	IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
0263	IV Therapy - durg/supply delivery	0779	Preventive care services - other
0264	IV Therapy - supplies	0780	Telemedicine services - general
0269	IV Therapy - other	0789	Telemedicine services - other
0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general
0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other
0272	Medical surgical supplies and devices - sterile		
0273	Medical surgical supplies and devices - take- home		
0274	Medical surgical supplies and devices - prosthetic/orthotic	0800	Inpatient renal dialysis services - general
0275	Medical surgical supplies and devices - pacemaker	0801	Inpatient renal dialysis services - hemodialysis
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0277	Medical surgical supplies and devices - oxygen - take-home	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0278	Medical surgical supplies and devices - other implants	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0279	Medical surgical supplies and devices - other	0809	Inpatient renal dialysis services - other
0280	Oncology - general	0810	Organ acquisition - general
0289	Oncology - other	0811	Organ acquisition - living donor
0290	DME - general	0812	Organ acquisition - cadaver donor
0291	DME - rental	0813	Organ acquisition - unknown donor
0292	DME - purchase of new	0814	Organ acquisition - unsuccessful organ search- donor bank charges
0293	DME - purchase of used	0819	Organ acquisition - other donor
0294	DME - supplies/drugs for DME effectiveness	0820	Hemodialysis - outpatient or home - general
0299	DME - other equipment	0821	Hemodialysis - outpatient or home - composite or other rate
0300	Laboratory - general	0825	Hemodialysis - outpatient or home - support services
0301	Laboratory - chemistry	0829	Hemodialysis - outpatient or home - other
0302	Laboratory - immunology	0830	Peritoneal dialysis - outpatient or home - general
0303	Laboratory - renal patient (home)	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0304	Laboratory - nonroutine dialysis	0835	Peritoneal dialysis - outpatient or home - support services
0305	Laboratory - hemotology	0839	Peritoneal dialysis - outpatient or home - other
0306	Laboratory - bacteriology and microbiology	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0841	CAPD - outpatient or home - composite or other rate
0309	Laboratory - other	0845	CAPD - outpatient or home - support services
0310	Laboratory pathological - general	0849	CAPD - outpatient or home - other
0311	Laboratory pathological - cytology	0850	CCPD - outpatient or home - general
0312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other rate
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0313	Laboratory pathological - biopsy	0855	CCPD - outpatient or home - support services
0319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
0320	Radiology - diagnostic - general	0880	Miscellaneous dialysis - general
0321	Radiology - diagnostic - angiocardiography	0881	Miscellaneous dialysis - ultrafiltration
0322	Radiology - diagnostic - arthrography	0882	Miscellaneous dialysis - home aide visit
0323	Radiology - diagnostic - arteriography	0889	Miscellaneous dialysis - other
0324	Radiology - diagnostic - chest x-ray	0900	Behavior health reatments/services - general
0329	Radiology - diagnostic - other	0901	Behavior health treatments/services -
0330	Radiology - therapeutic and/or chemotherapy	0902	electroshock Behavior health treatments/services - milieu
0330	adminstration - general	0902	therapy
0331	Radiology - therapeutic and/or chemotherapy	0903	Behavioral health treatments/services - play
0222	adminstration - chemotherapy - injected	0004	therapy
0332	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	0904	Behavior health treatments/services - activity therapy
0333	Radiology - therapeutic and/or chemotherapy	0905	Behavior health treatments/services - intensive
	adminstration - radiation therapy		outpatient services - psychiatric
0335	Radiology - therapeutic and/or chemotherapy	0906	Behavior health treatments/services - intensive
0339	adminstration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy	0907	outpatient services - chemical dependency Behavior health treatments/services -
0337	adminstration - other	0707	community behavioral health program
0340	Nuclear medicine - general	0909	Behavior health treatments - other
0341	Nuclear medicine - diagnostic procedures	0910	Reserved
0342	Nuclear medicine - therapeutic procedures	0911	Behavior health treatment/services -
0242	Nuclear and distance discussed a	0012	rehabilitation
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0912	Behavior health treatment/services - partial hospitalization - less intensive
0344	Nuclear medicine - therapeutic	0913	Behavior health treatment/services - partial
	radiopharmaceuticals		hospitalization - intensive
0349	Nuclear medicine - other	0914	Behavior health treatment/services - individual
0350	CT scan - general	0915	therapy Behavior health treatment/services - group
			therapy
0351	CT scan - head	0916	Behavior health treatment/services - family therapy
0352	CT scan - body	0917	Behavior health treatment/services -
			biofeedback
0359	CT scan - other	0918	Behavior health treatment/services - testing
0360	Operating room services - general	0919	Behavior health treatment/services - other
0361	Operating room services - minor surgery	0920	Other diagnostic services - general
0362	Operating room services - organ transplant other than kidney	0921	Other diagnostic services - peripheral vascular lab
0367	Operating room services - kidney transplant	0922	Other diagnostic services - electromyelogram
0369	Operating room services - other	0923	Other diagnostic services - pap smear
0370	Anesthesia - general	0924	Other diagnostic services - allergy test
0371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0372	Anesthesia - incident to other diagnostic	0929	Other diagnostic services - other
0374	services Anesthesia - acupuncture	0931	Medical rehabilitation day program - half day
0374	Anesthesia - acupuncture  Anesthesia - other	0931	Medical rehabilitation day program - full day
0379	Blood - general	0932	Other therapeutic services - general
0381	Blood - packed red cells	0940	Other therapeutic services - general Other therapeutic services - recreational therapy
0382	Blood - whole blood	0941	Other therapeutic services - recreational therapy  Other therapeutic services - education/training
		0942	Other therapeutic services - education/training Other therapeutic services - cardiac
0383	Blood - plasma	0943	rehabilitation
0384	Blood - platelets	0944	Other therapeutic services - drug rehabilitation
0385	Blood - leukocytes	0945	Other therapeutic services - alcohol
0386	Blood - other components	0946	rehabilitation Other therapeutic services - complex medical
	•		equipment - routine
0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
0389	Blood - other	0949	Other therapeutic services - other

0390	Blood amd blood component administration, storage and processing - general	0960	Professional fees - general
0391	Blood and blood component administration, storage and processing - administration	0961	Professional fees - psychiatric
0399	Blood and blood component administration, storage and processing - other	0962	Professional fees - ophthalmology
0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
0401	Other imaging services - diagnostic mammography	0964	Professional fees - anesthetist (CRNA)
0402	Other imaging services - ultrasound	0969	Professional fees - other
0403	Other imaging services - screening mammography	0970	Professional fees - general
0404	Other imaging services - PET	0971	Professional fees - laboratory
0409	Other imaging services - other	0972	Professional fees - radiology - diagnostic
0410	Respiratory services - general	0973	Professional fees - radiology - therapeutic
0412	Respiratory services - inhalation	0974	Professional fees - readiology - nuclear medicine
0413	Respiratory services - hyperbaric oxygen therapy	0975	Professional fees - operating room
0419	Respiratory services - other	0976	Professional fees - respiratory therapy
0420	Physical therapy - general	0977	Professional fees - physical therapy
0421	Physical therapy - visit charge	0978	Professional fees - occupational therapy
0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy
0423	Physical therapy - group rate	0980	Professional fees - general
0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
0429	Physical therapy - other	0982	Professional fees - outpatient services
0430	Occupational therapy - general	0983	Professional fees - clinic
0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
0433	Occupational therapy - group rate	0986	Professional fees - EEG
0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
0439	Occupational therapy - other	0988	Professional fees - consultation
0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tray
0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen service
0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegraph
0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
0470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
0472	Audiology - treatment	1004	Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
0483	Cardiology - echocardiology	2103	Alternative therapy services - massage
 0489	Cardiology - other	2104	Alternative therapy services - reflexology

	0490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
	0499	Ambulatory surgical care - other	2106	Alternative therapy services - hypnosis
	0500	Outpatient services - general	2109	Alternative therapy services - other
	0509	Outpatient services - other	3101	Adult day care, medical and social - hourly
	0510	Clinic - general	3102	Adult day care, social - hourly
	0511	Clinic - chronic pain	3103	Adult day care, medical and social - daily
	0512	Clinic - dental	3104	Adult day care, social - daily
	0513	Clinic - psychiatric	3105	Adult foster care - daily
	0514	Clinic - OB/GYN	3109	Adult foster care - other
	0515	Clinic - pediatric		
<b>Beginning Position:</b>	13	Data Source:	Claim	
Length:	4	Type:	Alphar	numeric
Field 3:		CS_QUALIFIER		
Description:				
<b>Beginning Position:</b>	17	Data Source:	Claim	
Length:	2	Type:		numeric
Field 4		CS PROCEDURE CODE	T	
Description:		A Common Procedure Coding System (H	CPCS) o	code applicable to ancillary services or
2 00011-p010110		nmodations.	01 00)	approact to uncoming services of
Coding Scheme:		ttp://www.cms.hhs.gov/HCPCSReleaseC	odeSets/	ANHCPCS/list.asp for complete list.
<b>Beginning Position:</b>	19	Data Source:	Claim	The second secon
Length:	5	Type:		numeric
Field 5:		OIFIER_1	7 IIpiiui	
Description:		fies special circumstances related to the	erforma	ance of the service
Coding Scheme:	0	No assessment completed	F2	Left hand, third digit
couning benefite.	1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
	2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
	3	Medicare 60 day assessment (full)	F5	Right hand, thumb
	4 7	Medicare 90 day assessment (full) Medicare 14 day assessment (comprehensive or	F6 F7	Right hand, second digit Right hand, third digit
	,	full)	1 7	Right hand, time digit
	8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
	11	Admission assessment - Medicare 5 day	F9	Right hand, fifth digit
	25	assessment (comprehensive) Significant, separately identifiable evaluation and	FA	Left hand, thumb
	23	management service by the same physician on	171	Left hand, thumb
		the same day of the procedure o		
	31	SCSA or OMRA/Medicare 5 day assessment	G1	Most recent URR of less than 60%
	32	(replacement) SCSA or OMRA/Medicare 30 day assessment	G2	Most recent URR of 60% to 64%
	32	(replacement)	02	Most recent OKK of 60% to 64%
	33	SCSA or OMRA/Medicare 60 day assessment	G3	Most recent URR of 65% to 69.9%
	2.4	(replacement)	<b>C</b> 4	M
	34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
	37	SCSA or OMRA/Medicare 14 day assessment	G5	Most recent URR of 75% or greater
		(replacement)		Ţ.
	38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech-
				language pathologist or under an outpatient speech-language pathology plan of care.
	41	Significant correction of prior full	GO	Service delivered personally by an occupational
		assessment/Medicare 5 day assessment		therapist or under an outpatient occupational
	40		CD.	therapy plan of care.
	42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy
		assessment recureate 30 day assessment		plan of care.
	43	Significant correction of prior full	LC	Left circulflex coronary artery
	4.4	assessment/Medicare 60 day assessment		T. G
	44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
	47	Significant correction of prior full	LT	Left side of the body procedure
	-	assessment/Medicare 14 day assessment		• •
	48	Significant correction of prior full	QM	Ambulance service provided under arrangement
		assessment/OMRA or SCSA		by a provider of services

