

Patient Discharge Data File Documentation

Public File

January – December 2011

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Comma-Delimited Text File

Patient Discharge Data
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INTRODUCTION

General Information:

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of inpatient data collected from California-licensed hospitals in California. The datasets consist of a record for each inpatient discharged from a California-licensed hospital. Licensed hospitals include general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more details on the definitions of the data reported by hospitals see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

The public data is released yearly by OSHPD once it has been screened by the automated reporting software (MIRCal) and corrected by the individual facilities. Because of its size, the patient discharge data is divided into three separate files based on the geographic location of the facility as indicated below:

- Los Angeles County
- Southern California (includes Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura counties)
- Northern California (remaining counties)

Appendix A provides a record count for each file.

Masked Variables:

To protect patient confidentiality, records with unique combinations of certain demographic variables will have one or more of those variables masked to make sure the files are de-identified. In most cases masking involves defaulting the variable. Each unique record will have the minimum number of fields masked to an asterisk "*" or missing to ensure it is no longer unique.

The variable masking occurs in the following order:

| ORDER OF MASKING | DATA FIELDS SUBJECT TO MASKING |
|------------------|---|
| 1 st | Age in Years (at Admission) |
| 2 nd | Ethnicity |
| 3 rd | Race |
| 4 th | Sex |
| 5 th | Age Range (20 categories) |
| 6 th | Age Range (5 categories) |
| 7 th | Admission Quarter |
| 8 th | Patient ZIP Code (5-digit)* |
| 9 th | Small County Groups** |
| 10 th | Patient ZIP Code (3-digit)* |
| 11 th | Hospital Identification Number |
| | *Five-digit ZIP will be masked to three-digits; if record is still unique, ZIP will be totally masked with an asterisk. **Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). |

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Important Facts:

- Loma Linda University Medical Center – Murrieta (106334589) was forced to discontinue data correction efforts for the July-Dec 2011 reporting period because they failed to file an approved data report within 60 days of the original due date.
- USC Kenneth Norris, Jr. Cancer Hospital (106191216) remained open but had no data to report for the July-December 2011 reporting period

Openings, Closures, Ownership Changes:

- Crestwood San Jose Psychiatric Health Facility (106484220) opened on 03/02/11.
- Loma Linda University Medical Center – Murrieta (106334589) opened on 04/12/11.
- North Valley – Solano County Psychiatric Health Facility (106484028) closed on 01/06/11
- Crestwood Psychiatric Health Facility – Fresno (106104089) new ownership on 01/24/11. Was Fresno County Psychiatric Health Facility.
- Kindred Hospital Riverside (106332172) new ownership on 02/08/11. Was Vista Hospital of Riverside
- Kindred Hospital Rancho (1063641888) new ownership on 03/01/11. Was Rancho Speciality Hospital

Modification and Exception Reports:

Some facilities have applied for and been granted "modifications" to standard inpatient data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix I – Modifications, Non-Compliance, Exceptions for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

Consolidation Facility Listing:

When multiple facility locations operate under one hospital license, the licensed entity is considered a consolidated provider. These types of facilities can report patient-level data as either separate entities, or, aggregated, as one consolidated provider. Appendix L – Consolidation Facility Listing shows the reporting facilities and their consolidated status at the time the data in this file was collected.

Importing Notes:

There are several fields that, although they appear to contain numeric data, should be treated as text (character). This is particularly important when working with diagnosis and procedure codes. These fields are comprised of ICD-9-CM (diagnosis) and CPT (procedure) codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is "003.0" (implied decimal following the third digit from the left). If it is not formatted as text, the leading zeros may be dropped and the code will appear as an invalid diagnosis code of "30".

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File Format:

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited, patient-level datasets, a header row identifying each data element is provided in the position of the first record. The SAS dataset was created using SAS version 9.2 for Windows.

The attributes for each data field is provided on the following pages.

What's New:

Do Not Resuscitate (DNR):

The new ICD-9-CM code V49.86 (Do Not Resuscitate Status) does not change OSHPD's reporting requirement for the data element Pre-hospital Care and Resuscitation/Do Not Resuscitate (DNR).

There is one important distinction between OSHPD's DNR reporting requirement and the reporting of V49.86, the time frame.

- OSHPD requires that a hospital report "Yes" if a DNR Order was written "at the time of or within the first 24 hours of the patient's admission."
- For the V49.86 code, effective October 1, 2010, the Official Coding Guidelines state that "this code may be used when a provider documents that a patient is on a 'do not resuscitate' status at any time during the stay".

Because of these reporting criteria differences, a patient's record could be reported as "No" for OSHPD's DNR reporting requirement along with the V49.86 status code. This may indicate that the patient's health status significantly worsened during the stay and resulted in a change to the DNR status. Similarly, a patient's record could be reported as "Yes" for OSHPD's DNR reporting requirement, but without the V49.86 code.

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File Documentation

Hospital Identification Number

Field Name: oshpd_id
Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names are provided in Appendix B - Discharges by Facility.
Variable Type: Character
SAS Length: 6

Type of Care

Field Name: typ_care
Definition: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.
Variable Type: Character
SAS Length: 1
0 = Invalid / Blank
1 = Acute Care
3 = Skilled Nursing / Intermediate Care (includes GAC approved swing beds)
4 = Psychiatric Care
5 = Chemical Dependency Recovery Care
6 = Physical Rehabilitation Care

Age in Years (at Admission)

Field Name: age_yrs
Definition: Age of the patient at admission. This is based on the reported admission date and patient's date of birth. If the date of birth is unknown or invalid the age in years is set to "0". Patient records with a calculated age at admission greater than 120 years are assigned a value of 120 years.
Variable Type: Numeric
SAS Length: 3

Age Range (20 categories)

Field Name: agecat20
Definition: Age range (based on 20 categories) of the patient at admission.
01 = Under 1 year 11 = 45-49 years
02 = 1-4 years 12 = 50-54 years
03 = 5-9 years 13 = 55-59 years
04 = 10-14 years 14 = 60-64 years
05 = 15-19 years 15 = 65-69 years

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| | |
|------------------|--------------------------|
| 06 = 20-24 years | 16 = 70-74 years |
| 07 = 25-29 years | 17 = 75-79 years |
| 08 = 30-34 years | 18 = 80-84 years |
| 09 = 35-39 years | 19 = 85 years or greater |
| 10 = 40-44 years | 00 = Unknown age |

Variable Type: Character

SAS Length: 2

Age Range (5 categories)

Field Name: agecat5

Definition: Age range (based on 6 categories) of the patient at time of admission.

| | |
|------------------|-------------------------|
| 1 = Under 1 year | 4 = 35-64 years |
| 2 = 1-17 years | 5 = 65 years or greater |
| 3 = 18-34 years | 0 = Unknown age |

Variable Type: Character

Variable Length: 1

Gender

Field Name: sex

Definition: Gender of the patient for the current admission. "Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's gender was not available from the medical record. Reported invalid values for sex were defaulted to missing "."

. = Invalid
1 = Male
2 = Female
3 = Other
4 = Unknown

Variable Type: Character

SAS Length: 1

Ethnicity

Field Name: ethncty

Definition: Ethnicity (self reported) of the patient. Patients who could not or refused to declare their ethnicity were coded as "3" (Unknown). Reported invalid and missing values for ethnicity were defaulted to "0". Detailed definitions of Ethnicity and Race are provided in Appendix E - Race and Ethnicity Codes Definitions.

0 = Invalid
1 = Hispanic
2 = Non-Hispanic
3 = Unknown

Variable Type: Character

SAS Length: 1

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Race

Field Name: race

Definition: Patient's racial background (self reported). Hospitals are instructed to report race as "unknown" if a patient could not or would not declare their race. Reported invalid or missing values for race were defaulted to "0". Detailed definitions of Ethnicity and Race are provided in Appendix E - Race and Ethnicity Codes Definitions.

- 0 = Invalid / Blank
- 1 = White
- 2 = Black
- 3 = Native American / Eskimo / Aleut
- 4 = Asian / Pacific Islander
- 5 = Other
- 6 = Unknown

Variable Type: Character

SAS Length: 1

Patient ZIP Code

Field Name: patzip

Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown it is assigned a value of XXXXX. Foreign residents are assigned a ZIP Code of YYYYY and homeless are assigned a ZIP Code of ZZZZZ. If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid and blank ZIP Codes are set to 00000.

Variable Type: Character

SAS Length: 5

Patient County

Field Name: patcnty

Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP Codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP Codes as well as patients residing outside California and the homeless are assigned a county code value of 00.

- | | | | |
|-------------------|------------------|----------------------|-----------------|
| 01 = Alameda | 16 = Kings | 31 = Placer | 46 = Sierra |
| 02 = Alpine | 17 = Lake | 32 = Plumas | 47 = Siskiyou |
| 03 = Amador | 18 = Lassen | 33 = Riverside | 48 = Solano |
| 04 = Butte | 19 = Los Angeles | 34 = Sacramento | 49 = Sonoma |
| 05 = Calaveras | 20 = Madera | 35 = San Benito | 50 = Stanislaus |
| 06 = Colusa | 21 = Marin | 36 = San Bernardino | 51 = Sutter |
| 07 = Contra Costa | 22 = Mariposa | 37 = San Diego | 52 = Tehama |
| 08 = Del Norte | 23 = Mendocino | 38 = San Francisco | 53 = Trinity |
| 09 = El Dorado | 24 = Merced | 39 = San Joaquin | 54 = Tulare |
| 10 = Fresno | 25 = Modoc | 40 = San Luis Obispo | 55 = Tuolumne |

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| | | | |
|------------------------------|---------------|--------------------|--------------|
| 11 = Glenn | 26 = Mono | 41 = San Mateo | 56 = Ventura |
| 12 = Humboldt | 27 = Monterey | 42 = Santa Barbara | 57 = Yolo |
| 13 = Imperial | 28 = Napa | 43 = Santa Clara | 58 = Yuba |
| 14 = Inyo | 29 = Nevada | 44 = Santa Cruz | |
| 15 = Kern | 30 = Orange | 45 = Shasta | |
| 00 = Not a California county | | | |

Variable Type: Character
SAS Length: 2

Admission Quarter

Field Name: adm_qtr
Definition: The calendar quarter the patient was admitted.
1 = January-March
2 = April-June
3 = July-September
4 = October-December

Variable Type: Character
SAS Length: 1

Admission Year

Field Name: adm_yr
Definition: The year the patient was admitted.
Variable Type: Character
SAS Length: 4

Length of Stay

Field Name: los
Definition: Total number of days from admission date to discharge date. Patients admitted and discharged on the same day are assigned a length of stay of "0" days. For length of stay calculations, data users may desire to use the "adjusted length of stay" variable, where "0" days are recoded to "1" day.
Variable Type: Numeric
SAS Length: 5

Source of Admission

Field Name: adm_src
Definition: The site and licensure where the patient originated and the route by which the patient was admitted. See Appendix D - Source of Admission and Disposition Definitions for more detailed definitions of these codes. The source code consists of three digits:

The first digit represents the site from which the patient originated:

| | |
|-------------------------------|--|
| 1 = Home | 6 = Other Inpatient Hospital Care |
| 2 = Residential Care Facility | 7 = Newborn (born in admitting hospital) |
| 3 = Ambulatory Surgery | 8 = Prison / Jail |

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4 = Skilled Nursing / Intermediate Care 9 = Other
5 = Acute Inpatient Hospital Care 0 = Invalid / Blank

The second digit describes the license of site from which the patient originated:

1 = The admitting hospital
2 = Another hospital
3 = Not a hospital
0 = Invalid / blank

The third digit describes the route by which the patient was admitted:

1 = The admitting hospital's Emergency Room (ER)
2 = No ER or another facility's ER
0 = Invalid / blank

Variable Type: Character
SAS Length: 3

Type of Admission

Field Name: adm_type

Definition: When the patient's admission was arranged.

1 = Scheduled (arranged with the hospital at least 24 hours prior to the admission)
2 = Unscheduled (not arranged with the hospital at least 24 hours prior to the admission)
3 = Infant (under 24 hrs old)
4 = Unknown
0 = Invalid / Blank

Variable Type: Character
SAS Length: 1

Disposition

Field Name: disp

Definition: The consequent arrangement or event ending a patient's stay in the hospital. For detailed definitions see Appendix D - Source of Admission and Disposition Definitions.

01 = Routine (home)
02 = Acute Care within the admitting hospital
03 = Other Care within the admitting hospital
04 = Skilled Nursing / Intermediate Care (SN/IC) within the admitting hospital
05 = Acute Care at another hospital
06 = Other Care (not SN/IC) at another hospital
07 = Skilled Nursing / Intermediate Care (SN/IC) at another facility
08 = Residential Care Facility
09 = Prison / Jail
10 = Left Against Medical Advice
11 = Died
12 = Home Health Service
13 = Other
00 = Invalid / Blank

Variable Type: Character
SAS Length: 2

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Expected Source of Payment – Payer Category

Field Name: pay_cat
Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payer categories see Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

- 01 = Medicare
- 02 = Medi-Cal
- 03 = Private Coverage
- 04 = Workers' Compensation
- 05 = County Indigent Programs
- 06 = Other Government
- 07 = Other Indigent
- 08 = Self Pay
- 09 = Other Payer
- 00 = Invalid/ Blank

Variable Type: Character
SAS Length: 2

Expected Source of Payment – Type of Coverage

Field Name: pay_type
Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay, or other payer. Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

- 0 = Not Applicable
- 1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)
- 2 = Managed Care – Other
- 3 = Traditional Coverage

Variable Type: Character
SAS Length: 1

Expected Source of Payment – Plan Code Number

Field Name: pay_plan
Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For a complete list of plan codes and names see Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

Variable Type: Character
SAS Length: 4

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Total Charges

Field Name: charge

Definition: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

Total charges are reported in whole numbers. When no charge is generated (e.g. charity care) then Total Charges are assigned a value of \$1. If the charge was unknown or an invalid value reported then the charge is assigned a value of \$0. Total charges of \$9,999,999 indicates the actual charges exceed the maximum seven digit input field size. When a patient's length of stay is more than 1 year (365 days), only the last 365 days of charges are reported. Use the following formula to adjust total charges to reflect stays more than 1 year in length:

Adjusted Total Charges = (Total Charges / 365 days) x Length of Stay

For more information on charges related to total package, interim billing, physician professional component, and organ donors see the California Inpatient Data Reporting Manual – Total charges section.

(<http://oshpd.ca.gov/HID/MIRCal/IPManual.html>)

Variable Type: Numeric

SAS Length: 7

Do Not Resuscitate (DNR) Order (Pre-Hospital Care & Resuscitation)

Field Name: dnr

Definition: A "Do Not Resuscitate" (DNR) is a directive from a physician documented in a patient's current inpatient record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of patient's admission and is then discontinued at some later time during the patient's hospital stay, the DNR is reported as "Y" for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as "N" for no. All blank, missing and invalid codes have been defaulted to "0".

0 = Unknown

Y = Yes, a DNR order was written at the time of or within the first 24 hours of the patient's admission

N = No, a DNR order was not written or written at the time of or within the first 24 hours of the patient's admission

Variable Type: Character

SAS Length: 1

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Major Diagnostic Category (MDC)

Field Name: MDC

Definition: MDCs are mutually-exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and, in general, are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. The MDC is based on the principal diagnosis. The MDC is given “00” by the grouper for records that are ungroupable. Ungroupable records include those where the principal diagnosis is not an existing ICD-9-CM code or the sex code does not logically relate to the diagnosis or procedure.

Note: Beginning with 2008 data the new Medicare Severity DRG grouper was used. Coinciding with this change, OSHPD now applies each new grouper version to discharges based on the federal release date (usually October 1 of each year). For a list of MDC codes and labels see Appendix G - Major Diagnosis Categories (MDCs).

Variable Type: Character

SAS Length: 2

Medicare Severity-Diagnosis Related Group (MS-DRG)

Field Name: MSDRG

Definition: MS-DRG Grouper version 26.0 was applied to all discharges from October 1, 2008 through September 30, 2009. MS-DRG Grouper version 27.0 applies to discharges from October 1, 2009 through September 30, 2010 (the Federal fiscal year). For the 2011 data, Version 28.0 (Jan-Sept 2011 discharges) and Version 29.0 (Oct-Dec 2011 discharges) of the MS-DRG Grouper were applied. For a list of MS-DRG codes and labels see Appendix H - Medicare Severity-Diagnosis Related Groups (MS-DRGs).