	50	Bilateral procedure		QN	Ambulance service furnished directly by a provider of services		
	52	Reduced services		QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as		
					CPT-recognized panel other than profil		
	53	Discontinued procedure		RC	Right coronary artery		
	54	Quarterly review assessment (full)	ent - Medicare 90	RT	Right side of the body procedure		
	58	Staged or related procedur same physician during the		T1	Left foot, second digit		
	59	Distinct procedural service		T2	Left foot, third digit		
	76	Repeat procedure by same		T3	Left foot, fourth digit		
	77	Repeat procedure by anoth		T4	Left foot, fifth digit		
	78	Return to the operating roo		T5	Right foot, great toe		
	79	Unrelated procedure of ser physician during the posto	rvice by the same	Т6	Right foot, second digit		
	E1	Upper left eyelid	perant o period	T7	Right foot, third digit		
	E2	Lower left eyelid		Т8	Right foot, fourth digit		
	E3	Upper right eyelid		Т9	Right foot, fifth digit		
	E4	Lower right eyelid		TA	Left foot, great toe		
	F1	Left hand, second digit					
<b>Beginning Position:</b>	24	, ,	Data Source:	Claim			
Length:	2		Type:		numeric		
Field 6:		DIFIER 2	- <b>J F</b> • • •	r			
Description:		ifies special circumstar	nces related to the	performa	ance of the service.		
Coding Scheme:		e as Field 5		F			
<b>Beginning Position:</b>	26		Data Source:	Claim			
Length:	2		Type:	Alphanumeric			
Field 7:		DIFIER_3	· ·				
Description:		ifies special circumstar	nces related to the	performa	ance of the service.		
Coding Scheme:		e as Field 5		1			
<b>Beginning Position:</b>	28		<b>Data Source:</b>	Claim			
Length:	2		Type:	Alphar	numeric		
Field 8:	MOI	DIFIER_4					
Description:		ifies special circumstar	nces related to the	performa	ance of the service.		
Coding Scheme:		e as Field 5					
<b>Beginning Position:</b>	30		Data Source:	Claim			
Length:	2		Type:	Alphar	numeric		
Field 9:		T_MEASUREMENT _.					
Description:		specifying the units in	which a value is	being exp	oressed.		
<b>Coding Scheme:</b>	DA F2	Days International unit					
	UN	Unit					
<b>Beginning Position:</b>	32		<b>Data Source:</b>	Claim			
Length:	2		Type:	Alphar	numeric		
Field 10:		TS_OF_SERVICE					
Description:	Num	eric value of quantity					
<b>Beginning Position:</b>	34		Data Source:	Claim			
Length:	7		Type:	Numer	ric		
Field 11:		Γ_RATE					
<b>Description:</b>		per unit					
<b>Beginning Position:</b>	41		<b>Data Source:</b>	Claim			
Length:	12		Type:	Numer	ic		
Field 12:		RGS_LINE_ITEM					
Description:		amount of the charge	<b>T</b> D 4 6				
<b>Beginning Position:</b>	53		Data Source:	Assign			
Length:	14		Type:	Numer	ric		

Field 13: CHRGS_NON_COV

**Description:** Total non-covered amount of the charge

Beginning Position:67Data Source:AssignedLength:14Type:Numeric

#### **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.

Field 1: THCIC ID

**Description:** Provider ID. Unique identifier assigned to the provider by DSHS.

**Beginning Position:** 1 **Data Source:** Assigned **Length:** 6 **Type:** Alphanumeric

Field 2 PROVIDER NAME

**Description:** Hospital name provided by the hospital.

**Beginning Position:** 7 **Data Source:** Provider **Length:** 55 **Type:** Alphanumeric

Field 3: FAC_TEACHING_IND

Description: Teaching Facility Indicator.

Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

**Coding Scheme:** A Member, Council of Teaching Hospitals

X Other teaching facility

**Beginning Position:** 62 **Data Source:** Provider **Length:** 1 **Type:** Alphanumeric

Field 4: FAC PSYCH IND

**Description:** Psychiatric Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

**Beginning Position:** 63 **Data Source:** Provider **Length:** 1 **Type:** Alphanumeric

Field 5: FAC_REHAB_IND

**Description:** Rehabilitation Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Beginning Position:64Data Source:ProviderLength:1Type:Alphanumeric

Field 6: FAC_ACUTE_CARE_IND

Description: Acute Care Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

**Beginning Position:** 65 **Data Source:** Provider **Length:** 1 **Type:** Alphanumeric

Field 7: FAC SNF IND

**Description:** Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. **Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Beginning Position:66Data Source:ProviderLength:1Type:Alphanumeric

Field 8: FAC_LONG_TERM_AC_IND

**Description:** Long Term Acute Care Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Beginning Position: 67

Length: 1

Data Source: Provider

Type: Alphanumeric

Field 9: FAC_OTHER_LTC_IND

**Description:** Other Long Term Care Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Beginning Position:68Data Source:ProviderLength:1Type:Alphanumeric

Field 10: FAC_PEDS_IND

**Description:** Pediatric Facility Indicator.

**Suppression:** Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').

Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)

X Facilities that also treat children

Beginning Position:69Data Source:ProviderLength:1Type:Alphanumeric



# 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 (Base Data #1 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	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
	RECORD_LENGTH		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	1	12	Alphanumeric
	THCIC Research Data Files (RDF's).			
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
	RECORD_LENGTH		700	

# **Charges Data File**

Number	FIELD NAME	Position	Length	Field Type
	RECORD_ID Does NOT match the RECORD_ID in			
1	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	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	RECORD_LENGTH		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
	RECORD_LENGTH		69	



# **Texas Hospital Inpatient Discharge Data**

### **Public Use Data File**

### **Reporting Status of Texas Hospitals, 2013**

	Reports	1013	With	2012	With	2012	With	4012	With
A1.91	With	1Q13	Comment	2Q13	Comment	3Q13	Comment	4Q13	Comment
Abilene									
091001 Abilene Regional Medical Center		X							<del>                                     </del>
500000 Hendrick Medical Center		X							<del>                                     </del>
688000 Hendrick Center–Extended Care		X							
846000 Acadia Abilene		X							
920000 Reliant Rehab Hospital Abilene		X							
Addison									
750000 Methodist Hospital for Surgery		X							
Alice									
689401 CHRISTUS Spohn Hospital Alice		X							
Allen									
724200 Texas Health Presbyterian Hospital Allen		X	X						
854000 Twin Creeks Hospital		x ^{OC}							
Alpine									
711900 Big Bend Regional Medical Center		X							
Amarillo									
001000 Baptist St Anthonys Health System–Baptist		X	X						
Campus									
318000 Northwest Texas Hospital		X							
318001 The Pavilion	318000								
714000 Northwest Texas Surgery Center		x ^{lv}							
796000 Plum Creek Specialty Hospital		Х							
818000 Kindred Hospital Amarillo		Х							
841400 Kindred Rehabilitation Hospital Amarillo		Х							1
852900 Physicians Surgical Hospital–Quail Creek		Х							
852901 Physicians Surgical Hospital–Panhandle		Х							1
Campus									
Anahuac									
442000 Bayside Community Hospital		*							
Andrews									
187000 Permian Regional Medical Center		*							
Angleton									
126000 Angleton Danbury Medical Center		Х							
Anson		A							
016000 Anson General Hospital		*							
Aransas Pass									
239001 Care Regional Medical Center		v							
Arlington		X							
100084 Sundance Hospital		v							
422000 Texas Health Arlington Memorial Hospital		X							+
502000 Medical Center–Arlington		X	X						+
660000 HEALTHSOUTH Rehab Hospital		X							+
-		X							
Arlington		1							

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
690000 Kindred Hospital-Tarrant County		Х							
730001 Texas Health Heart & Vascular Hospital		Х	X						
765001 Millwood Hospital		Х							
799001 USMD Hospital–Arlington		Х							
831800 Kindred Rehabilitation Hospital Arlington		Х							
936000 Baylor Orthopedic and Spine Hospital–		Х							
Arlington									
Aspermont									
666000 Stonewall Memorial Hospital		*							
Athens									
374000 East Texas Medical Center-Athens		Х							
Atlanta									
788003 Christus St Michael Hospital Atlanta		х	Х						
Aubrey									
873200 Baylor Emergency Medical Center at Aubrey		xlv							
Austin									
000100 Austin State Hospital		X	Х						
035000 St Davids Hospital		X							
335000 University Medical Center–Brackenridge		X	Х						
497000 Seton Medical Center		X	X						
602000 St Davids South Austin Hospital		X							
622001 Texas NeuroRehab Center		X							
649000 St Davids Rehab Center		X							
663000 HEALTHSOUTH Rehab Hospital–Austin		X							
700000 Cornerstone Hospital–Austin		X							
739001 Texas NeuroRehab Center		X							
770000 Seton Shoal Creek Hospital		X							
794000 Northwest Hills Surgical Hospital		X							
797500 Seton Southwest Hospital		X	X						
797600 Seton Northwest Hospital		X	X						
798500 Austin Surgical Hospital		x ^{OC}	Λ						
822800 Westlake Medical Center		X							
829000 Heart Hospital–Austin		X							
829900 North Austin Medical Center		x ^{OC}							
852000 Dell Childrens Medical Center			v						
854400 Central Texas Rehab Hospital		X	X						
855200 Austin Lakes Hospital		X							
970200 Lakeway Regional Medical Center		X							
970800 Reliant Austin		X							
Azle		X							
469000 Texas Health Harris Methodist Hospital Azle			37						
		X	X						
Ballinger		*							
234000 Ballinger Memorial Hospital District		*x							
Bay City									
006000 Matagorda Regional Medical Center		X X ^{lv}	X						
006001 Matagorda Regional Medical Center		X	X						_
Baytown									
405000 San Jacinto Methodist Hospital	405000	X							
405002 San Jacinto Methodist Hospital–Alexander	405000								
Campus									
720401 Kindred Hospital Baytown		X							
Beaumont									
389000 Baptist Hospitals of Southeast Texas		X							