Variable Type: Character

SAS Length: 3

MS-DRG Category

Field Name: cat_code

Definition: Each MS-DRG is categorized into one of three codes: Medical, Surgical, or Ungroupable. MS-DRG Grouper version 25.0 was applied to all discharges from January 1, 2008 through September 30, 2008. MS-DRG Grouper version 26.0 applies to discharges from October 1, 2008 through September 30, 2009 (the Federal fiscal year). For a list of MS-DRG codes and labels see Appendix H - Medicare Severity-Diagnosis Related Groups (MS-DRGs).

M = Medical MS-DRG

S = Surgical MS-DRG

X = Ungroupable MS-DRG

Variable Type: Character

SAS Length: 1

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MS-DRG Severity Code

Field Name: sev_code

Definition: MS-DRGs are assigned based on the presence/absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC). MCCs are reserved for the more severely ill patients with life-threatening conditions. The revised CCs are reserved for patients with significant acute diseases, acute exacerbation of chronic diseases, advanced or endstage chronic diseases, or chronic diseases associated with extensive debility. The list of ICD-9 codes for CC or MCC are mutually exclusive.

0 = MS-DRG assignment not based on the presence of CC or MCC
1 = MS-DRG assignment is based on the presence of MCC
2 = MS-DRG assignment is based on the presence of CC

Variable Type: Character
SAS Length: 1

MS-DRG Grouper Version

Field Name: grouper

Definition: The grouper version number indicates the revised year. In transitioning from the DRG grouper to the MS-DRG grouper, OSHPD began applying the new MS-DRG grouper to discharges beginning on January 1, 2008. October 1st of each year, OSHPD now applies the latest version.

28.0 – includes discharges from October 1, 2010 through September 30, 2011.
29.0 – includes discharges from October 1, 2011 through September 30, 2012.

Variable Type: Character
SAS Length: 4

External Cause of Injury – Principal E-Code

Field Name: ecode_p

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the admission. An E-code is to be reported on the record for the first episode of care reportable to OSHPD during which the injury, poisoning, and/or adverse effect was diagnosed and/or treated. They are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 4th character from the left)
SAS Length: 5

External Cause of Injury – Other E-Code (up to 4)

Field Name(s): ecode1 – ecode4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-Codes should be included for the first reported episode of

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care for which the injury, poisoning, or adverse effect was first diagnosed and/or treated only. They are coded according to the ICD-9-CM. Codes

Variable Type: Character (implied decimal after the 4th character from the left)

SAS Length: 5

Present on Admission (POA) – Principal E-Code

Field Name(s): epoa_p

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on principal E-Codes for all reported discharges on or after July 1, 2008.

Y = Present at admission
N = Not present at admission
U = Unknown due to insufficient documentation
W = Clinically undetermined by the physician
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character

SAS Length: 1

Present on Admission (POA) – Other E-Codes (up to 4)

Field Name(s): epoa1-epoa4

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on other E-Codes for all reported discharges on or after July 1, 2008.

Y = Present at admission
N = Not present at admission
U = Unknown
W = Clinically undetermined
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character

SAS Length: 1

Principal Diagnosis

Field Name(s): diag_p

Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)

SAS Length: 5

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Other Diagnoses (up to 24)

Field Name(s): odiag1-odiag24
Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. They are coded according to the ICD-9-CM. If the reported principal diagnosis code is invalid or missing, it is assigned a default value of 799.9.
Variable Type: Character (implied decimal after the 3rd character from the left)
SAS Length: 5

Present on Admission (POA) – Principal Diagnosis

Field Name(s): poa_p
Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007, hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

Y = Present at admission
N = Not present at admission
U = Unknown
W = Clinically undetermined
E = Exempt from POA reporting
0 = Invalid / missing / blank

Variable Type: Character
SAS Length: 1

Patient Discharge Data
2011 File Documentation – Public File

Present on Admission (POA) – Other Diagnoses (up to 24)

Field Name(s): opoa1- opoa24

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007 hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

Y = Present at admission

N = Not present at admission

U = Unknown

W = Clinically undetermined

E = Exempt from POA reporting

0 = Invalid / missing / blank

Variable Type: Character

SAS Length: 1

Principal Procedure

Field Name(s): proc_p

Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis was reported as principal procedure. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 2nd character from the left)

SAS Length: 4

Patient Discharge Data
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Other Procedures (up to 20)

Field Name(s): oproc1-oproc20
Definition: All other procedures, related to the patient's stay, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk or is needed for DRG assignment. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.
Variable Type: Character (implied decimal after the 2nd character from the left)
SAS Length: 4

Principal Procedure Days

Field Name(s): proc_pdy
Definition: The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure were shown as (.).
Variable Type: Numeric
SAS Length: 4

Other Procedures Days (up to 20)

Field Name(s): procdy1-procdy20
Definition: The number of days between the patient's date of admission and date of the other procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If a secondary procedure is not reported then the number of days is assigned a value of (.).
Variable Type: Numeric
SAS Length: 4

Appendix A

2011 Record Counts and Masked Variable Frequencies

Record Counts:

Los Angeles County: 1,171,206

Southern California: 1,177,226

Northern California: 1,584,807

Masked Variable Frequencies:

Sex

| Data Element Value | |
|--------------------|---|
| TOTAL RECORDS | |
| Male | 1 |
| Female | 2 |
| Other | 3 |
| Unknown | 4 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 725,574 | 18.45% |
| 1,655,551 | 348,544 | 21.05% |
| 2,277,413 | 376,769 | 16.54% |
| 123 | 121 | 98.37% |
| 152 | 140 | 92.11% |

Race

| Data Element Value | |
|----------------------------------|---|
| TOTAL RECORDS | |
| White | 1 |
| Black | 2 |
| Native American / Eskimo / Aleut | 3 |
| Asian / Pacific Islander | 4 |
| Other | 5 |
| Unknown / Invalid (0) | 6 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 1,073,927 | 27.30% |
| 2,568,138 | 563,317 | 21.93% |
| 351,844 | 138,864 | 39.47% |
| 15,257 | 10,616 | 69.58% |
| 339,711 | 133,698 | 39.36% |
| 618,141 | 199,524 | 32.28% |
| 40,148 | 27,908 | 69.51% |

Ethnicity

| Data Element Value | |
|-----------------------|---|
| TOTAL RECORDS | |
| Hispanic | 1 |
| Non-Hispanic | 2 |
| Unknown / Invalid (0) | 3 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 1,219,041 | 30.99% |
| 1,197,578 | 349,900 | 29.22% |
| 2,685,767 | 831,725 | 30.97% |
| 49,894 | 37,416 | 74.99% |

Patient ZIP Code

In masking the data, a 5-digit ZIP Code is replaced by a 3-digit ZIP Code, if the individual record is unique. If the record is still unique after this replacement, the 3-digit ZIP Code is replaced with an “*”. Unidentifiable ZIP Codes are: ‘0000’ (invalid or blank), ‘ZZZZZ’ (homeless), ‘YYYYY’ (foreign residents), and ‘XXXXX’ (unknown). All 00000 ZIP Codes are defaulted to XXXXX. The large number of ZIP Code values in the 2011 Patient Discharge Data precludes presenting detailed masking percentages for each ZIP Code. Instead, summary statistics are provided below.

Appendix A

2011 Record Counts and Masked Variable Frequencies

| ZIP Code Category |
|---|
| 00000 (invalid or blank) |
| XXXXX (unknown) |
| YYYYY (foreign) |
| ZZZZZ (homeless) |
| 5-DIGIT |
| 3-DIGIT |
| MASKED ("**") |
| TOTAL |
| |
| Number of Identifiable ZIP Code Values |
| 5-DIGIT |
| 3-DIGIT |

| Number of Records in Source File | Number of Records in Public File | Number of Records Masked or Defaulted | Percent Masked or Defaulted |
|----------------------------------|----------------------------------|---------------------------------------|-----------------------------|
| | | | |
| 2,557 | 0 | 2,557 ¹ | 100.00% |
| 4,223 | 6,740 | – | – |
| 4,680 | 4,612 | 68 | 1.45% |
| 20,505 | 20,481 | 24 | 0.12% |
| 3,901,274 | 3,836,424 | 64,850 ² | 1.65% ⁴ |
| → | 48,622 | 48,622 ³ | 1.24% ⁴ |
| 0 | 16,360 | | 0.42% ⁴ |
| 3,933,239 | 3,933,239 | | |
| | | | |
| | | | |
| 11,976 | 4,916 | | |
| 0 | 483 | | |

¹ All defaulted to XXXXX – missing or unknown.

² Includes ZIP Codes truncated to 3-Digit.

³ 5-Digit ZIP Code truncated to 3-Digit.

⁴ Percentage of total number of records in file.

Hospital Identification Number

Number of Hospital Identification Number (OSHPD ID) observations masked: 0

Appendix A

2011 Record Counts and Masked Variable Frequencies

Patient County

| County | Code | County Population in 2011 | Observations in the 2011 PDD | Small County Assignment |
|---------------|------|---------------------------|------------------------------|-------------------------|
| Alpine | 02 | 1,128 | 29 | CE |
| Colusa | 06 | 21,552 | 2,240 | NW |
| Del Norte | 08 | 28,547 | 2,737 | NW |
| Glen | 11 | 28,105 | 3,184 | NW |
| Inyo | 14 | 18,489 | 1,544 | CE |
| Mariposa | 22 | 17,942 | 1,802 | CE |
| Modoc | 25 | 9,599 | 721 | NE |
| Mono | 26 | 14,348 | 679 | CE |
| Plumas | 32 | 19,901 | 1,673 | NE |
| Sierra | 46 | 3,182 | 278 | NE |
| Trinity | 53 | 13,738 | 1,626 | NW |
| Totals | | 176,531 | 16,513 | |

Percentage of observations in 2011 PDD assigned to a small county: 0.42%

Number of small counties masked: 234

Percentage of small county observations masked: 1.42%

Age Range (5 categories)

| Data Element Value | |
|--------------------|---|
| TOTAL RECORDS | |
| Unknown Age | 0 |
| Under 1 year | 1 |
| 1-17 years | 2 |
| 18-34 years | 3 |
| 35-64 years | 4 |
| 65 + Years | 5 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 266,506 | 6.78% |
| 62 | 53 | 85.48% |
| 554,128 | 27,098 | 4.89% |
| 193,020 | 26,270 | 13.61% |
| 722,642 | 57,282 | 7.93% |
| 1,260,657 | 89,499 | 7.10% |
| 1,202,730 | 66,304 | 5.51% |

Age Range (20 categories)

| Data Element Value | |
|--------------------|---|
| TOTAL RECORDS | |
| Unknown Age | 0 |
| Under 1 year | 1 |
| 1-4 years | 2 |
| 5-9 years | 3 |
| 10-14 years | 4 |
| 15-19 years | 5 |
| 20-24 years | 6 |
| 25-29 years | 7 |
| 30-34 years | 8 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 531,502 | 13.51% |
| 62 | 53 | 85.48% |
| 554,128 | 27,098 | 4.89% |
| 53,777 | 10,322 | 19.19% |
| 36,890 | 9,628 | 26.10% |
| 45,069 | 13,834 | 30.70% |
| 118,441 | 32,935 | 27.81% |
| 196,536 | 29,287 | 14.90% |
| 229,439 | 30,010 | 13.08% |
| 235,510 | 31,004 | 13.16% |

Appendix A

2011 Record Counts and Masked Variable Frequencies

| Data Element Value | |
|--------------------|----|
| 35-39 years | 9 |
| 40-44 years | 10 |
| 45-49 years | 11 |
| 50-54 years | 12 |
| 55-59 years | 13 |
| 60-64 years | 14 |
| 65-69 years | 15 |
| 70-74 years | 16 |
| 75-79 years | 17 |
| 80-84 years | 18 |
| 85 + years | 19 |

Age in Years

| Data Element Value | |
|--------------------------|--|
| TOTAL RECORDS | |
| Unknown Age ¹ | |
| Under 1 year | |
| 1 year | |
| 2 years | |
| 3 years | |
| 4 years | |
| 5 years | |
| 6 years | |
| 7 years | |
| 8 years | |
| 9 years | |
| 10 years | |
| 11 years | |
| 12 years | |
| 13 years | |
| 14 years | |
| 15 years | |
| 16 years | |
| 17 years | |
| 18 years | |
| 19 years | |
| 20 years | |
| 21 years | |
| 22 years | |
| 23 years | |
| 24 years | |
| 25 years | |
| 26 years | |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 183,299 | 29,774 | 16.24% |
| 166,533 | 32,141 | 19.30% |
| 193,274 | 34,924 | 18.07% |
| 230,768 | 37,849 | 16.40% |
| 240,843 | 37,756 | 15.68% |
| 245,940 | 36,745 | 14.94% |
| 234,040 | 34,138 | 14.59% |
| 221,766 | 29,880 | 13.47% |
| 220,673 | 26,388 | 11.96% |
| 220,807 | 23,501 | 10.64% |
| 305,444 | 24,235 | 7.93% |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 1,872,521 | 47.61% |
| 62 | 62 | 100.00% |
| 554,128 | 105,290 | 19.00% |
| 19,895 | 12,194 | 61.29% |
| 13,231 | 8,798 | 66.50% |
| 11,037 | 7,434 | 67.36% |
| 9,614 | 6,745 | 70.16% |
| 8,602 | 6,181 | 71.86% |
| 7,569 | 5,595 | 73.92% |
| 7,016 | 5,131 | 73.13% |
| 6,693 | 4,975 | 74.33% |
| 7,010 | 5,027 | 71.71% |
| 7,026 | 5,207 | 74.11% |
| 7,515 | 5,605 | 74.58% |
| 8,118 | 6,115 | 75.33% |
| 10,148 | 7,696 | 75.84% |
| 12,262 | 9,322 | 76.02% |
| 15,021 | 11,263 | 74.98% |
| 19,311 | 13,832 | 71.63% |
| 22,952 | 15,216 | 66.29% |
| 27,170 | 16,381 | 60.29% |
| 33,987 | 18,846 | 55.45% |
| 37,474 | 20,367 | 54.35% |
| 38,358 | 20,620 | 53.76% |
| 39,198 | 21,037 | 53.67% |
| 40,395 | 21,531 | 53.30% |
| 41,111 | 22,316 | 54.28% |
| 43,169 | 23,136 | 53.59% |
| 44,020 | 23,399 | 53.16% |

Appendix A

2011 Record Counts and Masked Variable Frequencies

| Data Element Value |
|--------------------|
| 27 years |
| 28 years |
| 29 years |
| 30 years |
| 31 years |
| 32 years |
| 33 years |
| 34 years |
| 35 years |
| 36 years |
| 37 years |
| 38 years |
| 39 years |
| 40 years |
| 41 years |
| 42 years |
| 43 years |
| 44 years |
| 45 years |
| 46 years |
| 47 years |
| 48 years |
| 49 years |
| 50 years |
| 51 years |
| 52 years |
| 53 years |
| 54 years |
| 55 years |
| 56 years |
| 57 years |
| 58 years |
| 59 years |
| 60 years |
| 61 years |
| 62 years |
| 63 years |
| 64 years |
| 65 years |
| 66 years |
| 67 years |
| 68 years |
| 69 years |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 44,937 | 23,896 | 53.18% |
| 47,712 | 25,443 | 53.33% |
| 49,601 | 26,188 | 52.80% |
| 50,280 | 26,746 | 53.19% |
| 49,276 | 26,584 | 53.95% |
| 47,014 | 26,055 | 55.42% |
| 45,119 | 25,276 | 56.02% |
| 43,821 | 25,064 | 57.20% |
| 40,730 | 23,935 | 58.77% |
| 38,743 | 23,293 | 60.12% |
| 35,951 | 22,436 | 62.41% |
| 34,170 | 21,624 | 63.28% |
| 33,705 | 21,929 | 65.06% |
| 34,900 | 22,589 | 64.72% |
| 34,124 | 21,786 | 63.84% |
| 33,012 | 21,403 | 64.83% |
| 31,903 | 20,574 | 64.49% |
| 32,594 | 21,095 | 64.72% |
| 33,665 | 21,382 | 63.51% |
| 36,630 | 22,590 | 61.67% |
| 39,103 | 23,961 | 61.28% |
| 41,123 | 24,718 | 60.11% |
| 42,753 | 25,546 | 59.75% |
| 44,579 | 25,996 | 58.31% |
| 45,315 | 26,489 | 58.46% |
| 45,280 | 26,223 | 57.91% |
| 47,283 | 27,072 | 57.26% |
| 48,311 | 27,453 | 56.83% |
| 47,582 | 26,968 | 56.68% |
| 48,648 | 27,353 | 56.23% |
| 48,411 | 27,085 | 55.95% |
| 48,308 | 27,218 | 56.34% |
| 47,894 | 26,807 | 55.97% |
| 48,157 | 26,728 | 55.50% |
| 48,440 | 27,073 | 55.89% |
| 48,498 | 26,766 | 55.19% |
| 49,916 | 26,870 | 53.83% |
| 50,929 | 27,218 | 53.44% |
| 46,641 | 25,459 | 54.59% |
| 46,188 | 24,766 | 53.62% |
| 46,830 | 24,793 | 52.94% |
| 49,186 | 25,514 | 51.87% |
| 45,195 | 23,914 | 52.91% |

Appendix A

2011 Record Counts and Masked Variable Frequencies

| Data Element Value |
|--------------------|
| 70 years |
| 71 years |
| 72 years |
| 73 years |
| 74 years |
| 75 years |
| 76 years |
| 77 years |
| 78 years |
| 79 years |
| 80 years |
| 81 years |
| 82 years |
| 83 years |
| 84 years |
| 85 + years |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 44,464 | 23,078 | 51.90% |
| 43,804 | 22,618 | 51.63% |
| 44,549 | 22,663 | 50.87% |
| 44,928 | 22,501 | 50.08% |
| 44,021 | 22,075 | 50.15% |
| 44,582 | 21,974 | 49.29% |
| 44,951 | 21,426 | 47.67% |
| 43,237 | 21,003 | 48.58% |
| 43,649 | 20,505 | 46.98% |
| 44,254 | 20,247 | 45.75% |
| 45,518 | 20,243 | 44.47% |
| 45,562 | 20,217 | 44.37% |
| 44,139 | 19,108 | 43.29% |
| 43,107 | 18,687 | 43.35% |
| 42,481 | 18,290 | 43.05% |
| 305,444 | 56,687 | 18.56% |

¹ All unknown ages where the age in days at admission=0 and the age in years at admission=0 are set to "." before masking.

Quarter of Admission

| Data Element Value |
|--------------------|
| TOTAL RECORDS |
| First Quarter 1 |
| Second Quarter 2 |
| Third Quarter 3 |
| Fourth Quarter 4 |

| Records Unmasked | Records Masked | Percent Masked |
|------------------|----------------|----------------|
| 3,933,239 | 135,222 | 3.44% |
| 1,005,725 | 32,423 | 3.22% |
| 978,560 | 31,420 | 3.21% |
| 980,920 | 32,471 | 3.31% |
| 968,034 | 38,908 | 4.02% |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106010735 | ALAMEDA HOSPITAL | 2,777 |
| 106010739 | ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS | 23,876 |
| 106010776 | CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND | 10,255 |
| 106010782 | THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPITAL | 131 |
| 106010805 | EDEN MEDICAL CENTER | 10,505 |
| 106010844 | ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS | 3,454 |
| 106010846 | ALAMEDA CO MED CTR - HIGHLAND CAMPUS | 15,139 |
| 106010856 | KAISER FND HOSP - OAKLAND CAMPUS | 20,781 |
| 106010858 | KAISER FND HOSP - HAYWARD/FREMONT | 17,629 |
| 106010887 | KINDRED HOSPITAL - SAN FRANCISCO BAY AREA | 474 |
| 106010937 | ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE | 13,472 |
| 106010967 | ST. ROSE HOSPITAL | 8,953 |
| 106010987 | WASHINGTON HOSPITAL - FREMONT | 14,679 |
| 106013619 | SAN LEANDRO HOSPITAL | 3,707 |
| 106013687 | MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL | 515 |
| 106014034 | FREMONT HOSPITAL | 2,982 |
| 106014050 | VALLEYCARE MEDICAL CENTER | 8,972 |
| 106014207 | TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY | 1,207 |
| 106014226 | TELECARE WILLOW ROCK CENTER | 483 |
| 106034002 | SUTTER AMADOR HOSPITAL | 2,549 |
| 106040802 | BIGGS GRIDLEY MEMORIAL HOSPITAL | 886 |
| 106040875 | FEATHER RIVER HOSPITAL | 6,347 |
| 106040937 | OROVILLE HOSPITAL | 10,101 |
| 106040962 | ENLOE MEDICAL CENTER- ESPLANADE CAMPUS | 15,832 |
| 106044006 | BUTTE COUNTY PHF | 638 |
| 106050932 | MARK TWAIN ST. JOSEPH'S HOSPITAL | 1,359 |
| 106060870 | COLUSA REGIONAL MEDICAL CENTER | 1,210 |
| 106070904 | DOCTORS MEDICAL CENTER - SAN PABLO | 5,996 |
| 106070924 | CONTRA COSTA REGIONAL MEDICAL CENTER | 10,864 |
| 106070934 | SUTTER DELTA MEDICAL CENTER | 8,699 |
| 106070988 | JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS | 19,710 |
| 106070990 | KAISER FND HOSP - WALNUT CREEK | 17,790 |
| 106071018 | JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS | 9,228 |
| 106074017 | SAN RAMON REGIONAL MEDICAL CENTER | 5,378 |
| 106074039 | JOHN MUIR BEHAVIORAL HEALTH CENTER | 2,847 |
| 106074097 | KAISER FOUND HSP-ANTIOCH | 9,000 |
| 106084001 | SUTTER COAST HOSPITAL | 2,598 |
| 106090793 | BARTON MEMORIAL HOSPITAL | 2,653 |
| 106090933 | MARSHALL MEDICAL CENTER (1-RH) | 5,944 |
| 106094002 | EL DORADO COUNTY P H F | 343 |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|---|-----------------|
| 106100005 | CLOVIS COMMUNITY MEDICAL CENTER | 13,050 |
| 106100697 | COALINGA REGIONAL MEDICAL CENTER | 663 |
| 106100717 | COMMUNITY REGIONAL MEDICAL CENTER-FRESNO | 43,574 |
| 106100797 | ADVENTIST MEDICAL CENTER - REEDLEY | 3,020 |
| 106100899 | ST. AGNES MEDICAL CENTER | 29,480 |
| 106104023 | SAN JOAQUIN VALLEY REHABILITATION HOSPITAL | 1,507 |
| 106104047 | FRESNO SURGICAL HOSPITAL | 2,069 |
| 106104062 | KAISER FND HOSP - FRESNO | 8,535 |
| 106104089 | CRESTWOOD PSYCHIATRIC HEALTH FACILITY-FRESNO | 1,225 |
| 106105029 | FRESNO HEART AND SURGICAL HOSPITAL | 3,366 |
| 106110889 | GLENN MEDICAL CENTER | 344 |
| 106121002 | MAD RIVER COMMUNITY HOSPITAL | 2,255 |
| 106121031 | JEROLD PHELPS COMMUNITY HOSPITAL | 72 |
| 106121051 | REDWOOD MEMORIAL HOSPITAL | 1,847 |
| 106121080 | ST. JOSEPH HOSPITAL - EUREKA | 7,047 |
| 106124004 | SEMPERVIRENS P.H.F. | 572 |
| 106130699 | EL CENTRO REGIONAL MEDICAL CENTER | 7,266 |
| 106130760 | PIONEERS MEMORIAL HOSPITAL | 8,284 |
| 106141273 | NORTHERN INYO HOSPITAL | 1,037 |
| 106141338 | SOUTHERN INYO HOSPITAL | 105 |
| 106150706 | DELANO REGIONAL MEDICAL CENTER | 4,075 |
| 106150722 | BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET | 20,835 |
| 106150736 | KERN MEDICAL CENTER | 13,902 |
| 106150737 | KERN VALLEY HEALTHCARE DISTRICT | 864 |
| 106150761 | MERCY HOSPITAL - BAKERSFIELD | 14,993 |
| 106150775 | GOOD SAMARITAN HOSPITAL-BAKERSFIELD | 3,114 |
| 106150782 | RIDGECREST REGIONAL HOSPITAL | 2,806 |
| 106150788 | SAN JOAQUIN COMMUNITY HOSPITAL | 22,360 |
| 106150808 | TEHACHAPI HOSPITAL | 149 |
| 106154022 | HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL | 1,555 |
| 106154101 | BAKERSFIELD HEART HOSPITAL | 4,043 |
| 106154147 | CRESTWOOD PSYCHIATRIC HEALTH FACILITY-BAKERSFIELD | 455 |
| 106154160 | CRESTWOOD PSYCHIATRIC HEALTH FACILITY 2 | 346 |
| 106160702 | CORCORAN DISTRICT HOSPITAL | 474 |
| 106160787 | CENTRAL VALLEY GENERAL HOSPITAL | 3,974 |
| 106164029 | ADVENTIST MEDICAL CENTER | 12,783 |
| 106171049 | ST. HELENA HOSPITAL - CLEARLAKE | 1,940 |
| 106171395 | SUTTER LAKESIDE HOSPITAL | 2,347 |
| 106184008 | BANNER LASSEN MEDICAL CENTER | 1,600 |
| 106190017 | ALHAMBRA HOSPITAL | 4,215 |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106190020 | BHC ALHAMBRA HOSPITAL | 4,719 |
| 106190034 | ANTELOPE VALLEY HOSPITAL | 29,316 |
| 106190045 | CATALINA ISLAND MEDICAL CENTER | 32 |
| 106190049 | KINDRED HOSPITAL BALDWIN PARK | 805 |
| 106190052 | BARLOW RESPIRATORY HOSPITAL | 799 |
| 106190053 | ST. MARY MEDICAL CENTER | 14,399 |
| 106190066 | BELLFLOWER MEDICAL CENTER | 6,277 |
| 106190081 | BEVERLY HOSPITAL | 9,604 |
| 106190110 | BROTMAN MEDICAL CENTER | 8,732 |
| 106190125 | CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES | 20,538 |
| 106190137 | CASA COLINA HOSPITAL FOR REHAB MEDICINE | 1,237 |
| 106190148 | CENTINELA HOSPITAL MEDICAL CENTER | 19,032 |
| 106190150 | KEDREN COMMUNITY MENTAL HEALTH CENTER | 941 |
| 106190159 | TRI-CITY REGIONAL MEDICAL CENTER | 3,226 |
| 106190163 | AURORA CHARTER OAK | 5,058 |
| 106190170 | CHILDREN'S HOSPITAL OF LOS ANGELES | 11,865 |
| 106190176 | CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL | 6,063 |
| 106190184 | COLLEGE HOSPITAL | 6,045 |
| 106190196 | KINDRED HOSPITAL SOUTH BAY | 1,092 |
| 106190197 | COMMUNITY HOSPITAL OF HUNTINGTON PARK | 3,879 |
| 106190198 | LOS ANGELES COMMUNITY HOSPITAL | 5,624 |
| 106190200 | SAN GABRIEL VALLEY MEDICAL CENTER | 11,057 |
| 106190232 | DEL AMO HOSPITAL | 5,845 |
| 106190240 | LAKEWOOD REGIONAL MEDICAL CENTER | 8,040 |
| 106190243 | DOWNEY REGIONAL MEDICAL CENTER | 13,020 |
| 106190256 | EAST LOS ANGELES DOCTORS HOSPITAL | 5,220 |
| 106190280 | ENCINO HOSPITAL MEDICAL CENTER | 1,810 |
| 106190298 | FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL | 6,351 |
| 106190305 | KINDRED HOSPITAL - LOS ANGELES | 914 |
| 106190307 | PACIFIC ALLIANCE MEDICAL CENTER, INC. | 8,436 |
| 106190315 | GARFIELD MEDICAL CENTER | 15,310 |
| 106190317 | GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER | 1,021 |
| 106190323 | GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE | 22,592 |
| 106190328 | EAST VALLEY HOSPITAL MEDICAL CENTER | 2,056 |
| 106190352 | GREATER EL MONTE COMMUNITY HOSPITAL | 4,322 |
| 106190380 | HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD | 3,580 |
| 106190382 | HOLLYWOOD PRESBYTERIAN MEDICAL CENTER | 18,115 |
| 106190385 | PROVIDENCE HOLY CROSS MEDICAL CENTER | 17,881 |
| 106190392 | GOOD SAMARITAN HOSPITAL-LOS ANGELES | 19,072 |
| 106190400 | HUNTINGTON MEMORIAL HOSPITAL | 30,866 |

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Discharges by Facility
Patient Discharge Data
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|---|-----------------|
| 106190410 | SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS | 2,957 |
| 106190413 | CITRUS VALLEY MEDICAL CENTER - IC CAMPUS | 9,511 |
| 106190422 | TORRANCE MEMORIAL MEDICAL CENTER | 27,904 |
| 106190429 | KAISER FND HOSP - LOS ANGELES | 29,080 |
| 106190431 | KAISER FND HOSP - SOUTH BAY | 16,571 |
| 106190432 | KAISER FND HOSP - PANORAMA CITY | 14,439 |
| 106190434 | KAISER FND HOSP - WEST LA | 14,229 |
| 106190449 | KINDRED HOSPITAL - LA MIRADA | 2,252 |
| 106190462 | AURORA LAS ENCINAS HOSPITAL, LLC | 2,355 |
| 106190468 | PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS | 1,611 |
| 106190470 | PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE | 23,069 |
| 106190475 | COMMUNITY HOSPITAL OF LONG BEACH | 4,135 |
| 106190500 | MARINA DEL REY HOSPITAL | 4,413 |
| 106190517 | PROVIDENCE TARZANA MEDICAL CENTER | 15,879 |
| 106190521 | MEMORIAL HOSPITAL OF GARDENA | 8,163 |
| 106190522 | GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER | 13,036 |
| 106190524 | MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS | 6,934 |
| 106190525 | LONG BEACH MEMORIAL MEDICAL CENTER | 21,374 |
| 106190529 | METHODIST HOSPITAL OF SOUTHERN CALIFORNIA | 18,299 |
| 106190534 | OLYMPIA MEDICAL CENTER | 6,095 |
| 106190541 | MONROVIA MEMORIAL HOSPITAL | 663 |
| 106190547 | MONTEREY PARK HOSPITAL | 6,655 |
| 106190552 | MOTION PICTURE AND TELEVISION HOSPITAL | 271 |
| 106190555 | CEDARS SINAI MEDICAL CENTER | 55,622 |
| 106190568 | NORTHRIDGE HOSPITAL MEDICAL CENTER | 20,423 |
| 106190570 | NORWALK COMMUNITY HOSPITAL | 2,835 |
| 106190587 | PACIFIC HOSPITAL OF LONG BEACH | 8,150 |
| 106190630 | POMONA VALLEY HOSPITAL MEDICAL CENTER | 27,978 |
| 106190631 | PRESBYTERIAN INTERCOMMUNITY HOSPITAL | 21,681 |
| 106190636 | CITRUS VALLEY MEDICAL CENTER - QV CAMPUS | 20,090 |
| 106190661 | SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS | 3,155 |
| 106190673 | SAN DIMAS COMMUNITY HOSPITAL | 4,590 |
| 106190680 | PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO | 7,878 |
| 106190681 | MIRACLE MILE MEDICAL CENTER | 153 |
| 106190687 | SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL | 15,803 |
| 106190696 | PACIFICA HOSPITAL OF THE VALLEY | 5,541 |
| 106190708 | SHERMAN OAKS HOSPITAL | 4,226 |
| 106190712 | SHRINERS HOSPITAL FOR CHILDREN - L.A. | 1,116 |
| 106190754 | ST. FRANCIS MEDICAL CENTER | 24,443 |
| 106190756 | ST. JOHN'S HEALTH CENTER | 14,248 |