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
389002 Baptist Hospitals of Southeast Texas Fannin	389000	-4	Comment	-4	Comment	- 4-1	Comment	1420	Comment
Behavioral Ctr	307000								
444001 CHRISTUS St Elizabeth Hospital		x ^{OC}							
671000 HEALTHSOUTH Rehab Hospital–Beaumont									
		X							
708000 CHRISTUS Dubuis Hospital–Beaumont		X X ^{lv}	X						
826500 Beaumont Bone & Joint Institute									
861900 Kate Dishman Rehab Hospital		X							
Bedford									
182000 Texas Health Harris Methodist HEB		X	X						
700003 Reliant Rehab Hospital Mid–Cities		X							
778000 Texas Health Springwood Hospital		X	X						
Beeville									
429001 CHRISTUS Spohn Hospital-Beeville		X							
Bellaire									
831900 Houston Orthopedic & Spine Hospital		X							
840100 First Street Hospital		X							
Bellville									
552000 Bellville General Hospital		*							
Belton									
806002 Cedar Crest Hospital		X							
Big Lake									
343000 Reagan Memorial Hospital		*							
Big Spring									
000101 Big Spring State Hospital		v	X						
221000 Scenic Mountain Medical Center		X	Λ						
Bonham		X							
106001 Red River Regional Hospital		X							
Borger									
654000 Golden Plains Community Hospital		X							
Bowie									
440000 Bowie Memorial Hospital		*							
Brady									
362000 Heart of Texas Healthcare System		*							
Breckenridge									
430000 Stephens Memorial Hospital		*							
Brenham									
066000 Scott & White Hospital-Brenham		X							
Brownfield									
078000 Brownfield Regional Medical Center		*							
Brownsville									
019000 Valley Regional Medical Center		X							
314001 Valley Baptist Medical Center-Brownsville		X							
314002 Valley Baptist Medical Center–Brownsville	314001								
Psych Unit									
724900 Brownsville Doctors Hospital		xlv							
821100 South Texas Rehab Hospital		X					1		
847500 Solara Hospital–Brownsville Campus		X							
Brownwood		Λ							
058000 Brownwood Regional Medical Center		v							
· ·		X							
Bryan									
002001 St Joseph Regional Health Center	002001	X	X						
002002 St Joseph Regional Rehab Center	002001								
717500 Physicians Centre Hospital		X							
864800 CHRISTUS Dubuis Hospital-Bryan		X	X				<u> </u>		

Burnet 559000 Seton Highland Lakes Hospital 679000 Burleson St Joseph Health Center-Caldwell 679000 Hemphill County Hospital 600 Carrion Springs 75000 Dimmit Regional Hospital 75000 Carrollton Springs 75000 Carrollton Springs 75000 Carrollton Springs 75000 Carrollton Springs 75000 Childress Regional Medical Center 75000 Cleveland Regional Medical Center 75000 Cleveland Regional Medical Center 75000 Coleman County Medical Center 75000 Mitchell C		Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
S59000 Seton Highland Lakes Hospital	Rurnet	With		Comment		Comment		Comment		Comment
Calawell			v	v						
Canadian			A	Α						
Canadian			v	v						
457000 Hemphill County Hospital Carrizo Springs Carrolton Carrolton Carrolton Carrolton Carrolton Carrolton Carrolton Carrolton Springs Carthage Ca			Λ	Λ						
Carrivo Springs			*							
156000 Dimmit Regional Hospital										
Carrollton			*							
042000 Baylor Medical Center at Carrollton										
969500 Carrollton Springs										
Carthage 484000 East Texas Medical Center-Carthage Cedar Park 885300 Cedar Park Regional Medical Center x Channelview 720400 Kindred Hospital East Houston Childress 020000 Childress Regional Medical Center x Chillicothe 523000 Chillicothe Hospital Clarksville 292000 East Texas Medical Center-Clarksville Cleburne 323000 Texas Health Harris Methodist Hospital Cleburne Cleburne Cleburne Cleveland 108000 Cleveland Regional Medical Center x 840400 Doctors Diagnostic Hospital Clifton 070000 Goodall-Witcher Healthcare Foundation Coleman 049000 Coleman County Medical Center x College Station 071000 College Station Medical Center x Colorado City 075000 Mitchell County Hospital Comanche 495001 Comanche County Medical Center x Columbus 014000 Columbus Community Hospital Comanche 075000 Mitchell County Medical Center x Columbus 014000 Columbus Community Hospital x Comanche 075000 Mitchell County Medical Center x Columbus 014000 Columbus Community Hospital Comanche 075000 Mitchell Conter X 0750				X						
AssA000 East Texas Medical Center-Carthage			X							
Cedar Park	Carthage									
858300 Cedar Park Regional Medical Center         x           Channelview         x           720400 Kindred Hospital East Houston         x           Childress         026000 Childress Regional Medical Center           Chillicothe         x           523000 Chillicothe Hospital         *           Clarksville         x           292000 East Texas Medical Center-Clarksville         x           Cleburne         323000 Texas Health Harris Methodist Hospital         x           Cleburne         x           108000 Cleveland Regional Medical Center         x           840400 Doctors Diagnostic Hospital         x           Clifton         070000 Goodall-Witcher Healthcare Foundation           Coleman         x           049000 Coleman County Medical Center         x           College Station         x           071000 College Station Medical Center         x           College Station         x           071000 College Station Medical Center         x           Colorado City         x           075000 Mitchell County Hospital         x           Columbus         x           014000 Columbus Community Hospital         x           Comanche         x           95001	484000 East Texas Medical Center–Carthage		X							
Channelview										
720400 Kindred Hospital East Houston			X							
Childress										
026000 Childress Regional Medical Center Chillicothe S23000 Chillicothe Hospital  Clarksville 929200 East Texas Medical Center-Clarksville Cleburne 323000 Texas Health Harris Methodist Hospital Cleburne Cleveland 108000 Cleveland Regional Medical Center 840400 Doctors Diagnostic Hospital Clifton 070000 Goodall-Witcher Healthcare Foundation Coleman 049000 Coleman County Medical Center x College Station 071000 College Station Medical Center x Colorado City 075000 Mitchell County Hospital Columbus 014000 Columbus Community Hospital Columbus 015000 Mitchell County Medical Center x Colorace 087000 Hunt Regional Community Hospital Conmerce 087000 Hunt Regional Community Hospital Conroe 100087 Montgomery County Mental Health Treatment Facility 508001 Corroe Regional Medical Center x Corpus Chisti			X							
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Clarksville	Chillicothe									
Clarksville	523000 Chillicothe Hospital		*							
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323000 Texas Health Harris Methodist Hospital Cleburne	Cleburne									
Cleburne			Х	Х						
Cleveland   108000 Cleveland Regional Medical Center   x   x   x	=									
108000 Cleveland Regional Medical Center										
840400 Doctors Diagnostic Hospital x x x			x							
Clifton         *         070000 Goodall–Witcher Healthcare Foundation         *           Coleman         049000 Coleman County Medical Center         x            College Station              O71000 College Station Medical Center         x             Colorado City               075000 Mitchell County Hospital         x				x						
070000 Goodall-Witcher Healthcare Foundation         *           Coleman         049000 Coleman County Medical Center         x           College Station         *           071000 College Station Medical Center         x           Colorado City         *           075000 Mitchell County Hospital         x           Columbus         *           014000 Columbus Community Hospital         x           Comanche         *           495001 Comanche County Medical Center         x°C           Commerce         *           087000 Hunt Regional Community Hospital         x           Conroe         *           100087 Montgomery County Mental Health         x           Treatment Facility         x           508001 Conroe Regional Medical Center         x°C           695000 HEALTHSOUTH Rehab Hospital The         x           Woodlands         x           854100 Solara Hospital Conroe         x           915000 Aspire Behavioral Health—Conroe         x           Corpus Christi         *			A	A						
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Colorado City       075000 Mitchell County Hospital       x         Columbus       014000 Columbus Community Hospital       x         Comanche       x       x         495001 Comanche County Medical Center       x°       x         Commerce       x       x         087000 Hunt Regional Community Hospital       x       x         Conroe       x       x         100087 Montgomery County Mental Health       x       x         Treatment Facility       x       x         508001 Conroe Regional Medical Center       x°       x         695000 HEALTHSOUTH Rehab Hospital The       x       x         Woodlands       x       x         854100 Solara Hospital Conroe       x       x         915000 Aspire Behavioral Health—Conroe       x       x         Corpus Christi       x       x										
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Columbus       x         014000 Columbus Community Hospital       x         Comanche       x         495001 Comanche County Medical Center       x°C         Commerce       x         087000 Hunt Regional Community Hospital       x         Conroe       x         100087 Montgomery County Mental Health       x         Treatment Facility       x         508001 Conroe Regional Medical Center       x°C         695000 HEALTHSOUTH Rehab Hospital The       x         Woodlands       x         854100 Solara Hospital Conroe       x         915000 Aspire Behavioral Health—Conroe       x         Corpus Christi       x										
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495001 Comanche County Medical Center  Commerce  087000 Hunt Regional Community Hospital  Conroe  100087 Montgomery County Mental Health			X							
Commerce         x           087000 Hunt Regional Community Hospital         x           Conroe         x           100087 Montgomery County Mental Health         x           Treatment Facility         x           508001 Conroe Regional Medical Center         x°           695000 HEALTHSOUTH Rehab Hospital The         x           Woodlands         x           854100 Solara Hospital Conroe         x           915000 Aspire Behavioral Health—Conroe         x           Corpus Christi         x			OC							
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Conroe  100087 Montgomery County Mental Health Treatment Facility  508001 Conroe Regional Medical Center  695000 HEALTHSOUTH Rehab Hospital The Woodlands  854100 Solara Hospital Conroe  915000 Aspire Behavioral Health—Conroe  Corpus Christi										
100087 Montgomery County Mental Health Treatment Facility  508001 Conroe Regional Medical Center  695000 HEALTHSOUTH Rehab Hospital The Woodlands  854100 Solara Hospital Conroe  915000 Aspire Behavioral Health–Conroe  Corpus Christi			X							
Treatment Facility  508001 Conroe Regional Medical Center  695000 HEALTHSOUTH Rehab Hospital The Woodlands  854100 Solara Hospital Conroe  915000 Aspire Behavioral Health—Conroe  Corpus Christi										
508001 Conroe Regional Medical Center  695000 HEALTHSOUTH Rehab Hospital The Woodlands  854100 Solara Hospital Conroe  915000 Aspire Behavioral Health—Conroe  Corpus Christi			X							
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Woodlands         x           854100 Solara Hospital Conroe         x           915000 Aspire Behavioral Health–Conroe         x           Corpus Christi         x			xoc							
854100 Solara Hospital Conroe x 915000 Aspire Behavioral Health–Conroe x Corpus Christi			X							
915000 Aspire Behavioral Health–Conroe x  Corpus Christi	Woodlands		<u></u>							
915000 Aspire Behavioral Health–Conroe x  Corpus Christi	854100 Solara Hospital Conroe		X				-			
Corpus Christi			X							
			х							