Appendix B
Discharges by Facility
Patient Discharge Data
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|---|-----------------|
| 106190758 | PROVIDENCE SAINT JOSEPH MEDICAL CENTER | 20,550 |
| 106190762 | ST. VINCENT MEDICAL CENTER | 9,555 |
| 106190766 | COAST PLAZA DOCTORS HOSPITAL | 3,593 |
| 106190782 | TARZANA TREATMENT CENTER | 2,157 |
| 106190784 | TEMPLE COMMUNITY HOSPITAL | 2,751 |
| 106190796 | RONALD REAGAN UCLA MEDICAL CENTER | 25,281 |
| 106190812 | VALLEY PRESBYTERIAN HOSPITAL | 19,712 |
| 106190814 | HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS | 3,100 |
| 106190818 | VERDUGO HILLS HOSPITAL | 6,781 |
| 106190854 | LOS ANGELES METROPOLITAN MEDICAL CENTER | 5,216 |
| 106190857 | DOCTORS HOSPITAL OF WEST COVINA, INC | 205 |
| 106190859 | WEST HILLS HOSPITAL AND MEDICAL CENTER | 8,684 |
| 106190878 | WHITE MEMORIAL MEDICAL CENTER | 23,534 |
| 106190883 | WHITTIER HOSPITAL MEDICAL CENTER | 9,634 |
| 106190930 | RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA | 2,022 |
| 106190949 | HENRY MAYO NEWHALL MEMORIAL HOSPITAL | 12,470 |
| 106191216 | USC KENNETH NORRIS, JR. CANCER HOSPITAL | 2 |
| 106191225 | TOM REDGATE MEMORIAL RECOVERY CENTER | 714 |
| 106191227 | LAC/HARBOR-UCLA MEDICAL CENTER | 21,863 |
| 106191228 | LAC+USC MEDICAL CENTER | 33,460 |
| 106191231 | LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER | 14,353 |
| 106191306 | LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER | 3,875 |
| 106191450 | KAISER FND HOSP - WOODLAND HILLS | 13,201 |
| 106194010 | AMERICAN RECOVERY CENTER | 1,267 |
| 106194219 | KECK HOSPITAL OF USC | 10,262 |
| 106194967 | STAR VIEW ADOLESCENT - P H F | 92 |
| 106194981 | LA CASA PSYCHIATRIC HEALTH FACILITY | 95 |
| 106196035 | KAISER FND HOSP - BALDWIN PARK | 17,330 |
| 106196168 | EARL AND LORRAINE MILLER CHILDRENS HOSPITAL | 20,181 |
| 106196403 | KAISER FOUNDATION HOSPITAL - DOWNEY | 24,379 |
| 106196404 | JOYCE EISENBERG KEEFER MEDICAL CENTER | 405 |
| 106196405 | PALMDALE REGIONAL MEDICAL CENTER | 7,649 |
| 106201281 | MADERA COMMUNITY HOSPITAL | 6,797 |
| 106204019 | CHILDREN'S HOSPITAL CENTRAL CALIFORNIA | 13,543 |
| 106210992 | KAISER FND HOSP - SAN RAFAEL | 5,531 |
| 106210993 | KENTFIELD REHABILITATION HOSPITAL | 516 |
| 106211006 | MARIN GENERAL HOSPITAL | 10,790 |
| 106214034 | NOVATO COMMUNITY HOSPITAL | 1,614 |
| 106220733 | JOHN C FREMONT HEALTHCARE DISTRICT | 242 |
| 106230949 | FRANK R HOWARD MEMORIAL HOSPITAL | 1,331 |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106231013 | MENDOCINO COAST DISTRICT HOSPITAL | 1,518 |
| 106231396 | UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE | 4,814 |
| 106240924 | MEMORIAL HOSPITAL LOS BANOS | 2,310 |
| 106240942 | MERCY MEDICAL CENTER - MERCED | 14,399 |
| 106244027 | MARIE GREEN PSYCHIATRIC CENTER - P H F | 564 |
| 106250955 | SURPRISE VALLEY COMMUNITY HOSPITAL | 23 |
| 106250956 | MODOC MEDICAL CENTER | 279 |
| 106260011 | MAMMOTH HOSPITAL | 759 |
| 106270744 | COMMUNITY HOSPITAL MONTEREY PENINSULA | 12,943 |
| 106270777 | GEORGE L MEE MEMORIAL HOSPITAL | 2,112 |
| 106270875 | SALINAS VALLEY MEMORIAL HOSPITAL | 12,080 |
| 106274043 | NATIVIDAD MEDICAL CENTER | 10,803 |
| 106281047 | QUEEN OF THE VALLEY HOSPITAL - NAPA | 8,668 |
| 106281078 | ST. HELENA HOSPITAL | 6,272 |
| 106291023 | SIERRA NEVADA MEMORIAL HOSPITAL | 5,994 |
| 106291053 | TAHOE FOREST HOSPITAL | 2,116 |
| 106300032 | CHILDREN'S HOSPITAL OF ORANGE COUNTY | 12,067 |
| 106300225 | ORANGE COAST MEMORIAL MEDICAL CENTER | 13,767 |
| 106301097 | ANAHEIM GENERAL HOSPITAL | 834 |
| 106301098 | AHMC ANAHEIM REGIONAL MEDICAL CENTER | 14,644 |
| 106301127 | KINDRED HOSPITAL BREA | 769 |
| 106301132 | KAISER FND HOSP - ANAHEIM | 26,280 |
| 106301140 | CHAPMAN MEDICAL CENTER | 2,022 |
| 106301155 | COLLEGE HOSPITAL COSTA MESA | 3,339 |
| 106301175 | FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID | 20,761 |
| 106301188 | WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM | 8,652 |
| 106301205 | HOAG MEMORIAL HOSPITAL PRESBYTERIAN | 31,198 |
| 106301209 | HUNTINGTON BEACH HOSPITAL | 3,357 |
| 106301234 | LA PALMA INTERCOMMUNITY HOSPITAL | 3,787 |
| 106301248 | LOS ALAMITOS MEDICAL CENTER | 11,482 |
| 106301258 | COASTAL COMMUNITIES HOSPITAL | 5,794 |
| 106301262 | MISSION HOSPITAL REGIONAL MEDICAL CENTER | 20,368 |
| 106301279 | UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER | 17,865 |
| 106301283 | GARDEN GROVE HOSPITAL AND MEDICAL CENTER | 8,088 |
| 106301297 | PLACENTIA LINDA HOSPITAL | 3,786 |
| 106301304 | NEWPORT BAY HOSPITAL | 822 |
| 106301317 | SADDLEBACK MEMORIAL MEDICAL CENTER | 18,343 |
| 106301337 | MISSION HOSPITAL LAGUNA BEACH | 4,431 |
| 106301340 | ST. JOSEPH HOSPITAL - ORANGE | 24,994 |
| 106301342 | ST. JUDE MEDICAL CENTER | 17,625 |

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Discharges by Facility
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106301357 | NEWPORT SPECIALTY HOSPITAL | 400 |
| 106301379 | WEST ANAHEIM MEDICAL CENTER | 5,999 |
| 106301380 | KINDRED HOSPITAL WESTMINSTER | 1,091 |
| 106301566 | WESTERN MEDICAL CENTER - SANTA ANA | 10,310 |
| 106304079 | HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL | 1,281 |
| 106304113 | CHILDREN'S HOSPITAL AT MISSION | 1,930 |
| 106304159 | HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE | 134 |
| 106304460 | HOAG ORTHOPEDIC INSTITUTE | 3,553 |
| 106310791 | SUTTER AUBURN FAITH HOSPITAL | 4,315 |
| 106311000 | SUTTER ROSEVILLE MEDICAL CENTER | 21,007 |
| 106314024 | KAISER FND HOSP - ROSEVILLE | 24,342 |
| 106314029 | TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY | 681 |
| 106320859 | EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS | 469 |
| 106320986 | PLUMAS DISTRICT HOSPITAL | 530 |
| 106321016 | SENECA HEALTHCARE DISTRICT | 237 |
| 106330120 | BETTY FORD CENTER AT EISENHOWER, THE | 1,411 |
| 106331152 | CORONA REGIONAL MEDICAL CENTER-MAIN | 10,599 |
| 106331164 | DESERT REGIONAL MEDICAL CENTER | 20,425 |
| 106331168 | EISENHOWER MEDICAL CENTER | 18,235 |
| 106331194 | HEMET VALLEY MEDICAL CENTER | 12,260 |
| 106331216 | JOHN F KENNEDY MEMORIAL HOSPITAL | 10,935 |
| 106331226 | RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE | 921 |
| 106331288 | PALO VERDE HOSPITAL | 1,518 |
| 106331293 | PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER | 10,948 |
| 106331312 | RIVERSIDE COMMUNITY HOSPITAL | 25,224 |
| 106331326 | SAN GORGONIO MEMORIAL HOSPITAL | 4,026 |
| 106332172 | KINDRED HOSPITAL RIVERSIDE | 428 |
| 106334018 | MENIFEE VALLEY MEDICAL CENTER | 3,596 |
| 106334025 | KAISER FND HOSP - RIVERSIDE | 17,150 |
| 106334048 | KAISER FND HOSPITAL - MORENO VALLEY | 5,322 |
| 106334068 | SOUTHWEST HEALTHCARE SYSTEM-MURRIETA | 21,267 |
| 106334457 | OASIS PSYCHIATRIC HEALTH FACILITY | 894 |
| 106334487 | RIVERSIDE COUNTY REGIONAL MEDICAL CENTER | 23,914 |
| 106334589 | LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA | 896 |
| 106340913 | KAISER FND HOSP - SACRAMENTO | 11,314 |
| 106340947 | MERCY GENERAL HOSPITAL | 21,365 |
| 106340950 | MERCY SAN JUAN HOSPITAL | 23,011 |
| 106340951 | METHODIST HOSPITAL OF SACRAMENTO | 10,041 |
| 106341006 | UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER | 30,489 |
| 106341051 | SUTTER GENERAL HOSPITAL | 12,471 |

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Discharges by Facility
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106341052 | SUTTER MEMORIAL HOSPITAL | 22,843 |
| 106342344 | KAISER FND HOSP - SOUTH SACRAMENTO | 14,934 |
| 106342392 | SIERRA VISTA HOSPITAL | 5,077 |
| 106344011 | SACRAMENTO COUNTY MENTAL HEALTH TREATMENT CENTER | 1,841 |
| 106344017 | SUTTER CENTER FOR PSYCHIATRY | 2,275 |
| 106344021 | HERITAGE OAKS HOSPITAL | 3,862 |
| 106344029 | MERCY HOSPITAL - FOLSOM | 6,550 |
| 106344035 | KINDRED HOSPITAL - SACRAMENTO | 350 |
| 106344114 | SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF. | 1,080 |
| 106344170 | CRESTWOOD PSYCHIATRIC HEALTH FACILITY-CARMICHAEL | 537 |
| 106350784 | HAZEL HAWKINS MEMORIAL HOSPITAL | 3,152 |
| 106361105 | BARSTOW COMMUNITY HOSPITAL | 2,402 |
| 106361110 | BEAR VALLEY COMMUNITY HOSPITAL | 291 |
| 106361144 | CHINO VALLEY MEDICAL CENTER | 6,423 |
| 106361166 | MONTCLAIR HOSPITAL MEDICAL CENTER | 5,733 |
| 106361223 | KAISER FND HOSP - FONTANA | 29,963 |
| 106361246 | LOMA LINDA UNIVERSITY MEDICAL CENTER | 33,915 |
| 106361266 | MOUNTAINS COMMUNITY HOSPITAL | 210 |
| 106361274 | KINDRED HOSPITAL ONTARIO | 1,031 |
| 106361308 | REDLANDS COMMUNITY HOSPITAL | 14,635 |
| 106361318 | SAN ANTONIO COMMUNITY HOSPITAL | 17,287 |
| 106361323 | COMMUNITY HOSPITAL OF SAN BERNARDINO | 14,390 |
| 106361339 | ST. BERNARDINE MEDICAL CENTER | 17,954 |
| 106361343 | ST. MARY REGIONAL MEDICAL CENTER | 18,432 |
| 106361370 | VICTOR VALLEY COMMUNITY HOSPITAL | 7,170 |
| 106361458 | COLORADO RIVER MEDICAL CENTER | 249 |
| 106362041 | HI-DESERT MEDICAL CENTER | 4,152 |
| 106364014 | LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER | 4,348 |
| 106364050 | CANYON RIDGE HOSPITAL | 5,001 |
| 106364121 | BALLARD REHABILITATION HOSP | 1,094 |
| 106364144 | DESERT VALLEY HOSPITAL | 7,592 |
| 106364188 | KINDRED HOSPITAL RANCHO | 759 |
| 106364231 | ARROWHEAD REGIONAL MEDICAL CENTER | 26,904 |
| 106370652 | ALVARADO HOSPITAL MEDICAL CENTER | 8,325 |
| 106370673 | RADY CHILDREN'S HOSPITAL - SAN DIEGO | 16,044 |
| 106370689 | SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER | 3,178 |
| 106370694 | SHARP MEMORIAL HOSPITAL | 38,584 |
| 106370705 | FALLBROOK HOSPITAL DISTRICT | 3,349 |
| 106370714 | GROSSMONT HOSPITAL | 31,925 |
| 106370721 | KINDRED HOSPITAL - SAN DIEGO | 657 |

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Discharges by Facility
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|---|-----------------|
| 106370730 | KAISER FND HOSP - SAN DIEGO | 31,559 |
| 106370744 | SCRIPPS MERCY HOSPITAL | 36,811 |
| 106370745 | SHARP MESA VISTA HOSPITAL | 5,545 |
| 106370749 | ALVARADO PARKWAY INSTITUTE B.H.S. | 2,157 |
| 106370755 | PALOMAR MEDICAL CENTER | 23,651 |
| 106370759 | PARADISE VALLEY HOSPITAL | 11,474 |
| 106370771 | SCRIPPS MEMORIAL HOSPITAL - LA JOLLA | 20,868 |
| 106370780 | TRI-CITY MEDICAL CENTER | 18,991 |
| 106370782 | UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER | 27,620 |
| 106370787 | PROMISE HOSPITAL OF SAN DIEGO | 1,943 |
| 106370875 | SHARP CHULA VISTA MEDICAL CENTER | 17,765 |
| 106370977 | POMERADO HOSPITAL | 8,161 |
| 106371256 | SCRIPPS GREEN HOSPITAL | 11,484 |
| 106371394 | SCRIPPS MEMORIAL HOSPITAL - ENCINITAS | 11,009 |
| 106374024 | AURORA SAN DIEGO | 2,837 |
| 106374049 | SHARP MCDONALD CENTER | 247 |
| 106374055 | SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL | 2,299 |
| 106374084 | SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CARE CTR | 932 |
| 106374094 | VIBRA HOSPITAL OF SAN DIEGO | 951 |
| 106380842 | JEWISH HOME | 815 |
| 106380857 | KAISER FND HOSP - SAN FRANCISCO | 16,337 |
| 106380865 | LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER | 1,053 |
| 106380868 | LANGLEY PORTER PSYCHIATRIC INSTITUTE | 686 |
| 106380929 | CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS | 31,189 |
| 106380939 | SAN FRANCISCO GENERAL HOSPITAL | 16,197 |
| 106380960 | ST. FRANCIS MEMORIAL HOSPITAL | 6,454 |
| 106380964 | CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS | 4,976 |
| 106380965 | ST. MARY'S MEDICAL CENTER, SAN FRANCISCO | 6,490 |
| 106381154 | UCSF MEDICAL CENTER | 29,551 |
| 106382715 | CHINESE HOSPITAL | 1,915 |
| 106390846 | DAMERON HOSPITAL | 9,622 |
| 106390923 | LODI MEMORIAL HOSPITAL | 8,238 |
| 106391010 | SAN JOAQUIN GENERAL HOSPITAL | 10,578 |
| 106391042 | ST. JOSEPH'S MEDICAL CENTER OF STOCKTON | 18,580 |
| 106391056 | SUTTER TRACY COMMUNITY HOSPITAL | 4,640 |
| 106392232 | ST. JOSEPH'S BEHAVIORAL HEALTH CENTER | 1,403 |
| 106392287 | DOCTORS HOSPITAL OF MANTECA | 4,559 |
| 106394003 | SAN JOAQUIN COUNTY P.H.F. | 1,109 |
| 106394009 | KAISER FND HOSP-MANTECA | 11,773 |
| 106400466 | ARROYO GRANDE COMMUNITY HOSPITAL | 2,861 |