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
398001 CHRISTUS Spohn Hospital Corpus Christi-	With	X	Comment		Comment		Comment		Comment
Shoreline									
398002 CHRISTUS Spohn Hospital Corpus Christi-		Х							
South									
488000 Driscoll Childrens Hospital		X							
703000 Corpus Christi Medical Center–Bay Area		X							
703002 Corpus Christi Medical Center–Doctors		X							
Regional									
703003 Corpus Christi Medical Center-Heart		X							
Hospital									
703005 Bayview Behavioral Hospital		X							
704004 Corpus Christi Medical Center–Northwest		X							
797001 Dubuis Hospital–Corpus Christi		X	X						
804100 Kindred Hospital–Corpus Christi		X							
931000 South Texas Surgical Hospital		X							
970700 Esplanade Rehab Hospital		x ^{OC}							
Corsicana									
141000 Navarro Regional Hospital		X							
Crane									
467000 Crane Memorial Hospital		*							
Crockett									
185000 East Texas Medical Center–Crockett		X							
Crosbyton									
176000 Crosbyton Clinic Hospital		*							
Cuero									
074000 Cuero Community Hospital		*							
Cypress									
114100 Lone Star Behavioral Health Cypress		X							
843200 North Cypress Medical Center		X							
Dalhart		*							
262000 Coon Memorial Hospital & Home  Dallas		~							
008001 Baylor Medical Center at Uptown									
028000 Kindred Hospital–Dallas		X							
054000 Kindred Hospital – Danas 054000 Texas Scottish Rite Hospital for Children		X *							
142000 Methodist Charlton Medical Center									
143000 Childrens Medical Center—Dallas		X							
255000 Methodist Dallas Medical Center		<b>†</b>							
331000 Baylor University Medical Center		X	X						
340000 Medical City Dallas Hospital		X	Λ						
431000 Texas Health Presbyterian Hospital Dallas		X	X						
448001 UT Southwestern University Hospital–St Paul		X	A						
449000 Dallas Medical Center		X							
474000 Parkland Memorial Hospital		X	X						
511000 Doctors Hospital—White Rock Lake		X	A						
586000 Baylor Specialty Hospital		X							
642000 Baylor Institute for Rehab		X							
653001 UT Southwestern University Hospital–Zale		X							
Lipshy									
661001 Texas Specialty Hospital–Dallas		X							
672000 Select Specialty Hospital–Dallas		X							
680001 Reliant Rehab Hospital Dallas		X							
710000 Our Childrens House Baylor		X							
717000 LifeCare Hospital–Dallas		X							
		1	1		1		1	1	1

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
719400 Kindred Hospital–White Rock	With	X	Comment	2Q13	Comment	3Q13	Comment	4Q13	Comment
752000 Timberlawn Mental Health System		X							
766000 Green Oaks Hospital		X							
784400 Baylor Heart & Vascular Center		X	X						
813100 Texas Institute for Surgery–Texas Health		X	X						
Presbyterian-D		Λ	Λ						
818200 Pine Creek Medical Center		X							
839100 Vibra Specialty Hospital		XOC							
860600 North Central Surgical Center		X							
862000 Methodist Rehab Hospital		X							
872100 Baylor Institute for Rehab Northwest Dallas		X							
900000 Forest Park Medical Center		X							
908000 South Hampton Community Hospital		X							
914000 Kindred Hospital Dallas Central		X							
De Soto		A							
785900 Select Specialty Hospital–South Dallas		X							
837800 Hickory Trail Hospital		X							
<b>Decatur</b>		71							
254000 Wise Regional Health System		xlv	X						
254001 Wise Regional Health System		X	X						
Del Rio		71	71						
462000 Val Verde Regional Medical Center		X							
Denison		71							
847000 Texoma Medical Center		X	х						
847001 Reba McEntire Center–Rehab	847000								
864600 Carrus Specialty Hospital		xlv							
<b>Denton</b>									
336001 Denton Regional Medical Center		X							
820800 Texas Health Presbyterian Hospital–Denton		X	X						
826800 University Behavioral Health–Denton		X							
831700 Mayhill Hospital		x ^{OC}							
844200 Integrity Transitional Hospital		X							
847200 Atrium Medical Center–Corinth		x ^{lv}							
871500 Select Rehab Hospital–Denton		X							
Denver City									
485000 Yoakum County Hospital		*							
Dimmitt									
260000 Plains Memorial Hospital		*							
Dumas									
199000 Memorial Hospital		*x							
Eagle Lake									
560000 Rice Medical Center		X							
Eagle Pass									
547001 Fort Duncan Regional Medical Center		X							
Eastland									
222000 Eastland Memorial Hospital		*							
Eden									
202000 Concho County Hospital		*							
Edinburg									
140002 Edinburg Regional Medical Center		X							
797100 Doctors Hospital–Renaissance		X							
797101 Womens Hospital–Renaissance	797100								
797102 Behavioral Medicine–Renaissance	797100								
797103 Rehab Center at Renaissance	797100								

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
802004 South Texas Behavioral Health Center	802001	1013	Comment	2013	Comment	5Q15	Comment	4013	Comment
830000 Cornerstone Regional Hospital	002001	•							
		X							
816301 Solara Hospital		X							
Edna		*							
017000 Jackson Healthcare Center		*							
El Campo									
426000 El Campo Memorial Hospital		X							
El Paso									
000118 El Paso Psychiatric Center		X	X						
130000 Providence Memorial Hospital		X							
180000 Las Palmas Medical Center		X							
180001 Las Palmas Rehab Hospital	180000								
263000 University Medical Center of El Paso		X	X						
266000 Sierra Medical Center		X							
319000 Del Sol Medical Center		X							
701000 Mesa Hills Specialty Hospital		X							
718002 Highlands Regional Rehab Hospital		X							
727100 Kindred Hospital El Paso		X							
728200 El Paso Specialty Hospital		X							
801300 East El Paso Physicians Medical Center		X							
841300 El Paso LTAC Hospital		X							
858600 University Behavioral Health–El Paso		X							
865000 Sierra Providence East Medical Center		X							
969700 El Paso Childrens Hospital		X							
Eldorado		Λ							
		xlv							
136000 Schleicher County Medical Center		X							
Electra									
490000 Electra Memorial Hospital		X							
Ennis									
714500 Ennis Regional Medical Center		X							
Fairfield Property of the Prop									
401000 East Texas Medical Center-Fairfield		X							
Floresville									
433000 Connally Memorial Medical Center		X							
Flower Mound									
100082 Continuum Rehabilitation Hospital North		X	X						
Texas									
943000 Texas Health Presbyterian Hospital Flower		X	X						
Mound									
Fort Stockton									
356000 Pecos County Memorial Hospital		*							
Fort Worth									
047000 Huguley Memorial Medical Center		X	X						
235000 Texas Health Harris Methodist Hospital–Fort		X	X						
Worth									
332000 Cook Childrens Medical Center		X	X						
363000 Baylor All Saints Medical Center-Fort Worth		x ^N							
409000 John Peter Smith Hospital		X	X						
477000 Plaza Medical Center–Fort Worth		X							
627000 Texas Health Harris Methodist Hospital—		X	X						
Southwest Fort Worth		Λ	Λ						
652000 Texas Health Specialty Hospital–Fort Worth		xlv	X						
659000 HEALTHSOUTH Rehab Hospital		X	Λ						
662000 HEALTHSOUTH City View Rehab Hospital									
002000 HEALTHSOUTH City view Kenau Hospital		X			1		1		

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
690600 LifeCare Hospital-Fort Worth	With	X	Comment	-4	Comment		Comment	142	Comment
800000 Kindred Hospital Tarrant County Fort Worth		X							
SW									
800700 Kindred Hospital-Fort Worth		X							
804500 Baylor Surgical Hospital–Fort Worth		x ^{OC}							
839200 Regency Hospital–Fort Worth		X							
861400 USMD Hospital Fort Worth		Х							
873800 Baylor Institute for Rehab–Fort Worth		Х							
902200 Texas Rehabilitation Hospital–Fort Worth		X							
972900 Texas Health Harris Methodist Hospital		Х	X						
Alliance									
Fredericksburg									
219000 Hill Country Memorial Hospital		Х							
Friona									
200000 Parmer Medical Center		*							
Frisco									
100093 Baylor Institute for Rehab Frisco		Х							
787400 Baylor Medical Center-Frisco		х							
806300 Centennial Medical Center		Х							
971800 Forest Park Medical Center Frisco		Х							
Gainesville									
298000 North Texas Medical Center		*							
Galveston									
000102 UT Medical Branch Hospital		х							
247000 Shriners Hospital for Children-Galveston		X							
Garland									
027000 Baylor Medical Center-Garland		х	Х						
Gatesville									
346000 Coryell Memorial Hospital		OC							
Georgetown									
835700 St Davids Georgetown Hospital		Х							
Gilmer									
806800 East Texas Medical Center-Gilmer		Х							
Glen Rose									
059000 Glen Rose Medical Center		*							
Gonzales									
103000 Memorial Hospital		*							
Graham									
094000 Graham Regional Medical Center		*							
Granbury									
424000 Lake Granbury Medical Center		Х							
Grand Prairie									
115100 Texas General Hospital		X	Х						
Grapevine									
513000 Baylor Regional Medical Center-Grapevine		X							
858200 Ethicus Hospital DFW		X							
Greenville									
085000 Hunt Regional Medical Center Greenville		X							
754000 Glen Oaks Hospital		X							
Groesbeck									
052000 Limestone Medical Center		*							
Groves									
907000 Renaissance Hospital–Groves		x ^{OC}							
70/000 Renaissance mospital—Groves		A			L		1		

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
Hallettsville	With		Comment		Comment		Comment		Comment
527000 Lavaca Medical Center		*							
Hamilton									
640000 Hamilton General Hospital		*							
Hamlin									
305000 Hamlin Memorial Hospital		*							
Harker Heights									
971000 Seton Medical Center Harker Heights		x ^{OC}							
Harlingen		X							
000104 Rio Grande State Center		v	37						
		X	X						
400000 Valley Baptist Medical Center		X							
788002 Harlingen Medical Center		X							
840700 Solara Hospital Harlingen		X							
Haskell									
572000 Haskell Memorial Hospital		*							
Hemphill									
522000 Sabine County Hospital		X							
Henderson									
248000 East Texas Medical Center Henderson		X							
Henrietta									
193000 Clay County Memorial Hospital		*							
Hereford									
420000 Hereford Regional Medical Center		*							
Hillsboro									
383000 Hill Regional Hospital		х							
Hondo									
427000 Medina Regional Hospital		*							
Houston									
000105 UT MD Anderson Cancer Center		Х							
000115 Harris County Psychiatric Center		X							
007000 Womans Hospital–Texas		X							
030000 Doctors Hospital-Tidwell									
112100 Healthsouth Rehabilitation Hospital of		X							
-		X							
Cypress									
117000 Texas Childrens Hospital		X							
117002 Texas Childrens Hospital West Campus		X							
117100 Texas Childrens Hospital-Pavilion for		X							
Women									
118000 St Lukes Episcopal Hospital		X	X						
119000 Memorial Hermann Southeast Hospital		X							
124000 Methodist Hospital		X							
164000 TIRR Memorial Hermann		X							
172000 Memorial Hermann Northwest Hospital		X							
206003 Select Specialty Hospital-Houston Heights		X							
206004 Select Specialty Hospital-Houston West		X							
206005 Select Specialty Hospital-Houston Medical		X							
Center	<u> </u>								
229000 Houston Northwest Medical Center		X							
302000 Memorial Hermann Memorial City Medical		X							
Center									
337001 West Houston Medical Center		х							
347000 Memorial Hermann Hospital		X							
384000 Lyndon B Johnson General Hospital		X							
390000 Park Plaza Hospital		X							
270000 I ark I Iaza 1105pian	1	Λ			1		I	I	

458001 East Houston Regional Medical Center 458001 East Houston Regional Medical Center 458001 Department of the Department of the Medical Center 458001 Quentin Mease Community Hospital 458001 Quentin Mease Community Hospital 458001 Quentin Mease Community Hospital 526000 Shriners Hospitals For Children 660000 Cypress Fairbanks Medical Center 674000 TOPS Surgical Specialty Hospital 674000 TOPS Surgical Specialty Hospital 764000 Rindred Hospital Houston Medical Center 678000 Kindred Hospital Houston Medical Center 678000 Kindred Hospital Houston Medical Center 678000 Kindred Hospital Houston NW 712500 HealthBridge Childrens Hospital-Houston 713400 Kindred Hospital Houston NW 712500 HealthBridge Childrens Hospital-Houston 713400 Kindred Hospital Houston NW 712500 HealthBridge Childrens Hospital-Houston 713400 Kindred Hospital Houston NW 712500 HealthBridge Childrens Hospital-Houston 715001 Texas Specialty Hospital-Houston 715001 Texas Specialty Hospital-Houston 715001 Texas Specialty Hospital-Houston 715001 West Oaks Hospital at the Vintage 714001 Cypres Creek Hospital 715001 West Oaks Hospital Texperial Na 715000 Plazes Greek Hospital 715001 Urent Oaks Hospital 715001 Urent Oaks Hospital 715001 Urent Oaks Hospital 715000 Plazes Specialty Hospital 71500 Plazes Specialty Hospital 715000 Plazes Specialty Hospital 71500 Plazes Specialty Hospital 715000 Plazes Specialty Hospital 71500 Plazes Specialty Hospital 71500 Plazes Specialty Hospital 71500 Plazes Specialty Hospital Spring 71500 Plazes Specialty Hospital Spring 71500 Plazes Spec		Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
458001   East Houston Regional Medical Center	407000 Memorial Hermann Southwest Hospital	With	-	Comment		Comment		Comment	1,21	Comment
459000   Quentin Mease Community Hospital										
459001 Quentin Mease Community Hospital										
S26000 Shriners Hospitals For Children										
606000 Cypress Fairbanks Medical Center										
674000 TOPS Surgical Specially Hospital										
676000 Kindred Hospital Houston Medical Center										
678000 Kindred Hospital Midtown										
G98005 Cornerstone Hospital Houston-Bellaire										
Topono Kindred Hospital Houston NW										
712500 HealthBridge Childrens Hospital-Houston										
173400 Kindred Hospital North Houston										
15001 Texas Specialty Hospital Houston										
724700 Methodist Willowbrook Hospital										
Table   Tabl				v						
Table   Tabl										
755001 West Oaks Hospital				X				1		
758000 Houston Hospital for Specialized Surgery										
763000 Plaza Specialty Hospital x x 782001 Intracare North Hospital x x 792000 Texas Orthopedic Hospital x x 792600 Kindred Hospital Spring x x 792600 Kindred Hospital Spring x x 792702 Kindred Hospital Town & Country x x 794200 Menninger Clinic x x 800010 Methodist West Houston Hospital x x 838400 Memorial Hermann Rehab Hospital Katy x x 838400 St Joseph Medical Center x x x x 840200 University General Hospital x x x 909000 St Anthonys Hospital OC 941000 Kindred Hospital The Heights x x 956000 Westbury Community Hospital x x x 970160 Red Oak Hospital Policy Interest Policy Interest X x 970160 Red Oak Hospital Policy Interest X 971100 Efficacy Health Services 971700 Cambridge Hospital Suth Houston x 972200 Cornerstone Hospital of South Houston x 972200 Cornerstone Hospital East Houston x 972200 Cornerstone Hospital East Houston x 972970 Victory Surgical Hospital East Houston x 973100 St Joseph Medical Center-Heights x 1973100 Humble Surgical Hospital X 1973100 Humble S										
782001 Intracare North Hospital	1 1 0		1							
792000 Texas Orthopedic Hospital										
792600 Kindred Hospital Spring										
792702 Kindred Hospital Town & Country			1							
794200 Menninger Clinic			1							
800010 Methodist West Houston Hospital   x   838400 Memorial Hermann Rehab Hospital Katy   x   x   838600 St Joseph Medical Center   x   x   x   x   x   840200 University General Hospital   x   x   x   x   909000 St Anthonys Hospital   OC   941000 Kindred Hospital The Heights   x   y   956000 Westbury Community Hospital   x   x   x   y   956000 Westbury Community Hospital   x   x   y   y   y   y   y   y   y   y										
838400 Memorial Hermann Rehab Hospital Katy         x           838600 St Joseph Medical Center         x         x           840200 University General Hospital         x         x           999000 St Anthonys Hospital         OC         941000 Kindred Hospital The Heights         x           941000 Kindred Hospital The Heights         x         956000 Westbury Community Hospital         x           956000 Westbury Community Hospital         x         969200 Behavioral Hospital Fellaire         x           970160 Red Oak Hospital         x         970160 Reliant Rehab Hospital Northwest Houston         x           971100 Efficacy Health Services         ***         ***           971700 Cambridge Hospital         x         ***           971700 Cambridge Hospital Forbital East Houston         x         ***           972970 Victory Surgical Hospital East Houston         x         **           973100 St Joseph Medical Center-Heights         x         **           Humble         x         **           616000 HEALTHSOUTH Rehab Hospital Humble         x         *           847100 Memorial Hermann Northeast         x         *           865900 Icon Hospital         x         *           996600 Kindred Rehab Hospital Northeast Houston         x         *										
838600 St Joseph Medical Center  840200 University General Hospital  909000 St Anthonys Hospital  909000 St Anthonys Hospital  941000 Kindred Hospital The Heights  956000 Westbury Community Hospital  969200 Behavioral Hospital—Bellaire  970160 Red Oak Hospital  970160 Red Oak Hospital  970160 Reliant Rehab Hospital Northwest Houston  971100 Efficacy Health Services  971700 Cambridge Hospital  972200 Cornerstone Hospital of South Houston  972200 Cornerstone Hospital East Houston  973100 St Joseph Medical Center-Heights  K  Humble  616000 HEALTHSOUTH Rehab Hospital Humble  847100 Memorial Hermann Northeast  847100 Memorial Hermann Northeast  847100 Houspital  901100 Humble Surgical Hospital  901100 Humble Surgical Hospital  969600 Kindred Rehab Hospital Northeast Houston  K  Huntsville  061000 Huntsville Memorial Hospital  850200 Cook Childrens Northeast Hospital  850200 Cook Childrens Northeast Hospital  872990 Victory Medical Center Mid-Cities  87470 Medical Center Mid-Cities  87572990 Victory Medical Center Mid-Cities										
840200 University General Hospital x x x 909000 St Anthonys Hospital OC 941000 Kindred Hospital The Heights x 956000 Westbury Community Hospital x x 969200 Behavioral Hospital—Bellaire x x 970160 Red Oak Hospital—Bellaire x x 970160 Red Oak Hospital—Bellaire x x 970160 Red Oak Hospital Northwest Houston x 971100 Efficacy Health Services *** 971700 Cambridge Hospital x x 972200 Cornerstone Hospital of South Houston x 972970 Victory Surgical Hospital East Houston x x 972970 Victory Surgical Hospital East Houston x x 973100 St Joseph Medical Center-Heights x x 973100 St Joseph Medical Center-Heights x x 973100 Memorial Hermann Northeast x x 973100 Memorial Hermann Northeast x x 973100 Humble Surgical Hospital X x 973100 Humble Surgical Hospita										
909000 St Anthonys Hospital			1							
941000 Kindred Hospital The Heights				X						
956000 Westbury Community Hospital x 969200 Behavioral Hospital—Bellaire x x 970160 Red Oak Hospital Hospital x x 970160 Red Oak Hospital Northwest Houston x 971100 Efficacy Health Services 8*** 971700 Cambridge Hospital x x 972200 Cornerstone Hospital of South Houston x 972970 Victory Surgical Hospital East Houston x 972970 Victory Surgical Hospital East Houston x x 973100 St Joseph Medical Center-Heights x x 973100 St Joseph Medical Center-Heights x x 973100 Memorial Hermann Northeast x 1901100 Memorial Hermann Northeast x 1901100 Humble Surgical Hospital x 1901100 Humble Surgical Hospital x 1969600 Kindred Rehab Hospital Northeast Houston x 196900 Kindred Rehab Hospital X 196900 Kindred Rehab Kilvi X 196										
969200 Behavioral Hospital—Bellaire										
970160 Red Oak Hospital			X							
970600 Reliant Rehab Hospital Northwest Houston 971100 Efficacy Health Services 971700 Cambridge Hospital 972200 Cornerstone Hospital of South Houston 972970 Victory Surgical Hospital East Houston 973100 St Joseph Medical Center-Heights  K  Humble 616000 HEALTHSOUTH Rehab Hospital Humble 847100 Memorial Hermann Northeast 865900 Icon Hospital 901100 Humble Surgical Hospital 901100 Humble Surgical Hospital Northeast Houston  K  Huntsville 061000 Huntsville Memorial Hospital  850200 Cook Childrens Northeast Hospital  870290 Victory Medical Center Mid-Cities  Iraan	•									
971100 Efficacy Health Services 971700 Cambridge Hospital 972200 Cornerstone Hospital of South Houston 972970 Victory Surgical Hospital East Houston 973100 St Joseph Medical Center-Heights  K  Humble 616000 HEALTHSOUTH Rehab Hospital Humble 847100 Memorial Hermann Northeast 865900 Icon Hospital 901100 Humble Surgical Hospital 969600 Kindred Rehab Hospital Northeast Houston  K  Huntsville 061000 Huntsville Memorial Hospital  850200 Cook Childrens Northeast Hospital 972990 Victory Medical Center Mid-Cities  Iraan			X							
971700 Cambridge Hospital 971200 Cornerstone Hospital of South Houston 972970 Victory Surgical Hospital East Houston 973100 St Joseph Medical Center-Heights  Humble 616000 HEALTHSOUTH Rehab Hospital Humble 847100 Memorial Hermann Northeast 865900 Icon Hospital 901100 Humble Surgical Hospital 969600 Kindred Rehab Hospital Northeast Houston  Huntsville 061000 Huntsville Memorial Hospital  850200 Cook Childrens Northeast Hospital  870290 Victory Medical Center Mid-Cities  Iraan	*									
972200 Cornerstone Hospital of South Houston 972970 Victory Surgical Hospital East Houston 973100 St Joseph Medical Center-Heights  Kumble 616000 HEALTHSOUTH Rehab Hospital Humble 847100 Memorial Hermann Northeast 865900 Icon Hospital 901100 Humble Surgical Hospital 969600 Kindred Rehab Hospital Northeast Houston Kuntsville 061000 Huntsville Memorial Hospital 850200 Cook Childrens Northeast Hospital 870200 Cook Childrens Northeast Hospital 870200 Victory Medical Center Mid-Cities	·		***							
972970 Victory Surgical Hospital East Houston 973100 St Joseph Medical Center-Heights  Humble 616000 HEALTHSOUTH Rehab Hospital Humble 847100 Memorial Hermann Northeast 865900 Icon Hospital 901100 Humble Surgical Hospital 969600 Kindred Rehab Hospital Northeast Houston  Huntsville 061000 Huntsville Memorial Hospital 850200 Cook Childrens Northeast Hospital 870290 Victory Medical Center Mid-Cities 870200 Cook Childrens Mortheast Hospital 972990 Victory Medical Center Mid-Cities 870200 Cook Childrens Mortheast Hospital 972990 Victory Medical Center Mid-Cities 972990 Victory Medical Center Mid-Cities			X							
973100 St Joseph Medical Center-Heights x  Humble 616000 HEALTHSOUTH Rehab Hospital Humble x 847100 Memorial Hermann Northeast x 865900 Icon Hospital x 901100 Humble Surgical Hospital x 969600 Kindred Rehab Hospital Northeast Houston x Huntsville 061000 Huntsville Memorial Hospital x 850200 Cook Childrens Northeast Hospital x 972990 Victory Medical Center Mid-Cities x Iraan			X							
Humble       x         616000 HEALTHSOUTH Rehab Hospital Humble       x         847100 Memorial Hermann Northeast       x         865900 Icon Hospital       x         901100 Humble Surgical Hospital       x ^{lv} 969600 Kindred Rehab Hospital Northeast Houston       x         Huntsville       x         061000 Huntsville Memorial Hospital       x         Hurst       x         850200 Cook Childrens Northeast Hospital       x ^{lv} 972990 Victory Medical Center Mid-Cities       x ^{lv} Iraan       Iraan			XIV							
616000 HEALTHSOUTH Rehab Hospital Humble  847100 Memorial Hermann Northeast  865900 Icon Hospital  901100 Humble Surgical Hospital  969600 Kindred Rehab Hospital Northeast Houston  Huntsville  061000 Huntsville Memorial Hospital  850200 Cook Childrens Northeast Hospital  972990 Victory Medical Center Mid-Cities  Iraan			X							
847100 Memorial Hermann Northeast       x         865900 Icon Hospital       x         901100 Humble Surgical Hospital       x ^{lv} 969600 Kindred Rehab Hospital Northeast Houston       x         Huntsville       x         061000 Huntsville Memorial Hospital       x         Hurst       x         850200 Cook Childrens Northeast Hospital       x ^{lv} 972990 Victory Medical Center Mid-Cities       x ^{lv} Iraan       Iraan										
865900 Icon Hospital       x         901100 Humble Surgical Hospital       x ^{lv} 969600 Kindred Rehab Hospital Northeast Houston       x         Huntsville       x         061000 Huntsville Memorial Hospital       x         Hurst       x         850200 Cook Childrens Northeast Hospital       x ^{lv} 972990 Victory Medical Center Mid-Cities       x ^{lv} Iraan       Iraan			X							
901100 Humble Surgical Hospital x ^{lv} 969600 Kindred Rehab Hospital Northeast Houston x Huntsville 061000 Huntsville Memorial Hospital x Hurst 850200 Cook Childrens Northeast Hospital x ^{lv} 972990 Victory Medical Center Mid-Cities x ^{lv} Iraan			X							
969600 Kindred Rehab Hospital Northeast Houston  Huntsville  061000 Huntsville Memorial Hospital  K  Hurst  850200 Cook Childrens Northeast Hospital  972990 Victory Medical Center Mid-Cities  Iraan			X							
Huntsville  061000 Huntsville Memorial Hospital  Hurst  850200 Cook Childrens Northeast Hospital  972990 Victory Medical Center Mid-Cities  Iraan			x ^{lv}							
061000 Huntsville Memorial Hospital x Hurst  850200 Cook Childrens Northeast Hospital x   x   y   y   y   y   y   y   y   y			X							
Hurst  850200 Cook Childrens Northeast Hospital	Huntsville									
Hurst  850200 Cook Childrens Northeast Hospital	061000 Huntsville Memorial Hospital		X							
972990 Victory Medical Center Mid-Cities x ^{lv} Iraan										
972990 Victory Medical Center Mid-Cities x ^{lv} Iraan	850200 Cook Childrens Northeast Hospital									
Iraan			x ^{lv}							
	*									
			*							