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Discharges by Facility
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| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106400480 | FRENCH HOSPITAL MEDICAL CENTER | 5,381 |
| 106400524 | SIERRA VISTA REGIONAL MEDICAL CENTER | 6,959 |
| 106400548 | TWIN CITIES COMMUNITY HOSPITAL | 6,763 |
| 106404046 | SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY | 1,194 |
| 106410782 | SAN MATEO MEDICAL CENTER | 3,830 |
| 106410804 | KAISER FND HOSP - REDWOOD CITY | 8,367 |
| 106410806 | KAISER FND HOSP - SOUTH SAN FRANCISCO | 5,955 |
| 106410817 | SETON MEDICAL CENTER | 7,758 |
| 106410828 | SETON MEDICAL CENTER - COASTSIDE | 68 |
| 106410852 | MILLS-PENINSULA MEDICAL CENTER | 15,422 |
| 106410891 | SEQUOIA HOSPITAL | 8,546 |
| 106414018 | MENLO PARK SURGICAL HOSPITAL | 365 |
| 106420483 | GOLETA VALLEY COTTAGE HOSPITAL | 1,583 |
| 106420491 | LOMPOC VALLEY MEDICAL CENTER | 3,125 |
| 106420493 | MARIAN MEDICAL CENTER | 12,900 |
| 106420514 | SANTA BARBARA COTTAGE HOSPITAL | 20,314 |
| 106420522 | SANTA YNEZ VALLEY COTTAGE HOSPITAL | 305 |
| 106424002 | SANTA BARBARA PSYCHIATRIC HEALTH FACILITY | 479 |
| 106430705 | REGIONAL MEDICAL OF SAN JOSE | 10,954 |
| 106430763 | EL CAMINO HOSPITAL | 23,008 |
| 106430779 | GOOD SAMARITAN HOSPITAL-SAN JOSE | 19,511 |
| 106430837 | O'CONNOR HOSPITAL - SAN JOSE | 15,602 |
| 106430883 | SANTA CLARA VALLEY MEDICAL CENTER | 25,643 |
| 106430905 | STANFORD HOSPITAL | 25,072 |
| 106431506 | KAISER FND HOSP - SAN JOSE | 13,412 |
| 106434040 | LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD | 16,155 |
| 106434051 | CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA | 17 |
| 106434138 | ST. LOUISE REGIONAL HOSPITAL | 4,180 |
| 106434153 | KAISER FND HOSP - SANTA CLARA | 26,192 |
| 106434218 | KAISER PERMANENTE P.H.F - SANTA CLARA | 1,324 |
| 106434220 | CRESTWOOD SAN JOSE PSYCHIATRIC HEALTH FACILITY | 407 |
| 106440755 | DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL | 13,265 |
| 106444012 | SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ | 2,601 |
| 106444013 | WATSONVILLE COMMUNITY HOSPITAL | 6,274 |
| 106450936 | MAYERS MEMORIAL HOSPITAL | 585 |
| 106450940 | SHASTA REGIONAL MEDICAL CENTER | 8,222 |
| 106450949 | MERCY MEDICAL CENTER - REDDING | 15,431 |
| 106454012 | NORTHERN CALIFORNIA REHABILITATION HOSPITAL | 1,131 |
| 106454013 | PATIENTS' HOSPITAL OF REDDING | 256 |
| 106470871 | MERCY MEDICAL CENTER MT. SHASTA | 1,332 |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|--|-----------------|
| 106474007 | FAIRCHILD MEDICAL CENTER | 1,728 |
| 106480989 | KAISER FND HOSP - REHABILITATION CENTER VALLEJO | 12,992 |
| 106481015 | ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH | 2,236 |
| 106481094 | SUTTER SOLANO MEDICAL CENTER | 5,848 |
| 106481357 | NORTH BAY MEDICAL CENTER | 7,079 |
| 106484001 | NORTH BAY VACAVALLEY HOSPITAL | 2,407 |
| 106484028 | NORTH VALLEY-SOLANO COUNTY PSYCHIATRIC HEALTH FACILITY | 4 |
| 106484044 | KAISER FOUNDATION HOSPITAL - VACAVILLE | 3,330 |
| 106490919 | SUTTER MEDICAL CENTER OF SANTA ROSA | 7,003 |
| 106490964 | HEALDSBURG DISTRICT HOSPITAL | 1,055 |
| 106491001 | PETALUMA VALLEY HOSPITAL | 3,304 |
| 106491064 | SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY | 12,695 |
| 106491076 | SONOMA VALLEY HOSPITAL | 2,234 |
| 106491338 | PALM DRIVE HOSPITAL | 1,196 |
| 106494019 | KAISER FND HOSP - SANTA ROSA | 10,581 |
| 106500852 | DOCTORS MEDICAL CENTER | 24,625 |
| 106500867 | EMANUEL MEDICAL CENTER, INC | 11,836 |
| 106500939 | MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO | 21,829 |
| 106500967 | OAK VALLEY DISTRICT HOSPITAL (2-RH) | 1,803 |
| 106504038 | STANISLAUS SURGICAL HOSPITAL | 862 |
| 106514001 | SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY | 329 |
| 106514030 | SUTTER SURGICAL HOSPITAL-NORTH VALLEY | 649 |
| 106514033 | NORTH VALLEY BEHAVIORAL HEALTH | 572 |
| 106521041 | ST. ELIZABETH COMMUNITY HOSPITAL | 3,975 |
| 106531059 | TRINITY HOSPITAL | 510 |
| 106540734 | KAWEAH DELTA MEDICAL CENTER | 26,646 |
| 106540798 | SIERRA VIEW DISTRICT HOSPITAL | 9,300 |
| 106540816 | TULARE REGIONAL MEDICAL CENTER | 6,912 |
| 106551061 | TUOLUMNE GENERAL MEDICAL FACILITY | 60 |
| 106554011 | SONORA REGIONAL MEDICAL CENTER - GREENLEY | 5,578 |
| 106560203 | AURORA VISTA DEL MAR HOSPITAL | 3,408 |
| 106560473 | COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA | 15,146 |
| 106560481 | VENTURA COUNTY MEDICAL CENTER | 13,701 |
| 106560492 | LOS ROBLES HOSPITAL & MEDICAL CENTER | 15,553 |
| 106560501 | OJAI VALLEY COMMUNITY HOSPITAL | 945 |
| 106560508 | ST. JOHN'S PLEASANT VALLEY HOSPITAL | 3,766 |
| 106560525 | SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE | 6,159 |
| 106560529 | ST. JOHN'S REGIONAL MEDICAL CENTER | 14,636 |
| 106560838 | PACIFIC SHORES HOSPITAL | 205 |
| 106564121 | THOUSAND OAKS SURGICAL HOSPITAL | 1,408 |

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

| OSHPD_ID | Facility Name | # of Discharges |
|-----------|----------------------------|-----------------|
| 106571086 | WOODLAND MEMORIAL HOSPITAL | 5,057 |
| 106574010 | SUTTER DAVIS HOSPITAL | 4,776 |
| 106580996 | RIDEOUT MEMORIAL HOSPITAL | 14,451 |

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
Patient Discharge Data
January - December 2011

| Payer Plan Code | Payer Plan Name |
|------------------------|---|
| 0008 | UHP Healthcare |
| 0043 | Blue Shield of California |
| 0054 | Contra Costa Health Plan |
| 0055 | Kaiser Foundation Health Plan, Inc. |
| 0102 | Magellan Health Services of California / Vista Behavioral Health Plan |
| 0126 | PacifiCare of California / Secure Horizons / Health Plan of America (HPA) |
| 0142 | Lifeguard, Inc. |
| 0151 | Inter Valley Health Plan |
| 0152 | Cigna HealthCare of California, Inc. |
| 0176 | Aetna Health Plans of California, Inc. |
| 0196 | Managed Health Network |
| 0200 | Community Health Group |
| 0209 | Universal Care |
| 0212 | SCAN Health Plan / Smartcare Health Plan |
| 0231 | Holman Professional Counseling Centers |
| 0236 | Santa Clara Valley Medical Center / Valley Health Plan |
| 0248 | Community Health Plan (County of Los Angeles) |
| 0259 | U.S. Behavioral Health Plan, California |
| 0266 | UHC Healthcare |
| 0278 | Chinese Community Health Plan |
| 0292 | HAI, Hai-Ca |
| 0293 | ValueOptions of California, Inc. / Value Behavioral Health of California, Inc. |
| 0298 | Cigna Behavioral Health of California |
| 0300 | Health Net of California, Inc. |
| 0301 | PacifiCare Behavioral Health of California |
| 0303 | Blue Cross of California |
| 0310 | Sharp Health Plan |
| 0322 | American Family Care / Molina Healthcare of California |
| 0324 | Tower Health Service |
| 0325 | Cigna HealthCare Pacific, Inc. Formerly Great West Health Plan, Inc/Cigna HealthCare Pacific, Inc |
| 0326 | Care 1st Health Plan |
| 0328 | Alameda Alliance for Health |
| 0335 | Kern Health Systems Inc |
| 0338 | (The) Health Plan of San Joaquin / The Health Plan of San Joaquin |
| 0344 | Ventura County Health Care Plan |
| 0346 | Inland Empire Health Plan (IEHP) |
| 0348 | Western Health Advantage |
| 0349 | San Francisco Health Authority (QIF) |

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
Patient Discharge Data
January - December 2011

| Payer Plan Code | Payer Plan Name |
|------------------------|---|
| 0351 | Santa Clara Family Health Plan |
| 0355 | LA Care Health Plan |
| 0357 | Heritage Provider Network, Inc. |
| 0358 | Health Plan Of San Mateo |
| 0366 | Cedars-Sinai Provider Plan, LLC |
| 0367 | Primecare Medical Network, Inc. |
| 0377 | Scripps Clinic Health Plan Services, Inc. |
| 0380 | ProMed Health Care Administrators |
| 0385 | On Lok Senior Health Services |
| 0390 | Medcore HP |
| 0393 | Simnsa Health Care / Sistemas Medicos Nacionales, S.A. De C.V. |
| 0394 | Caloptima (Orange County) |
| 0397 | Avante Behavioral Health Plan |
| 0400 | San Luis Obispo Regional Health Authority / Santa Barbara Regional Health Authority |
| 0401 | Central Coast Alliance For Health (Santa Cruz County/Monterey County) |
| 0404 | Central Health Plan |
| 0408 | CareMore Insurance Services, Inc. |
| 0414 | Honored Citizens Choice Health Plan |
| 0415 | Blue Cross of California Partnership Plan (QIF) |
| 0416 | Partnership HealthPlan of California |
| 0423 | San Francisco Community Health Authority |
| 0424 | Contra Costa County Medical Services (QIF) |
| 0425 | Kern Health Systems Group Health Plan (QIF) |
| 0426 | Health Net Community Solutions, Inc. (QIF) |
| 0427 | Molina Healthcare of CA Partner Plan, Inc. (QIF) |
| 0428 | IEHP Health Access (QIF) |
| 0432 | AIDS HealthCare Foundation / Positive Healthcare |
| 0439 | San Mateo Community Health Plan (QIF) |
| 0441 | Arta Medicare Health Plan Inc. |
| 0445 | Gemcare Health Plan, Inc. |
| 0453 | Monarch Health Plan |
| 0457 | Easy Choice Health Plan, Inc. |
| 0462 | MD Care, Inc. |
| 0468 | Arcadian Health Plan, Inc. |
| 0470 | Choice Physicians Network. Inc |
| 0476 | Humana Health Plan of California |
| 8000 | Other HMO |
| 0000 | Plan Code not applicable |
| 9030 | Cal Optima (Orange County) |

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
Patient Discharge Data
January - December 2011

| Payer Plan Code | Payer Plan Name |
|------------------------|---|
| 9041 | Health Plan of San Mateo (San Mateo County) |
| 9042 | Santa Barbara Health Authority (Santa Barbara County) |
| 9044 | Central Coast Alliance For Health (Santa Cruz) |

Appendix D

2011 Source of Admission and Disposition Definitions

Source of Admission (SOA): In January of 1997, in order to fully describe the patient's source of admission, three aspects of the source were collected: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. Each of these are described in detail below. If any part of the patient's source of admission is unknown, invalid or blank then a value of "0" is assigned to that portion(s) of the source code.

SOA Site:

Home: Includes patients admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at an outpatient clinic or physician's office, or had been receiving home health services or hospice care at home. This category includes patients admitted from a home environment (e.g., half-way house, group home, foster care, women's shelter), patients admitted from an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs, homeless persons, mothers who deliver at home, babies born at home, and patients coming from another hospital's emergency department..

Residential Care Facility: Includes patients admitted from a facility in which the patient resides and that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. This category includes patients admitted from various types of facilities that provide supportive and custodial care (e.g., board and care, residential care facilities for the elderly). Also included in this category are Mental Health Rehabilitation Centers (MHRC). Licensed by the California Department of Mental Health (DMH).

Ambulatory Surgery: Includes patients admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Outpatient clinics and physicians' offices not licensed and/or certified as an ambulatory surgery facility are excluded from this category.

Skilled Nursing/Intermediate Care (SN/IC): Includes patients admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility, as defined by Subdivision (i) of Section 1250 of the Health and Safety Code. This category includes patients admitted from a skilled nursing bed for the Medi-Cal Subacute Care and Transitional Care Program, an acute care bed that is used to provide skilled nursing care in an approved swing bed program, a California Department of Corrections (prison) skilled nursing facility, and an Institute for Mental Disease (IMD).

Acute Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care of a medical/surgical nature, such as in a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital. This category includes patients admitted from a

Appendix D

2011 Source of Admission and Disposition Definitions

California Department of Corrections (prison) hospital, a Long Term Acute Care Hospital (LTACH), an acute care bed for the Medi-Cal Subacute Care Program at another hospital, and an acute care bed for the Medi-Cal Transitional Care Program at another hospital.

Other Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit.

Newborn: Babies born alive in the admitting hospital. This category excludes babies born prior to admission to the hospital.

Prison/Jail: Includes patients admitted from a correctional institution including juvenile hall.

Other: Includes patients admitted from a source other than mentioned above. This category also includes patients admitted from a freestanding, not hospital-based, inpatient hospice facility.

SOA Licensure:

This Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of the admitting hospital. This category includes all newborns.

Another Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of some other hospital. This category includes patients admitted from a consolidated hospital that has elected to submit separate discharge data reports to OSHPD for each facility, and babies born in another hospital's emergency department.

Not a Hospital: The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

SOA Route:

This Hospital's Emergency Room: Includes any patient admitted as an inpatient after being treated or examined in the admitting hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

Not this Hospital's Emergency Room: Includes any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. This category also includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

Appendix D

2011 Source of Admission and Disposition Definitions

Disposition:

Routine Discharge: A patient discharged from this hospital to return home, another private residence (e.g., half-way house, group home, foster care, woman's shelter), or an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs. This category includes patients scheduled for follow-up care at a physician's office, outpatient services (physical therapy, lab work, x-ray), or with intent of going home or sent home for hospice care. It excludes patients referred to a home health service.

Acute Care within this Hospital: A patient discharged to inpatient hospital care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit within the reporting hospital.

Other Type of Hospital Care within this Hospital: A patient discharged to inpatient hospital care not of a medical/surgical nature and not skilled nursing/intermediate care, such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit within the reporting hospital.

Skilled Nursing/Intermediate Care within this Hospital: A patient discharged to a Skilled Nursing / Intermediate Care (SN/IC) distinct part within the reporting hospital. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs. It also includes acute care beds that are used to provide skilled nursing care in an approved swing bed program.

Acute Care at another Hospital: A patient discharged to another hospital to receive inpatient care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of another hospital or to a Long Term Acute Care Hospital (LTACH). This category includes patients discharged between two facilities of a consolidated hospital that has elected to submit two or more discharge data reports to OSHPD. It also includes patients discharged to an acute care bed for the Medi-Cal Subacute Care Program, Medi-Cal Transitional Care Program of another acute care hospital, or to an acute care bed at an out-of-state, federal, or foreign hospital; or to ED or AS of another hospital with the intent of being admitted to that facility's acute care.

Other Type of Care at another Hospital: A patient discharged to another hospital to receive inpatient hospital care such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment at another hospital, not of a medical/surgical nature and not skilled nursing/intermediate care. This category includes patients discharged between a consolidated hospital that has elected to submit two discharge data reports to OSHPD. It also includes patients discharged to an acute care bed at an out-of-state, federal, or foreign hospital; or to the ED or AS of another hospital with the intent of being admitted to that facility's psychiatric, rehabilitation, or chemical dependency care.

Appendix D

2011 Source of Admission and Disposition Definitions

Skilled Nursing/Intermediate Care Elsewhere: A patient discharged from this hospital to a Skilled Nursing/Intermediate Care type of care, either freestanding or a distinct part within another hospital, or to a Congregate Living Health Facility, as defined by Subsection (i) of Section 1250 of the Health and Safety Code. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs and acute care beds that are used to provide skilled nursing care in an approved swing bed program at another hospital. This category includes patients discharged between a consolidated hospital that has elected to submit two discharge data reports to OSHPD. It also includes patients discharged to an acute care bed at an out-of-state, federal, or foreign hospital; or to the ED or AS of another hospital with the intent of being admitted to that facility's skilled nursing care.

Residential Care Facility: A patient discharged to a facility that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. Various types of facilities provide supportive and custodial care and are licensed by California Department of Social Services and are not considered to be health facilities. It also includes patients discharged to Mental Health Rehabilitation Centers.

Prison/Jail: A patient discharged to a correctional institution including juvenile hall.

Against Medical Advice: Patient left the hospital against medical advice, without a physician's discharge order. Psychiatric patients discharged from away without leave status (AWOL) are also included in this category.

Died: All episodes of inpatient care that terminated in death. Patient expired after admission and before leaving the hospital.

Home Health Service: A patient referred to a licensed home health service program. This category includes patients discharged home with home health services and may include hospice care.

Other: A patient discharged to some place other than mentioned above. Includes patients discharged to a freestanding, not hospital-based, inpatient hospice facility. This category includes patients sent to another facility's Emergency Department, Ambulatory Surgery, or freestanding Ambulatory Surgery Clinic for a significant procedure with the intent of returning to that facility; or with the intent of going home following the procedure.

If the reported disposition of a patient is invalid or missing then the patient's disposition is defaulted to "00".

Appendix E

2011 Race and Ethnicity Codes Definitions

Race and Ethnicity data is most accurate when the patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the hospital reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate (including "other"). For more discussion and examples of coding guidelines see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Race

White: A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in or who identifies with any of the black racial groups of Africa.

Native American/Eskimo/Aleut: A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa. The following is a list of Asian and Pacific Islander groups reported in 2000 U.S. Census:

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Asian Indian. Includes people who indicated their race as "Asian Indian" or identified themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.

Chinese. Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. In some census tabulations, written entries of Taiwanese are included with Chinese while in others they are shown separately.

Appendix E

2011 Race and Ethnicity Codes Definitions

Filipino. Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philipine, or Filipino American.

Japanese. Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

Korean. Includes people who indicate their race as "Korean" or who provide a response of Korean American.

Vietnamese. Includes people who indicate their race as "Vietnamese" or who provide a response of Vietnamese American.

Cambodian. Includes people who provide a response such as Cambodian or Cambodia.

Hmong. Includes people who provide a response such as Hmong, Laohmong, or Mong.

Laotian. Includes people who provide a response such as Laotian, Laos, or Lao.

Thai. Includes people who provide a response such as Thai, Thailand, or Siamese.

Other Asian. Includes people who provide a response of Bangladeshi, Bhutanese, Burmese, Indochinese, Indonesian, Iwo Jiman, Madagascar, Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, or Other Asian specified and Other Asian, not specified.

Native Hawaiian and Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

Native Hawaiian. Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

Guamanian or Chamorro. Includes people who indicate their race as such, including written entries of Chamorro or Guam.

Samoan. Includes people who indicate their race as "Samoan" or who identify themselves as American Samoan or Western Samoan.

Other Pacific Islander. Includes people who provide a write-in response of a Pacific Islander group such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, Yapese, or Pacific Islander, not specified.

Other: Any possible options not covered in the above categories. This may included patients who cite more than one race.

Appendix E

2011 Race and Ethnicity Codes Definitions

Ethnicity

Hispanic: A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

Non-Hispanic: A person who identifies with a culture or origin other than Hispanic. This category excludes patients who can not or will not declare their ethnicity.

Unknown: Includes patients who can not or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

Appendix G

Major Diagnostic Categories (MDCs)

Patient Discharge Data

January - December 2011

Version 28.0 MSDRG Grouper

| MDC Code | MDC Description |
|----------|--|
| 00 | UNGROUPABLE |
| 01 | NERVOUS SYSTEM, DISEASES & DISORDERS |
| 02 | EYE, DISEASES & DISORDERS |
| 03 | EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS |
| 04 | RESPIRATORY SYSTEM, DISEASES & DISORDERS |
| 05 | CIRCULATORY SYSTEM, DISEASES & DISORDERS |
| 06 | DIGESTIVE SYSTEM, DISEASES & DISORDERS |
| 07 | HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS |
| 08 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS |
| 09 | SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS |
| 10 | ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS |
| 11 | KIDNEY AND URINARY TRACT, DISEASES & DISORDERS |
| 12 | MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS |
| 13 | FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS |
| 14 | PREGNANCY, CHILDBIRTH, & THE PUERPERIUM |
| 15 | NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD |
| 16 | BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS |
| 17 | MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS |
| 18 | INFECTIOUS & PARASITIC DISEASES |
| 19 | MENTAL DISEASES & DISORDERS |
| 20 | ALCOHOLDRUG USE AND ALCOHOLDRUG INDUCED ORGANIC MENTAL DISEASES |
| 21 | INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS |
| 22 | BURNS |
| 23 | FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES |
| 24 | MULTIPLE SIGNFICANT TRAUMA |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS |

Version 29.0 MSDRG Grouper

| MDC Code | MDC Description |
|----------|--|
| 00 | UNGROUPABLE |
| 01 | NERVOUS SYSTEM, DISEASES & DISORDERS |
| 02 | EYE, DISEASES & DISORDERS |
| 03 | EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS |
| 04 | RESPIRATORY SYSTEM, DISEASES & DISORDERS |

Appendix G

Major Diagnostic Categories (MDCs)

Patient Discharge Data

January - December 2011

| | |
|----|--|
| 05 | CIRCULATORY SYSTEM, DISEASES & DISORDERS |
| 06 | DIGESTIVE SYSTEM, DISEASES & DISORDERS |
| 07 | HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS |
| 08 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS |
| 09 | SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS |
| 10 | ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS |
| 11 | KIDNEY AND URINARY TRACT, DISEASES & DISORDERS |
| 12 | MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS |
| 13 | FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS |
| 14 | PREGNANCY, CHILDBIRTH, & THE PUERPERIUM |
| 15 | NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD |
| 16 | BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS |
| 17 | MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS |
| 18 | INFECTIOUS & PARASITIC DISEASES |
| 19 | MENTAL DISEASES & DISORDERS |
| 20 | ALCOHOLDRUG USE AND ALCOHOLDRUG INDUCED ORGANIC MENTAL DISEASES |
| 21 | INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS |
| 22 | BURNS |
| 23 | FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES |
| 24 | MULTIPLE SIGNFICANT TRAUMA |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 28.0

| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|--|
| 00 | 999 | UNGROUPABLE |
| 01 | 020 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC |
| 01 | 021 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC |
| 01 | 022 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC |
| 01 | 023 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT |
| 01 | 024 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC |
| 01 | 025 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC |
| 01 | 026 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC |
| 01 | 027 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC |
| 01 | 028 | SPINAL PROCEDURES W MCC |
| 01 | 029 | SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS |
| 01 | 030 | SPINAL PROCEDURES W/O CC/MCC |
| 01 | 031 | VENTRICULAR SHUNT PROCEDURES W MCC |
| 01 | 032 | VENTRICULAR SHUNT PROCEDURES W CC |
| 01 | 033 | VENTRICULAR SHUNT PROCEDURES W/O CC/MCC |
| 01 | 034 | CAROTID ARTERY STENT PROCEDURE W MCC |
| 01 | 035 | CAROTID ARTERY STENT PROCEDURE W CC |
| 01 | 036 | CAROTID ARTERY STENT PROCEDURE W/O CC/MCC |
| 01 | 037 | EXTRACRANIAL PROCEDURES W MCC |
| 01 | 038 | EXTRACRANIAL PROCEDURES W CC |
| 01 | 039 | EXTRACRANIAL PROCEDURES W/O CC/MCC |
| 01 | 040 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC |
| 01 | 041 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM |
| 01 | 042 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC |
| 01 | 052 | SPINAL DISORDERS & INJURIES W CC/MCC |
| 01 | 053 | SPINAL DISORDERS & INJURIES W/O CC/MCC |
| 01 | 054 | NERVOUS SYSTEM NEOPLASMS W MCC |
| 01 | 055 | NERVOUS SYSTEM NEOPLASMS W/O MCC |
| 01 | 056 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC |
| 01 | 057 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC |
| 01 | 058 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC |
| 01 | 059 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC |
| 01 | 060 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC |
| 01 | 061 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC |
| 01 | 062 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC |
| 01 | 063 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 01 | 064 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC |
| 01 | 065 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC |
| 01 | 066 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC |
| 01 | 067 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC |
| 01 | 068 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC |
| 01 | 069 | TRANSIENT ISCHEMIA |
| 01 | 070 | NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC |
| 01 | 071 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC |
| 01 | 072 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC |
| 01 | 073 | CRANIAL & PERIPHERAL NERVE DISORDERS W MCC |
| 01 | 074 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC |
| 01 | 075 | VIRAL MENINGITIS W CC/MCC |
| 01 | 076 | VIRAL MENINGITIS W/O CC/MCC |
| 01 | 077 | HYPERTENSIVE ENCEPHALOPATHY W MCC |
| 01 | 078 | HYPERTENSIVE ENCEPHALOPATHY W CC |
| 01 | 079 | HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC |
| 01 | 080 | NONTRAUMATIC STUPOR & COMA W MCC |
| 01 | 081 | NONTRAUMATIC STUPOR & COMA W/O MCC |
| 01 | 082 | TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC |
| 01 | 083 | TRAUMATIC STUPOR & COMA, COMA >1 HR W CC |
| 01 | 084 | TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC |
| 01 | 085 | TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC |
| 01 | 086 | TRAUMATIC STUPOR & COMA, COMA <1 HR W CC |
| 01 | 087 | TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC |
| 01 | 088 | CONCUSSION W MCC |
| 01 | 089 | CONCUSSION W CC |
| 01 | 090 | CONCUSSION W/O CC/MCC |
| 01 | 091 | OTHER DISORDERS OF NERVOUS SYSTEM W MCC |
| 01 | 092 | OTHER DISORDERS OF NERVOUS SYSTEM W CC |
| 01 | 093 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC |
| 01 | 094 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC |
| 01 | 095 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC |
| 01 | 096 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC |
| 01 | 097 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC |
| 01 | 098 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC |
| 01 | 099 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC |
| 01 | 100 | SEIZURES W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 01 | 101 | SEIZURES W/O MCC |
| 01 | 102 | HEADACHES W MCC |
| 01 | 103 | HEADACHES W/O MCC |
| 02 | 113 | ORBITAL PROCEDURES W CC/MCC |
| 02 | 114 | ORBITAL PROCEDURES W/O CC/MCC |
| 02 | 115 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT |
| 02 | 116 | INTRAOCULAR PROCEDURES W CC/MCC |
| 02 | 117 | INTRAOCULAR PROCEDURES W/O CC/MCC |
| 02 | 121 | ACUTE MAJOR EYE INFECTIONS W CC/MCC |
| 02 | 122 | ACUTE MAJOR EYE INFECTIONS W/O CC/MCC |
| 02 | 123 | NEUROLOGICAL EYE DISORDERS |
| 02 | 124 | OTHER DISORDERS OF THE EYE W MCC |
| 02 | 125 | OTHER DISORDERS OF THE EYE W/O MCC |
| 03 | 129 | MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE |
| 03 | 130 | MAJOR HEAD & NECK PROCEDURES W/O CC/MCC |
| 03 | 131 | CRANIAL/FACIAL PROCEDURES W CC/MCC |
| 03 | 132 | CRANIAL/FACIAL PROCEDURES W/O CC/MCC |
| 03 | 133 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC |
| 03 | 134 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC |
| 03 | 135 | SINUS & MASTOID PROCEDURES W CC/MCC |
| 03 | 136 | SINUS & MASTOID PROCEDURES W/O CC/MCC |
| 03 | 137 | MOUTH PROCEDURES W CC/MCC |
| 03 | 138 | MOUTH PROCEDURES W/O CC/MCC |
| 03 | 139 | SALIVARY GLAND PROCEDURES |
| 03 | 146 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC |
| 03 | 147 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC |
| 03 | 148 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC |
| 03 | 149 | DYSEQUILIBRIUM |
| 03 | 150 | EPISTAXIS W MCC |
| 03 | 151 | EPISTAXIS W/O MCC |
| 03 | 152 | OTITIS MEDIA & URI W MCC |
| 03 | 153 | OTITIS MEDIA & URI W/O MCC |
| 03 | 154 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC |
| 03 | 155 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC |
| 03 | 156 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC |
| 03 | 157 | DENTAL & ORAL DISEASES W MCC |
| 03 | 158 | DENTAL & ORAL DISEASES W CC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 03 | 159 | DENTAL & ORAL DISEASES W/O CC/MCC |
| 04 | 163 | MAJOR CHEST PROCEDURES W MCC |
| 04 | 164 | MAJOR CHEST PROCEDURES W CC |
| 04 | 165 | MAJOR CHEST PROCEDURES W/O CC/MCC |
| 04 | 166 | OTHER RESP SYSTEM O.R. PROCEDURES W MCC |
| 04 | 167 | OTHER RESP SYSTEM O.R. PROCEDURES W CC |
| 04 | 168 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 04 | 175 | PULMONARY EMBOLISM W MCC |
| 04 | 176 | PULMONARY EMBOLISM W/O MCC |
| 04 | 177 | RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC |
| 04 | 178 | RESPIRATORY INFECTIONS & INFLAMMATIONS W CC |
| 04 | 179 | RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC |
| 04 | 180 | RESPIRATORY NEOPLASMS W MCC |
| 04 | 181 | RESPIRATORY NEOPLASMS W CC |
| 04 | 182 | RESPIRATORY NEOPLASMS W/O CC/MCC |
| 04 | 183 | MAJOR CHEST TRAUMA W MCC |
| 04 | 184 | MAJOR CHEST TRAUMA W CC |
| 04 | 185 | MAJOR CHEST TRAUMA W/O CC/MCC |
| 04 | 186 | PLEURAL EFFUSION W MCC |
| 04 | 187 | PLEURAL EFFUSION W CC |
| 04 | 188 | PLEURAL EFFUSION W/O CC/MCC |
| 04 | 189 | PULMONARY EDEMA & RESPIRATORY FAILURE |
| 04 | 190 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC |
| 04 | 191 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC |
| 04 | 192 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC |
| 04 | 193 | SIMPLE PNEUMONIA & PLEURISY W MCC |
| 04 | 194 | SIMPLE PNEUMONIA & PLEURISY W CC |
| 04 | 195 | SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC |
| 04 | 196 | INTERSTITIAL LUNG DISEASE W MCC |
| 04 | 197 | INTERSTITIAL LUNG DISEASE W CC |
| 04 | 198 | INTERSTITIAL LUNG DISEASE W/O CC/MCC |
| 04 | 199 | PNEUMOTHORAX W MCC |
| 04 | 200 | PNEUMOTHORAX W CC |
| 04 | 201 | PNEUMOTHORAX W/O CC/MCC |
| 04 | 202 | BRONCHITIS & ASTHMA W CC/MCC |
| 04 | 203 | BRONCHITIS & ASTHMA W/O CC/MCC |
| 04 | 204 | RESPIRATORY SIGNS & SYMPTOMS |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|--|
| 04 | 205 | OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC |
| 04 | 206 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC |
| 04 | 207 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 04 | 208 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS |
| 05 | 215 | OTHER HEART ASSIST SYSTEM IMPLANT |
| 05 | 216 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC |
| 05 | 217 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC |
| 05 | 218 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC |
| 05 | 219 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC |
| 05 | 220 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC |
| 05 | 221 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC |
| 05 | 222 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC |
| 05 | 223 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC |
| 05 | 224 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC |
| 05 | 225 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC |
| 05 | 226 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC |
| 05 | 227 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC |
| 05 | 228 | OTHER CARDIOTHORACIC PROCEDURES W MCC |
| 05 | 229 | OTHER CARDIOTHORACIC PROCEDURES W CC |
| 05 | 230 | OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC |
| 05 | 231 | CORONARY BYPASS W PTCA W MCC |
| 05 | 232 | CORONARY BYPASS W PTCA W/O MCC |
| 05 | 233 | CORONARY BYPASS W CARDIAC CATH W MCC |
| 05 | 234 | CORONARY BYPASS W CARDIAC CATH W/O MCC |
| 05 | 235 | CORONARY BYPASS W/O CARDIAC CATH W MCC |
| 05 | 236 | CORONARY BYPASS W/O CARDIAC CATH W/O MCC |
| 05 | 237 | MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR |
| 05 | 238 | MAJOR CARDIOVASC PROCEDURES W/O MCC |
| 05 | 239 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC |
| 05 | 240 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC |
| 05 | 241 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC |
| 05 | 242 | PERMANENT CARDIAC PACEMAKER IMPLANT W MCC |
| 05 | 243 | PERMANENT CARDIAC PACEMAKER IMPLANT W CC |
| 05 | 244 | PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC |
| 05 | 245 | AICD GENERATOR PROCEDURES |
| 05 | 246 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS |
| 05 | 247 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|--|
| 05 | 248 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS |
| 05 | 249 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC |
| 05 | 250 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC |
| 05 | 251 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC |
| 05 | 252 | OTHER VASCULAR PROCEDURES W MCC |
| 05 | 253 | OTHER VASCULAR PROCEDURES W CC |
| 05 | 254 | OTHER VASCULAR PROCEDURES W/O CC/MCC |
| 05 | 255 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC |
| 05 | 256 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC |
| 05 | 257 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC |
| 05 | 258 | CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC |
| 05 | 259 | CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC |
| 05 | 260 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC |
| 05 | 261 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC |
| 05 | 262 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC |
| 05 | 263 | VEIN LIGATION & STRIPPING |
| 05 | 264 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES |
| 05 | 265 | AICD LEAD PROCEDURES |
| 05 | 280 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC |
| 05 | 281 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC |
| 05 | 282 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC |
| 05 | 283 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC |
| 05 | 284 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC |
| 05 | 285 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC |
| 05 | 286 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC |
| 05 | 287 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC |
| 05 | 288 | ACUTE & SUBACUTE ENDOCARDITIS W MCC |
| 05 | 289 | ACUTE & SUBACUTE ENDOCARDITIS W CC |
| 05 | 290 | ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC |
| 05 | 291 | HEART FAILURE & SHOCK W MCC |
| 05 | 292 | HEART FAILURE & SHOCK W CC |
| 05 | 293 | HEART FAILURE & SHOCK W/O CC/MCC |
| 05 | 294 | DEEP VEIN THROMBOPHLEBITIS W CC/MCC |
| 05 | 295 | DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC |
| 05 | 296 | CARDIAC ARREST, UNEXPLAINED W MCC |
| 05 | 297 | CARDIAC ARREST, UNEXPLAINED W CC |
| 05 | 298 | CARDIAC ARREST, UNEXPLAINED W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 05 | 299 | PERIPHERAL VASCULAR DISORDERS W MCC |
| 05 | 300 | PERIPHERAL VASCULAR DISORDERS W CC |
| 05 | 301 | PERIPHERAL VASCULAR DISORDERS W/O CC/MCC |
| 05 | 302 | ATHEROSCLEROSIS W MCC |
| 05 | 303 | ATHEROSCLEROSIS W/O MCC |
| 05 | 304 | HYPERTENSION W MCC |
| 05 | 305 | HYPERTENSION W/O MCC |
| 05 | 306 | CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC |
| 05 | 307 | CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC |
| 05 | 308 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC |
| 05 | 309 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC |
| 05 | 310 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC |
| 05 | 311 | ANGINA PECTORIS |
| 05 | 312 | SYNCOPE & COLLAPSE |
| 05 | 313 | CHEST PAIN |
| 05 | 314 | OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC |
| 05 | 315 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC |
| 05 | 316 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC |
| 06 | 326 | STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC |
| 06 | 327 | STOMACH, ESOPHAGEAL & DUODENAL PROC W CC |
| 06 | 328 | STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC |
| 06 | 329 | MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC |
| 06 | 330 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 06 | 331 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 06 | 332 | RECTAL RESECTION W MCC |
| 06 | 333 | RECTAL RESECTION W CC |
| 06 | 334 | RECTAL RESECTION W/O CC/MCC |
| 06 | 335 | PERITONEAL ADHESIOLYSIS W MCC |
| 06 | 336 | PERITONEAL ADHESIOLYSIS W CC |
| 06 | 337 | PERITONEAL ADHESIOLYSIS W/O CC/MCC |
| 06 | 338 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC |
| 06 | 339 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC |
| 06 | 340 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 06 | 341 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC |
| 06 | 342 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC |
| 06 | 343 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 06 | 344 | MINOR SMALL & LARGE BOWEL PROCEDURES W MCC |