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
Irving	With		Comment		Comment		Comment		Comment
300000 Baylor Medical Center–Irving									
		X	X						
799500 Irving Coppell Surgical Hospital 814000 Las Colinas Medical Center		X							
		X							
Jacksboro									
046000 Faith Community Hospital		*							
Jacksonville									
416000 East Texas Medical Center-Jacksonville		X							
725400 Mother Frances Hospital–Jacksonville		X							
Jasper									
038001 CHRISTUS Jasper Memorial Hospital		x ^{OC}							
Jourdanton									
334002 South Texas Regional Medical Center		Х							
Junction									
205000 Kimble Hospital		Х							
Katy		Λ							
534001 Memorial Hermann Katy Hospital		X							
715901 CHRISTUS St Catherine Hospital		X	X						
Kaufman									
303000 Texas Health Presbyterian Hospital-Kaufman		X	X						
Kenedy									
357000 Otto Kaiser Memorial Hospital		*							
Kermit									
062000 Winkler County Memorial Hospital		X							
Kerrville									
000106 Kerrville State Hospital		x ^{lv}	X						
406000 Peterson Regional Medical Center		X							
Kilgore		71							
031001 Allegiance Specialty Hospital–Kilgore		v							
Killeen		X							
397001 Metroplex Hospital	207001	X							
397002 Metroplex Pavilion	397001								
Kingsville									
216001 CHRISTUS Spohn Hospital–Kleberg		X							
Kingwood									
675000 Kingwood Medical Center		x ^{OC}							
813800 Memorial Hermann Specialty Hospital		xlv							
Kingwood									
818600 Kingwood Pines Hospital		Х							
Knox City									
568000 Knox County Hospital		*							
Kyle									
921000 Seton Medical Center Hays		v	v						
		X	X						
La Grange 823400 St Marks Medical Center									
		X							
Lake Jackson									
436000 Brazosport Regional Health System		X							
Lamesa									
341000 Medical Arts Hospital		*							
Lampasas									
397000 Rollins Brooks Community Hospital		X							
Laredo									
207001 Laredo Medical Center		X							
301000 Doctors Hospital–Laredo		X							
501000 Doctors Hospital-Darodo	<u> </u>	Λ.					1		

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
804400 Providence Hospital	301000		Comment	-4	Comment	- 4	Comment	1411	Comment
836300 Laredo Specialty Hospital	201000	X							
League City		Λ							
718000 Devereux Texas Treatment Network		x ^{lv}							
Levelland		Λ							
307000 Covenant Hospital–Levelland		v							
Lewisville		X							
394000 Medical Center–Lewisville									
		X							
Liberty									
089001 Liberty–Dayton Regional Medical Center		X							
Linden									
822100 Good Shepherd Medical Center-Linden		X	X						
Littlefield									
217000 Lamb Healthcare Center		*							
Livingston									
466000 Memorial Medical Center-Livingston		X							
Llano									
476000 Scott & White Hospital Llano		X							
Lockney									
010000 WJ Mangold Memorial Hospial		*							
Longview									
029000 Good Shepherd Medical Center		X	X						
106100 Audubon Behavioral Healthcare of Longview		x ^{OC}							
525000 Longview Regional Medical Center		X							
794600 Select Specialty Hospital-Longview		X							
944000 Behavioral Hospital Longview		X							
Lubbock									
013001 Grace Medical Center		x ^{OC}							
109000 Covenant Medical Center-Lakeside		X							
145000 University Medical Center		X	X						
465000 Covenant Medical Center		X							
686000 Covenant Childrens Hospital		X							
786001 Llano Specialty Hospital		x ^{lv}							
801500 Lubbock Heart Hospital		x ^N							
804000 Sunrise Canyon		X							
846200 Covenant Specialty Hospital		X							
865800 Trustpoint Hospital		x ^N							
940000 Texas Specialty Hospital Lubbock		X							
Lufkin									
107100 Audubon Behavioral Healthcare of Lufkin		x ^{OC}							
129000 Memorial Medical Center East Texas		X							
481000 Woodland Heights Medical Center		X							
691000 Memorial Specialty Hospital		X							
Luling									
597000 Seton Edgar B Davis Hospital		X	X						
848200 Warm Springs Specialty Hospital–Luling		X							
Madisonville									
041000 Madison St Joseph Health Center		X	X						
Mansfield									
657000 Kindred Hospital–Mansfield		X							
842800 Methodist Mansfield Medical Center		X	1						
Marlin									
517000 Falls Community Hospital & Clinic		*							
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
<u> </u>	1	L	1		l	L	<b>!</b>	ļ	

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
Marshall	With		Comment		Comment		Comment		Comment
020000 Good Shepherd Medical Center–Marshall		X	X						
McAllen									
601000 Rio Grande Regional Hospital		X							
802001 McAllen Medical Center		X							
802003 McAllen Heart Hospital	802001								
816300 Solara Hospital		X							
821001 LifeCare Hospital–South Texas–South		Х							
821002 LifeCare Hospitals–South Texas–North		X							
McCamey									
240000 McCamey Hospital		*							
McKinney									
246000 Columbia Medical Center–McKinney		X							
246001 Medical Center McKinney–Wysong Campus	246000								
937000 Methodist McKinney Hospital		X							
971900 Baylor Medical Center McKinney		X	X						
Mesquite									
315003 Dallas Regional Medical Center		x ^{OC}							
670001 Mesquite Rehab Hospital		X							
840000 Mesquite Specialty Hospital		X							
Mexia									
505000 Parkview Regional Hospital		X							
Midland									
452000 Midland Memorial Hospital		X							
693000 HEALTHSOUTH Rehab Hospital-		X							
Midland/Odessa									
789900 Select Specialty Hospital-Midland		X							
Mineral Wells									
034000 Palo Pinto General Hospital		X							
Mission									
370000 Mission Regional Medical Center		X							
Missouri City									
609001 Memorial Hermann Sugar Land		X							
Monahans									
468000 Ward Memorial Hospital		*							
Morton									
159000 Cochran Memorial Hospital		*							
Mount Pleasant									
137000 Titus Regional Medical Center		*							
Mount Vernon									
282000 East Texas Medical Center–Mount Vernon		X							
Muenster		Λ							
365000 Muenster Memorial Hospital		*							
Muleshoe									
631000 Muleshoe Area Medical Center		*							
Nacogdoches									
392000 Nacogdoches Medical Center		X							
478000 Nacogdoches Memorial Hospital									
478001 Cecil R Bomar Rehab Center	478000	X							
Nassau Bay	1,3000								
600001 CHRISTUS St John Hospital		X							
Navasota		Λ							
728800 Grimes St Joseph Health Center		v	v						
120000 Offines St Joseph Health Center		X	X						

Needstand		Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
127000 Mid-Jefferson Extended Care Hospital   x   New Braunfels   124100 Warm Springs Specialty Hospital New Braunfels   x   x   Springs Specialty Hospital New Braunfels Regional Rehab Hospital   x   x   x   Springs Specialty Hospital New Braunfels Regional Rehab Hospital   x   x   x   Springs Specialty Hospital New Braunfels Rosono General Hospital   x   x   x   Springs Specialty Hospital   x   x   x   Springs Specialty Hospital   x   x   x   Springs Spri	Nederland	vvitii		Comment		Comment		Comment		Comment
New Braunfels			x							
124100 Warm Springs Specialty Hospital New Braunfels										
Braunfels			Х							
Sea300 CHRISTUS Santa Rosa Hospital New Braunfels										
Sea300 CHRISTUS Santa Rosa Hospital New Braunfels	786200 New Braunfels Regional Rehab Hospital		х							
Braunfels			Х	X						
348000 Nocona General Hospital										
Decision	Nocona									
181000 Medical Center Hospital	348000 Nocona General Hospital		*							
425000 Odessa Regional Medical Center   x   x	Odessa									
938000 Basin Healthcare Center	181000 Medical Center Hospital		X	X						
Oliney   294000 Hamilton Hospital   *	425000 Odessa Regional Medical Center									
294000 Hamilton Hospital	938000 Basin Healthcare Center		x ^{OC}							
Crange	Olney									
121000 Baptist Orange Hospital	294000 Hamilton Hospital		*							
S51400 Harbor Hospital—Southeast Texas										
Palacios			X							
S74001 Palacios Community Medical Center			X							
Palestine										
629001 Palestine Regional Medical Center			X							
629002 Palestine Regional Medical Center Rehab & Psych Campus										
Pampa   Sa2900 Pampa Regional Medical Center   x°C			X							
Pampa		629001								
832900 Pampa Regional Medical Center	•									
Paris			OC							
095002 Paris Regional Medical Center South Campus   x   095003 Paris Regional Medical Center North Campus   095002   787500 Dubuis Hospital-Paris   x   x   x   7884000   787500 Dubuis Hospital-Paris   x   x   700   787500 Dubuis Hospital Center   x   700   787500 Dubuis Hospital Say Area   x   700   787500 Dubuis Hospital Bay Area   x   700   787500 Pristine Hospital Bay Area   x   700   787500 Pristine Hospital Of Pasadena   x   700   787500 Pristine Hospital Of Pasadena   x   700   787500 Pristine Hospital Of Pasadena   x   700   787500 Pristine Hospital   787500 Pristine Hospi			xoc							
095003 Paris Regional Medical Center North Campus										
Name		00.5000	X							
Pasadena  349001 Bayshore Medical Center  694100 Surgery Specialty Hospitals of America— Southeast Houston  801000 Kindred Hospital Bay Area  846100 St Lukes Patients Medical Center  972700 Pristine Hospital of Pasadena  x oc   Pearsall  441000 Frio Regional Hospital  Pecos  367000 Reeves County Hospital  Perryton  098000 Ochiltree General Hospital  Pittsburg  438000 East Texas Medical Center-Pittsburg  y as a series of the series o		095002								
349001 Bayshore Medical Center			X	X						
694100 Surgery Specialty Hospitals of America—Southeast Houston  801000 Kindred Hospital Bay Area  846100 St Lukes Patients Medical Center  972700 Pristine Hospital of Pasadena  Pearsall  441000 Frio Regional Hospital  *  Pecos  367000 Reeves County Hospital  *  Perryton  098000 Ochiltree General Hospital  Pittsburg  438000 East Texas Medical Center-Pittsburg  Plainview  146000 Covenant Hospital-Plainview  816001 Allegiance Behavioral Health Center-Plainview  Plano  143001 Childrens Medical Center Legacy  214000 Medical Center-Plano  x  x  x  x  x  x  x  x  x  x  x  x  x			OC							
Southeast Houston   801000 Kindred Hospital Bay Area   x			X lv							
801000 Kindred Hospital Bay Area       x         846100 St Lukes Patients Medical Center       x         972700 Pristine Hospital of Pasadena       x ^{OC} Pearsall       *         441000 Frio Regional Hospital       *         Pecos       *         367000 Reeves County Hospital       *         Perryton       *         098000 Ochiltree General Hospital       *         Pittsburg       x         438000 East Texas Medical Center-Pittsburg       x         Plainview       x         146000 Covenant Hospital-Plainview       x         816001 Allegiance Behavioral Health Center-Plainview       x         Plano       x         143001 Childrens Medical Center Legacy       x         214000 Medical Center-Plano       x			X							
846100 St Lukes Patients Medical Center       x         972700 Pristine Hospital of Pasadena       x         Pearsall       *         441000 Frio Regional Hospital       *         Pecos       *         367000 Reeves County Hospital       *         Perryton       *         098000 Ochiltree General Hospital       *         Pittsburg       x         438000 East Texas Medical Center-Pittsburg       x         Plainview       x         146000 Covenant Hospital-Plainview       x         816001 Allegiance Behavioral Health Center-Plainview       x         Plano       x         143001 Childrens Medical Center Legacy       x         214000 Medical Center-Plano       x										
972700 Pristine Hospital of Pasadena         x ^{OC} Pearsall         *           441000 Frio Regional Hospital         *           Pecos         *           367000 Reeves County Hospital         *           Perryton         *           098000 Ochiltree General Hospital         *           Pittsburg         x           438000 East Texas Medical Center-Pittsburg         x           Plainview         x           146000 Covenant Hospital-Plainview         x           816001 Allegiance Behavioral Health Center-Plainview         x           Plano         x           143001 Childrens Medical Center Legacy         x           214000 Medical Center-Plano         x										
Pearsall         *           441000 Frio Regional Hospital         *           Pecos         *           367000 Reeves County Hospital         *           Perryton         *           098000 Ochiltree General Hospital         *           Pittsburg         x           438000 East Texas Medical Center-Pittsburg         x           Plainview         x           146000 Covenant Hospital-Plainview         x           816001 Allegiance Behavioral Health Center-Plainview         x           Plano         x           143001 Childrens Medical Center Legacy         x           214000 Medical Center-Plano         x										
441000 Frio Regional Hospital       *         Pecos       *         367000 Reeves County Hospital       *         Perryton       *         098000 Ochiltree General Hospital       *         Pittsburg       x         438000 East Texas Medical Center-Pittsburg       x         Plainview       x         146000 Covenant Hospital-Plainview       x         816001 Allegiance Behavioral Health Center-Plainview       x         Plano       x         143001 Childrens Medical Center Legacy       x         214000 Medical Center-Plano       x			X							
Pecos 367000 Reeves County Hospital  Perryton 098000 Ochiltree General Hospital  Pittsburg 438000 East Texas Medical Center-Pittsburg  Plainview 146000 Covenant Hospital-Plainview  816001 Allegiance Behavioral Health Center- Plainview  Plano 143001 Childrens Medical Center Legacy 214000 Medical Center-Plano  x x x x			*							
367000 Reeves County Hospital *			•							
Perryton  098000 Ochiltree General Hospital  Pittsburg  438000 East Texas Medical Center-Pittsburg  Plainview  146000 Covenant Hospital-Plainview  816001 Allegiance Behavioral Health Center- Plainview  Plano  143001 Childrens Medical Center Legacy  214000 Medical Center-Plano  x  x  x			*							
Pittsburg  438000 East Texas Medical Center-Pittsburg  Plainview  146000 Covenant Hospital-Plainview  816001 Allegiance Behavioral Health Center- Plainview  Plano  143001 Childrens Medical Center Legacy  214000 Medical Center-Plano  *  *  *  *  *  *  *  *  *  *  *  *  *	• •									
Pittsburg  438000 East Texas Medical Center-Pittsburg  Plainview  146000 Covenant Hospital-Plainview  816001 Allegiance Behavioral Health Center- Plainview  Plano  143001 Childrens Medical Center Legacy  214000 Medical Center-Plano  x  x  x			*							
438000 East Texas Medical Center-Pittsburg x Plainview  146000 Covenant Hospital-Plainview x 816001 Allegiance Behavioral Health Center-Plainview  Plano  143001 Childrens Medical Center Legacy x 214000 Medical Center-Plano x x x x	•									
Plainview  146000 Covenant Hospital–Plainview  816001 Allegiance Behavioral Health Center– Plainview  Plano  143001 Childrens Medical Center Legacy  214000 Medical Center–Plano  x  x  x			Y							
146000 Covenant Hospital–Plainview  816001 Allegiance Behavioral Health Center– Plainview  Plano  143001 Childrens Medical Center Legacy 214000 Medical Center–Plano  x  x  x  x			Λ							
816001 Allegiance Behavioral Health Center- Plainview  Plano  143001 Childrens Medical Center Legacy x  214000 Medical Center-Plano x x			х							
Plainview Plano 143001 Childrens Medical Center Legacy x 214000 Medical Center-Plano x x										
Plano 143001 Childrens Medical Center Legacy x 214000 Medical Center–Plano x x			^							
143001 Childrens Medical Center Legacy x 214000 Medical Center-Plano x x										
214000 Medical Center–Plano x x			Х							
				х						
	664000 Texas Health Presbyterian Hospital–Plano		X	X						

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
670000 HEALTHSOUTH Plano Rehab Hospital	With	X	Comment	2013	Comment	3Q13	Comment	4013	Comment
720000 Texas Health Seay Behavioral Health Center		X	X						
789800 LifeCare Hospital—Plano			Λ						
805000 Plano Specialty Hospital		X							
		X							
814001 Baylor Regional Medical Center-Plano		X	X						
815300 Texas Health Center–Diagnostics & Surgery		X	X						
Plano									
844000 Heart Hospital Baylor Plano		X							
971200 Accel Rehab Hospital of Plano		X	X						
972910 Victory Medical Center Plano		X							
Port Arthur		OC							
299001 CHRISTUS Hospital–St Mary		x ^{OC}							
464002 Medical Center–Southeast Texas		X							
708001 CHRISTUS Dubuis Hospital–Port Arthur		x ^{lv}	X						
Port Lavaca									
487000 Memorial Medical Center		*							
Quanah									
102000 Hardeman County Memorial Hospital		*							
Quitman									
411000 East Texas Medical Center–Quitman		X							
Rankin									
290000 Rankin County Hospital District		*							
Refugio									
368000 Refugio County Memorial Hospital District		*							
Richardson									
549000 Methodist Richardson Medical Center		Х							
549001 Bush Renner		***							
861300 Reliant Rehab Hospital North Texas		X							
Richland Hills		Α							
437000 North Hills Hospital		X							
Richmond		Α							
230000 Oakbend Medical Center		v							
230000 Oakbend Medical Center  230001 Oakbend Medical Center		X							
		X							
Rio Grande City									
393000 Starr County Memorial Hospital		X							
Rockdale									
369000 Little River Healthcare		X							
Rockwall									
859900 Texas Health Presbyterian Hospital–Rockwall		X	X						
Rotan		.1.							
355000 Fisher County Hospital District		*							
Round Rock									
608000 Round Rock Medical Center		X							
852600 Scott & White Hospital Round Rock		X							
861700 Seton Medical Center Williamson		X	X						
866100 Reliant Rehab Hospital Central Texas		X							
Rowlett									
625000 Lake Pointe Medical Center		X							
Rusk									
000107 Rusk State Hospital		Х	X						
San Angelo									
056000 San Angelo Community Medical Center		x ^N							
168000 Shannon West Texas Memorial Hospital		X							
445000 Shannon Medical Center–St Johns Campus	168000								
		1			1		1	l	