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|-----------------|--------------------|---|
| 06 | 345 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 06 | 346 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 06 | 347 | ANAL & STOMAL PROCEDURES W MCC |
| 06 | 348 | ANAL & STOMAL PROCEDURES W CC |
| 06 | 349 | ANAL & STOMAL PROCEDURES W/O CC/MCC |
| 06 | 350 | INGUINAL & FEMORAL HERNIA PROCEDURES W MCC |
| 06 | 351 | INGUINAL & FEMORAL HERNIA PROCEDURES W CC |
| 06 | 352 | INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC |
| 06 | 353 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC |
| 06 | 354 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC |
| 06 | 355 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC |
| 06 | 356 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC |
| 06 | 357 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC |
| 06 | 358 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 06 | 368 | MAJOR ESOPHAGEAL DISORDERS W MCC |
| 06 | 369 | MAJOR ESOPHAGEAL DISORDERS W CC |
| 06 | 370 | MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC |
| 06 | 371 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC |
| 06 | 372 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC |
| 06 | 373 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC |
| 06 | 374 | DIGESTIVE MALIGNANCY W MCC |
| 06 | 375 | DIGESTIVE MALIGNANCY W CC |
| 06 | 376 | DIGESTIVE MALIGNANCY W/O CC/MCC |
| 06 | 377 | G.I. HEMORRHAGE W MCC |
| 06 | 378 | G.I. HEMORRHAGE W CC |
| 06 | 379 | G.I. HEMORRHAGE W/O CC/MCC |
| 06 | 380 | COMPLICATED PEPTIC ULCER W MCC |
| 06 | 381 | COMPLICATED PEPTIC ULCER W CC |
| 06 | 382 | COMPLICATED PEPTIC ULCER W/O CC/MCC |
| 06 | 383 | UNCOMPLICATED PEPTIC ULCER W MCC |
| 06 | 384 | UNCOMPLICATED PEPTIC ULCER W/O MCC |
| 06 | 385 | INFLAMMATORY BOWEL DISEASE W MCC |
| 06 | 386 | INFLAMMATORY BOWEL DISEASE W CC |
| 06 | 387 | INFLAMMATORY BOWEL DISEASE W/O CC/MCC |
| 06 | 388 | G.I. OBSTRUCTION W MCC |
| 06 | 389 | G.I. OBSTRUCTION W CC |
| 06 | 390 | G.I. OBSTRUCTION W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 06 | 391 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC |
| 06 | 392 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC |
| 06 | 393 | OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC |
| 06 | 394 | OTHER DIGESTIVE SYSTEM DIAGNOSES W CC |
| 06 | 395 | OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC |
| 07 | 405 | PANCREAS, LIVER & SHUNT PROCEDURES W MCC |
| 07 | 406 | PANCREAS, LIVER & SHUNT PROCEDURES W CC |
| 07 | 407 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC |
| 07 | 408 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC |
| 07 | 409 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC |
| 07 | 410 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC |
| 07 | 411 | CHOLECYSTECTOMY W C.D.E. W MCC |
| 07 | 412 | CHOLECYSTECTOMY W C.D.E. W CC |
| 07 | 413 | CHOLECYSTECTOMY W C.D.E. W/O CC/MCC |
| 07 | 414 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC |
| 07 | 415 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC |
| 07 | 416 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC |
| 07 | 417 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC |
| 07 | 418 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC |
| 07 | 419 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC |
| 07 | 420 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC |
| 07 | 421 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC |
| 07 | 422 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC |
| 07 | 423 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC |
| 07 | 424 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC |
| 07 | 425 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC |
| 07 | 432 | CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC |
| 07 | 433 | CIRRHOSIS & ALCOHOLIC HEPATITIS W CC |
| 07 | 434 | CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC |
| 07 | 435 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC |
| 07 | 436 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC |
| 07 | 437 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC |
| 07 | 438 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC |
| 07 | 439 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC |
| 07 | 440 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC |
| 07 | 441 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC |
| 07 | 442 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|--|
| 07 | 443 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC |
| 07 | 444 | DISORDERS OF THE BILIARY TRACT W MCC |
| 07 | 445 | DISORDERS OF THE BILIARY TRACT W CC |
| 07 | 446 | DISORDERS OF THE BILIARY TRACT W/O CC/MCC |
| 08 | 453 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC |
| 08 | 454 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC |
| 08 | 455 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC |
| 08 | 456 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC |
| 08 | 457 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC |
| 08 | 458 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC |
| 08 | 459 | SPINAL FUSION EXCEPT CERVICAL W MCC |
| 08 | 460 | SPINAL FUSION EXCEPT CERVICAL W/O MCC |
| 08 | 461 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC |
| 08 | 462 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC |
| 08 | 463 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC |
| 08 | 464 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC |
| 08 | 465 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC |
| 08 | 466 | REVISION OF HIP OR KNEE REPLACEMENT W MCC |
| 08 | 467 | REVISION OF HIP OR KNEE REPLACEMENT W CC |
| 08 | 468 | REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC |
| 08 | 469 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC |
| 08 | 470 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC |
| 08 | 471 | CERVICAL SPINAL FUSION W MCC |
| 08 | 472 | CERVICAL SPINAL FUSION W CC |
| 08 | 473 | CERVICAL SPINAL FUSION W/O CC/MCC |
| 08 | 474 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC |
| 08 | 475 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC |
| 08 | 476 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC |
| 08 | 477 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC |
| 08 | 478 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC |
| 08 | 479 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC |
| 08 | 480 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC |
| 08 | 481 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC |
| 08 | 482 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC |
| 08 | 483 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC |
| 08 | 484 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC |
| 08 | 485 | KNEE PROCEDURES W PDX OF INFECTION W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 08 | 486 | KNEE PROCEDURES W PDX OF INFECTION W CC |
| 08 | 487 | KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC |
| 08 | 488 | KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC |
| 08 | 489 | KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC |
| 08 | 490 | BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSIM |
| 08 | 491 | BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC |
| 08 | 492 | LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC |
| 08 | 493 | LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC |
| 08 | 494 | LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC |
| 08 | 495 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC |
| 08 | 496 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC |
| 08 | 497 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC |
| 08 | 498 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC |
| 08 | 499 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC |
| 08 | 500 | SOFT TISSUE PROCEDURES W MCC |
| 08 | 501 | SOFT TISSUE PROCEDURES W CC |
| 08 | 502 | SOFT TISSUE PROCEDURES W/O CC/MCC |
| 08 | 503 | FOOT PROCEDURES W MCC |
| 08 | 504 | FOOT PROCEDURES W CC |
| 08 | 505 | FOOT PROCEDURES W/O CC/MCC |
| 08 | 506 | MAJOR THUMB OR JOINT PROCEDURES |
| 08 | 507 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC |
| 08 | 508 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC |
| 08 | 509 | ARTHROSCOPY |
| 08 | 510 | SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC |
| 08 | 511 | SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC |
| 08 | 512 | SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC |
| 08 | 513 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC |
| 08 | 514 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC |
| 08 | 515 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC |
| 08 | 516 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC |
| 08 | 517 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC |
| 08 | 533 | FRACTURES OF FEMUR W MCC |
| 08 | 534 | FRACTURES OF FEMUR W/O MCC |
| 08 | 535 | FRACTURES OF HIP & PELVIS W MCC |
| 08 | 536 | FRACTURES OF HIP & PELVIS W/O MCC |
| 08 | 537 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 08 | 538 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC |
| 08 | 539 | OSTEOMYELITIS W MCC |
| 08 | 540 | OSTEOMYELITIS W CC |
| 08 | 541 | OSTEOMYELITIS W/O CC/MCC |
| 08 | 542 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC |
| 08 | 543 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC |
| 08 | 544 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC |
| 08 | 545 | CONNECTIVE TISSUE DISORDERS W MCC |
| 08 | 546 | CONNECTIVE TISSUE DISORDERS W CC |
| 08 | 547 | CONNECTIVE TISSUE DISORDERS W/O CC/MCC |
| 08 | 548 | SEPTIC ARTHRITIS W MCC |
| 08 | 549 | SEPTIC ARTHRITIS W CC |
| 08 | 550 | SEPTIC ARTHRITIS W/O CC/MCC |
| 08 | 551 | MEDICAL BACK PROBLEMS W MCC |
| 08 | 552 | MEDICAL BACK PROBLEMS W/O MCC |
| 08 | 553 | BONE DISEASES & ARTHROPATHIES W MCC |
| 08 | 554 | BONE DISEASES & ARTHROPATHIES W/O MCC |
| 08 | 555 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC |
| 08 | 556 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC |
| 08 | 557 | TENDONITIS, MYOSITIS & BURSITIS W MCC |
| 08 | 558 | TENDONITIS, MYOSITIS & BURSITIS W/O MCC |
| 08 | 559 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC |
| 08 | 560 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC |
| 08 | 561 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC |
| 08 | 562 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC |
| 08 | 563 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC |
| 08 | 564 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC |
| 08 | 565 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC |
| 08 | 566 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC |
| 09 | 573 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC |
| 09 | 574 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC |
| 09 | 575 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC |
| 09 | 576 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC |
| 09 | 577 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC |
| 09 | 578 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC |
| 09 | 579 | OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC |
| 09 | 580 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC |