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
747000 River Crest Hospital	With	XOC	Comment	2013	Comment	5Q15	Comment	4013	Comment
San Antonio		Λ							
		x ^{lv}							
000108 Texas Center for Infectious Disease									
000110 San Antonio State Hospital		X	X						
081001 Mission Trail Baptist Hospital		X							
114001 Baptist Medical Center		X							
134001 Northeast Baptist Hospital		X							
154000 Methodist Hospital		X							
154001 Methodist Specialty & Transplant Hospital		X							
154002 Northeast Methodist Hospital		X							
154003 Methodist Texsan Hospital		X							
158000 University Hospital		X							
228001 Southwest General Hospital		X							
283000 Metropolitan Methodist Hospital		X							
339001 CHRISTUS Santa Rosa Medical Center		X	X						
339002 CHRISTUS Santa Rosa Hospital–Westover		X	X						
Hills		74	71						
339003 CHRISTUS Santa Rose-Alamo Heights		xlv	X						
	396002	А	Λ						
396001 Nix Specialty Health Center 396002 Nix Health Care System	370002								
· · · · · · · · · · · · · · · · · · ·		X							
503001 St Lukes Baptist Hospital		X							
634000 Childrens Hospital of San Antonio		X	X						
636000 HEALTHSOUTH Rehab Institute-San Antonio		X							
645000 Kindred Hospital–San Antonio		X							
647000 Baptist Emergency Hospital Thousand Oaks		x ^{lv}							
677001 North Central Baptist Hospital		X							
681001 Methodist Ambulatory Surgery Hospital-		X							
Northwest									
702001 Acuity Hospital South Texas		x ^{lv}							
719300 Select Specialty Hospital–San Antonio		X							
723001 Laurel Ridge Treatment Center		X							
737000 Clarity Child Guidance Center		X							
786800 South Texas Spine & Surgical Hospital		X							
815000 LifeCare Hospital—San Antonio									
820600 Innova Hospital–San Antonio		X							
		X							
844600 Warm Springs Rehab Hospital–San Antonio		X							
844601 Warm Springs Rehab Hospital Thousand		X							
Oaks									
844602 Warm Springs Rehab Hospital Westover Hills		X							
852100 Foundation Bariatric Hospital–San Antonio		X							
874100 Methodist Stone Oak Hospital		X							
939000 GlobalRehab Hospital-San Antonio		X							
972810 Baptist Emergency Hospital Overlook		x ^{lv}							
972960 Warm Springs Specialty Hospital San		X							
Antonio									
973000 Baptist Emergency Hospital Westover Hills		xlv							
San Augustine									
072000 Memorial Medical Center–San Augustine		X							
San Marcos		А							
556000 Central Texas Medical Center		**							
		X							
Seguin									
155000 Guadalupe Regional Medical Center		X							
Seminole									
113000 Memorial Hospital		*			]				

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
Seymour	with		Comment		Comment		Comment		Comment
546000 Seymour Hospital		*							
Shamrock									
571000 Shamrock General Hospital		*							
Shenandoah									
795000 Nexus Specialty Hospital Shenandoah Campus		X							
873700 Reliant Rehab Hospital North Houston		X							
Sherman		Λ							
100076 Heritage Park Surgical Hospital		37							
297000 Texas Health Presbyterian Hospital – WNJ		X							
	297000	X	X						
297002 Texas Health Presbyterian Hospital – WNJ Behavioral Health									
847002 Texoma Medical Center Behavioral Health Center	847000								
957000 Carrus Rehab Hospital		X							
Smithville									
424500 Seton Smithville Regional Hospital		X							
Snyder									
439000 Cogdell Memorial Hospital		*							
Sonora									
147000 Lillian M Hudspeth Memorial Hospital		*x							
Southlake		Λ							
812800 Texas Health Harris Methodist Hospital		v	v						
Southlake		X	X						
Spearman									
395000 Hansford County Hospital		*							
Spring									
945500 Victory Medical Center Houston		X							
Stafford									
874000 Atrium Medical Center		X							
Stamford									
043000 Stamford Memorial Hospital		*							
Stanton									
388000 Martin County Hospital District		*							
Stephenville									
256000 Texas Health Harris Methodist Hospital—		X	х						
Stephenville		Λ	Λ						
Sugar Land									
790500 Sugar Land Surgical Hospital		v							
792700 Sugar Land Surgical Hospital 792700 Kindred Hospital Sugar Land		X							
		X							
823000 Methodist Sugar Land Hospital		X							
869700 St Lukes Sugar Land Hospital		X lv	X						
916000 Emerus Hospital		x ^{lv}							
969000 HEALTHSOUTH Sugar Land Rehab		X							
Hospital									
Sulphur Springs									
280000 Hopkins County Memorial Hospital		*							
Sunnyvale									
919000 Texas Regional Medical Center Sunnyvale		X	X						
Sweeny									
178000 Sweeny Community Hospital		X							
Sweetwater									
471000 Rolling Plains Memorial Hospital		*							

	Reports	1Q13	With	2Q13	With	3Q13	With	4Q13	With
Tahoka	With	1015	Comment	2013	Comment	5Q15	Comment	4013	Comment
192000 Lynn County Hospital District		*							
Taylor									
044000 Scott & White Hospital Taylor		X							
Temple		A							
537000 Scott & White Memorial Hospital		X							
537000 Scott & White Stanta Fe Center	537000	А							
537002 Scott & White Pavilion	537000								
537003 Scott & White Memorial Hospital–SNF		X							
537005 Scott & White Memorial Hospital–Psych		X							
537006 McLane Childrens Hospital Scott & White		X							
850300 Scott & White Continuing Care		X							
Terrell									
000111 Terrell State Hospital		X	х						
Texarkana		74	71						
144000 Wadley Regional Medical Center		X	х						
684000 HEALTHSOUTH Rehab Hospital–Texarkana		X							
713001 CHRISTUS St Michael Rehab Hospital		X							
788001 CHRISTUS St Michael Health System		X	X						
822000 Dubuis Hospital–Texarkana		X	X						
847600 Dubuis Hospital–Texarkana–Wadley		X	X						
Texas City		71	74						
793000 Mainland Medical Center		X							
The Woodlands		74							
615000 Memorial Hermann The Woodlands Hospital		X							
793100 St Lukes The Woodlands Hospital		X	х						
795001 Nexus Specialty Hospital		x ^{lv}	71						
923000 St Lukes Lakeside Hospital		X	Х						
Throckmorton									
428000 Throckmorton County Memorial Hospital		*							
Tomball									
076000 Tomball Regional Medical Center		x ^{OC}							
792601 Kindred Hospital Tomball		X							
Trinity									
287000 East Texas Medical Center-Trinity		X							
Trophy Club									
805100 Baylor Medical Center Trophy Club		X							
Tulia									
273000 Swisher Memorial Hospital		*							
Tyler									
000112 UT Health Center–Tyler		X							
286000 Mother Frances Hospital		X							
410000 East Texas Medical Center		X							
410001 East Texas Medical Center Behavioral Health	410000								
Center									
692000 Trinity Mother Frances Rehab Hospital		X							
777000 East Texas Medical Center Specialty Hospital		X							
790200 Texas Spine & Joint Hospital		X							
799000 East Texas Medical Center Rehab Hospital		X							
806500 Tyler Continue Care Hospital		X							
Uvalde									
063000 Uvalde Memorial Hospital		X							
Van Horn									
139000 Culberson Hospital		x ^{lv}							

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
Vernon	WILII		Comment		Comment		Comment		Comment
000113 North Texas State Hospital–Vernon	000114								
084000 Wilbarger General Hospital		*							
Victoria									
064000 Citizens Medical Center		X							
453000 DeTar Hospital–Navarro		X	X						
453001 DeTar Hospital–North	453000								
812000 Kindred Hospital Victoria		X							
848100 Warm Springs Specialty Hospital–Victoria		X							
Waco									
000117 Waco Center for Youth		x ^{lv}	Х						
040000 Providence Health Center		X							
506000 Hillcrest Baptist Medical Center		X							
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center		X							
Waxahachie									
285000 Baylor Medical Center-Waxahachie		X	X						
Weatherford									
844800 Weatherford Regional Medical Center		X							
Webster									
212000 Clear Lake Regional Medical Center		X							
680000 Kindred Rehab Hospital Clear Lake		X							
698004 Cornerstone Hospital Houston–Clear Lake		X							
720402 Kindred Hospital Clear Lake		X							
822001 Houston Physicians Hospital		X							
Wellington		А							
195000 Collingsworth General Hospital		X							
Weslaco		Α .							
480000 Knapp Medical Center		X							
808500 Weslaco Rehab Hospital		X							
Wharton									
833000 Gulf Coast Medical Center		X							
Wheeler		_							
116000 Parkview Hospital		*							
Wichita Falls									
000114 North Texas State Hospital		X	X						
417000 United Regional Health Care System		X							
681400 Kell West Regional Hospital		X							
685000 HEALTHSOUTH Rehab Hospital-Wichita		X							
Falls									
709001 Red River Hospital		X	X						
820002 Texas Specialty Hospital–Wichita Falls		X							
Winnie									
781400 Winnie Community Hospital		*							
Winnsboro									
446001 Mother Frances Hospital Winnsboro		X							
Winters									
151000 North Runnels Hospital		*							
Woodville									
569000 Tyler County Hospital		*							
Yoakum									
023000 Yoakum Community Hospital		X							
023000 Toakum Community Hospital		Λ							

	Reports With	1Q13	With Comment	2Q13	With Comment	3Q13	With Comment	4Q13	With Comment
Total exempt hospitals		82							
Total exempt hospitals voluntarily reporting		3							
Total hospitals not in compliance. No data submitted		2							
Total hospitals with discharges reported by another hospital		28							
Total reporting		577							

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

- C Closed, no data submitted.  $C^{N}$  Closed, data not certified.  NC  Certification comments not submitted to DSHS.
- OC Not in compliance for this quarter. No data submitted.
- x Hospital submitted and certified data, submitted comments.  $x^{lv}$  Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.
- x^N Hospital elected not to certify data.
- x^{OC} Hospital did not certify data. Not in compliance for this quarter.
  - Exempt hospital. Includes those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).
- No discharges for this quarter.