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|-----------------|--------------------|---|
| 09 | 581 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC |
| 09 | 582 | MASTECTOMY FOR MALIGNANCY W CC/MCC |
| 09 | 583 | MASTECTOMY FOR MALIGNANCY W/O CC/MCC |
| 09 | 584 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC |
| 09 | 585 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC |
| 09 | 592 | SKIN ULCERS W MCC |
| 09 | 593 | SKIN ULCERS W CC |
| 09 | 594 | SKIN ULCERS W/O CC/MCC |
| 09 | 595 | MAJOR SKIN DISORDERS W MCC |
| 09 | 596 | MAJOR SKIN DISORDERS W/O MCC |
| 09 | 597 | MALIGNANT BREAST DISORDERS W MCC |
| 09 | 598 | MALIGNANT BREAST DISORDERS W CC |
| 09 | 599 | MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 09 | 600 | NON-MALIGNANT BREAST DISORDERS W CC/MCC |
| 09 | 601 | NON-MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 09 | 602 | CELLULITIS W MCC |
| 09 | 603 | CELLULITIS W/O MCC |
| 09 | 604 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC |
| 09 | 605 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC |
| 09 | 606 | MINOR SKIN DISORDERS W MCC |
| 09 | 607 | MINOR SKIN DISORDERS W/O MCC |
| 10 | 614 | ADRENAL & PITUITARY PROCEDURES W CC/MCC |
| 10 | 615 | ADRENAL & PITUITARY PROCEDURES W/O CC/MCC |
| 10 | 616 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC |
| 10 | 617 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC |
| 10 | 618 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC |
| 10 | 619 | O.R. PROCEDURES FOR OBESITY W MCC |
| 10 | 620 | O.R. PROCEDURES FOR OBESITY W CC |
| 10 | 621 | O.R. PROCEDURES FOR OBESITY W/O CC/MCC |
| 10 | 622 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC |
| 10 | 623 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC |
| 10 | 624 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC |
| 10 | 625 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC |
| 10 | 626 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC |
| 10 | 627 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC |
| 10 | 628 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC |
| 10 | 629 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 10 | 630 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC |
| 10 | 637 | DIABETES W MCC |
| 10 | 638 | DIABETES W CC |
| 10 | 639 | DIABETES W/O CC/MCC |
| 10 | 640 | NUTRITIONAL & MISC METABOLIC DISORDERS W MCC |
| 10 | 641 | NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC |
| 10 | 642 | INBORN ERRORS OF METABOLISM |
| 10 | 643 | ENDOCRINE DISORDERS W MCC |
| 10 | 644 | ENDOCRINE DISORDERS W CC |
| 10 | 645 | ENDOCRINE DISORDERS W/O CC/MCC |
| 11 | 652 | KIDNEY TRANSPLANT |
| 11 | 653 | MAJOR BLADDER PROCEDURES W MCC |
| 11 | 654 | MAJOR BLADDER PROCEDURES W CC |
| 11 | 655 | MAJOR BLADDER PROCEDURES W/O CC/MCC |
| 11 | 656 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC |
| 11 | 657 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC |
| 11 | 658 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC |
| 11 | 659 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC |
| 11 | 660 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC |
| 11 | 661 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC |
| 11 | 662 | MINOR BLADDER PROCEDURES W MCC |
| 11 | 663 | MINOR BLADDER PROCEDURES W CC |
| 11 | 664 | MINOR BLADDER PROCEDURES W/O CC/MCC |
| 11 | 665 | PROSTATECTOMY W MCC |
| 11 | 666 | PROSTATECTOMY W CC |
| 11 | 667 | PROSTATECTOMY W/O CC/MCC |
| 11 | 668 | TRANSURETHRAL PROCEDURES W MCC |
| 11 | 669 | TRANSURETHRAL PROCEDURES W CC |
| 11 | 670 | TRANSURETHRAL PROCEDURES W/O CC/MCC |
| 11 | 671 | URETHRAL PROCEDURES W CC/MCC |
| 11 | 672 | URETHRAL PROCEDURES W/O CC/MCC |
| 11 | 673 | OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC |
| 11 | 674 | OTHER KIDNEY & URINARY TRACT PROCEDURES W CC |
| 11 | 675 | OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC |
| 11 | 682 | RENAL FAILURE W MCC |
| 11 | 683 | RENAL FAILURE W CC |
| 11 | 684 | RENAL FAILURE W/O CC/MCC |

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|----------|-------------|--|
| 11 | 685 | ADMIT FOR RENAL DIALYSIS |
| 11 | 686 | KIDNEY & URINARY TRACT NEOPLASMS W MCC |
| 11 | 687 | KIDNEY & URINARY TRACT NEOPLASMS W CC |
| 11 | 688 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC |
| 11 | 689 | KIDNEY & URINARY TRACT INFECTIONS W MCC |
| 11 | 690 | KIDNEY & URINARY TRACT INFECTIONS W/O MCC |
| 11 | 691 | URINARY STONES W ESW LITHOTRIpsy W CC/MCC |
| 11 | 692 | URINARY STONES W ESW LITHOTRIpsy W/O CC/MCC |
| 11 | 693 | URINARY STONES W/O ESW LITHOTRIpsy W MCC |
| 11 | 694 | URINARY STONES W/O ESW LITHOTRIpsy W/O MCC |
| 11 | 695 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC |
| 11 | 696 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC |
| 11 | 697 | URETHRAL STRICTURE |
| 11 | 698 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC |
| 11 | 699 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC |
| 11 | 700 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC |
| 12 | 707 | MAJOR MALE PELVIC PROCEDURES W CC/MCC |
| 12 | 708 | MAJOR MALE PELVIC PROCEDURES W/O CC/MCC |
| 12 | 709 | PENIS PROCEDURES W CC/MCC |
| 12 | 710 | PENIS PROCEDURES W/O CC/MCC |
| 12 | 711 | TESTES PROCEDURES W CC/MCC |
| 12 | 712 | TESTES PROCEDURES W/O CC/MCC |
| 12 | 713 | TRANSURETHRAL PROSTATECTOMY W CC/MCC |
| 12 | 714 | TRANSURETHRAL PROSTATECTOMY W/O CC/MCC |
| 12 | 715 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC |
| 12 | 716 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC |
| 12 | 717 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC |
| 12 | 718 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC |
| 12 | 722 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC |
| 12 | 723 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC |
| 12 | 724 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 12 | 725 | BENIGN PROSTATIC HYPERTROPHY W MCC |
| 12 | 726 | BENIGN PROSTATIC HYPERTROPHY W/O MCC |
| 12 | 727 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC |
| 12 | 728 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC |
| 12 | 729 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC |
| 12 | 730 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC |

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|----------|-------------|--|
| 13 | 734 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC |
| 13 | 735 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC |
| 13 | 736 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC |
| 13 | 737 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC |
| 13 | 738 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC |
| 13 | 739 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC |
| 13 | 740 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC |
| 13 | 741 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC |
| 13 | 742 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC |
| 13 | 743 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC |
| 13 | 744 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC |
| 13 | 745 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC |
| 13 | 746 | VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC |
| 13 | 747 | VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC |
| 13 | 748 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES |
| 13 | 749 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC |
| 13 | 750 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 13 | 754 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC |
| 13 | 755 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC |
| 13 | 756 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 13 | 757 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC |
| 13 | 758 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC |
| 13 | 759 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 13 | 760 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC |
| 13 | 761 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC |
| 14 | 765 | CESAREAN SECTION W CC/MCC |
| 14 | 766 | CESAREAN SECTION W/O CC/MCC |
| 14 | 767 | VAGINAL DELIVERY W STERILIZATION &/OR D&C |
| 14 | 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C |
| 14 | 769 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE |
| 14 | 770 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY |
| 14 | 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 14 | 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 14 | 776 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE |
| 14 | 777 | ECTOPIC PREGNANCY |
| 14 | 778 | THREATENED ABORTION |
| 14 | 779 | ABORTION W/O D&C |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 14 | 780 | FALSE LABOR |
| 14 | 781 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS |
| 14 | 782 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS |
| 15 | 789 | NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY |
| 15 | 790 | EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE |
| 15 | 791 | PREMATURITY W MAJOR PROBLEMS |
| 15 | 792 | PREMATURITY W/O MAJOR PROBLEMS |
| 15 | 793 | FULL TERM NEONATE W MAJOR PROBLEMS |
| 15 | 794 | NEONATE W OTHER SIGNIFICANT PROBLEMS |
| 15 | 795 | NORMAL NEWBORN |
| 16 | 799 | SPLENECTOMY W MCC |
| 16 | 800 | SPLENECTOMY W CC |
| 16 | 801 | SPLENECTOMY W/O CC/MCC |
| 16 | 802 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC |
| 16 | 803 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC |
| 16 | 804 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC |
| 16 | 808 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC |
| 16 | 809 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC |
| 16 | 810 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC |
| 16 | 811 | RED BLOOD CELL DISORDERS W MCC |
| 16 | 812 | RED BLOOD CELL DISORDERS W/O MCC |
| 16 | 813 | COAGULATION DISORDERS |
| 16 | 814 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC |
| 16 | 815 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC |
| 16 | 816 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC |
| 17 | 820 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC |
| 17 | 821 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC |
| 17 | 822 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC |
| 17 | 823 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC |
| 17 | 824 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC |
| 17 | 825 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC |
| 17 | 826 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC |
| 17 | 827 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC |
| 17 | 828 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC |
| 17 | 829 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC |
| 17 | 830 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC |
| 17 | 834 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 17 | 835 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC |
| 17 | 836 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC |
| 17 | 837 | CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC |
| 17 | 838 | CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT |
| 17 | 839 | CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC |
| 17 | 840 | LYMPHOMA & NON-ACUTE LEUKEMIA W MCC |
| 17 | 841 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC |
| 17 | 842 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC |
| 17 | 843 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC |
| 17 | 844 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC |
| 17 | 845 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC |
| 17 | 846 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC |
| 17 | 847 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC |
| 17 | 848 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC |
| 17 | 849 | RADIOTHERAPY |
| 18 | 853 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC |
| 18 | 854 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC |
| 18 | 855 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC |
| 18 | 856 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC |
| 18 | 857 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC |
| 18 | 858 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC |
| 18 | 862 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC |
| 18 | 863 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC |
| 18 | 864 | FEVER |
| 18 | 865 | VIRAL ILLNESS W MCC |
| 18 | 866 | VIRAL ILLNESS W/O MCC |
| 18 | 867 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC |
| 18 | 868 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC |
| 18 | 869 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC |
| 18 | 870 | SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS |
| 18 | 871 | SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC |
| 18 | 872 | SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC |
| 19 | 876 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 19 | 880 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION |
| 19 | 881 | DEPRESSIVE NEUROSES |
| 19 | 882 | NEUROSES EXCEPT DEPRESSIVE |
| 19 | 883 | DISORDERS OF PERSONALITY & IMPULSE CONTROL |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 19 | 884 | ORGANIC DISTURBANCES & MENTAL RETARDATION |
| 19 | 885 | PSYCHOSES |
| 19 | 886 | BEHAVIORAL & DEVELOPMENTAL DISORDERS |
| 19 | 887 | OTHER MENTAL DISORDER DIAGNOSES |
| 20 | 894 | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA |
| 20 | 895 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY |
| 20 | 896 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC |
| 20 | 897 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC |
| 21 | 901 | WOUND DEBRIDEMENTS FOR INJURIES W MCC |
| 21 | 902 | WOUND DEBRIDEMENTS FOR INJURIES W CC |
| 21 | 903 | WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC |
| 21 | 904 | SKIN GRAFTS FOR INJURIES W CC/MCC |
| 21 | 905 | SKIN GRAFTS FOR INJURIES W/O CC/MCC |
| 21 | 906 | HAND PROCEDURES FOR INJURIES |
| 21 | 907 | OTHER O.R. PROCEDURES FOR INJURIES W MCC |
| 21 | 908 | OTHER O.R. PROCEDURES FOR INJURIES W CC |
| 21 | 909 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC |
| 21 | 913 | TRAUMATIC INJURY W MCC |
| 21 | 914 | TRAUMATIC INJURY W/O MCC |
| 21 | 915 | ALLERGIC REACTIONS W MCC |
| 21 | 916 | ALLERGIC REACTIONS W/O MCC |
| 21 | 917 | POISONING & TOXIC EFFECTS OF DRUGS W MCC |
| 21 | 918 | POISONING & TOXIC EFFECTS OF DRUGS W/O MCC |
| 21 | 919 | COMPLICATIONS OF TREATMENT W MCC |
| 21 | 920 | COMPLICATIONS OF TREATMENT W CC |
| 21 | 921 | COMPLICATIONS OF TREATMENT W/O CC/MCC |
| 21 | 922 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC |
| 21 | 923 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC |
| 22 | 927 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT |
| 22 | 928 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC |
| 22 | 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC |
| 22 | 933 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT |
| 22 | 934 | FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ |
| 22 | 935 | NON-EXTENSIVE BURNS |
| 23 | 939 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC |
| 23 | 940 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC |
| 23 | 941 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 23 | 945 | REHABILITATION W CC/MCC |
| 23 | 946 | REHABILITATION W/O CC/MCC |
| 23 | 947 | SIGNS & SYMPTOMS W MCC |
| 23 | 948 | SIGNS & SYMPTOMS W/O MCC |
| 23 | 949 | AFTERCARE W CC/MCC |
| 23 | 950 | AFTERCARE W/O CC/MCC |
| 23 | 951 | OTHER FACTORS INFLUENCING HEALTH STATUS |
| 24 | 955 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA |
| 24 | 956 | LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA |
| 24 | 957 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 24 | 958 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC |
| 24 | 959 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 24 | 963 | OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 24 | 964 | OTHER MULTIPLE SIGNIFICANT TRAUMA W CC |
| 24 | 965 | OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 25 | 969 | HIV W EXTENSIVE O.R. PROCEDURE W MCC |
| 25 | 970 | HIV W EXTENSIVE O.R. PROCEDURE W/O MCC |
| 25 | 974 | HIV W MAJOR RELATED CONDITION W MCC |
| 25 | 975 | HIV W MAJOR RELATED CONDITION W CC |
| 25 | 976 | HIV W MAJOR RELATED CONDITION W/O CC/MCC |
| 25 | 977 | HIV W OR W/O OTHER RELATED CONDITION |
| 97 | 998 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS |
| 98 | 001 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC |
| 98 | 002 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC |
| 98 | 003 | ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. |
| 98 | 004 | TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. |
| 98 | 005 | LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT |
| 98 | 006 | LIVER TRANSPLANT W/O MCC |
| 98 | 007 | LUNG TRANSPLANT |
| 98 | 008 | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT |
| 98 | 010 | PANCREAS TRANSPLANT |
| 98 | 011 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC |
| 98 | 012 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC |
| 98 | 013 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC |
| 98 | 014 | ALLOGENEIC BONE MARROW TRANSPLANT |
| 98 | 015 | AUTOLOGOUS BONE MARROW TRANSPLANT |
| 99 | 981 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 99 | 982 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 983 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 99 | 984 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 99 | 985 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 986 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 99 | 987 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 99 | 988 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 989 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 00 | 999 | UNGROUPABLE |
| 01 | 020 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC |
| 01 | 021 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC |
| 01 | 022 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC |
| 01 | 023 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPL |
| 01 | 024 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC |
| 01 | 025 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC |
| 01 | 026 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC |
| 01 | 027 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC |
| 01 | 028 | SPINAL PROCEDURES W MCC |
| 01 | 029 | SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS |
| 01 | 030 | SPINAL PROCEDURES W/O CC/MCC |
| 01 | 031 | VENTRICULAR SHUNT PROCEDURES W MCC |
| 01 | 032 | VENTRICULAR SHUNT PROCEDURES W CC |
| 01 | 033 | VENTRICULAR SHUNT PROCEDURES W/O CC/MCC |
| 01 | 034 | CAROTID ARTERY STENT PROCEDURE W MCC |
| 01 | 035 | CAROTID ARTERY STENT PROCEDURE W CC |
| 01 | 036 | CAROTID ARTERY STENT PROCEDURE W/O CC/MCC |
| 01 | 037 | EXTRACRANIAL PROCEDURES W MCC |
| 01 | 038 | EXTRACRANIAL PROCEDURES W CC |
| 01 | 039 | EXTRACRANIAL PROCEDURES W/O CC/MCC |
| 01 | 040 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC |
| 01 | 041 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROS |
| 01 | 042 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC |
| 01 | 052 | SPINAL DISORDERS & INJURIES W CC/MCC |
| 01 | 053 | SPINAL DISORDERS & INJURIES W/O CC/MCC |
| 01 | 054 | NERVOUS SYSTEM NEOPLASMS W MCC |
| 01 | 055 | NERVOUS SYSTEM NEOPLASMS W/O MCC |
| 01 | 056 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC |
| 01 | 057 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC |
| 01 | 058 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC |
| 01 | 059 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC |
| 01 | 060 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC |
| 01 | 061 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC |
| 01 | 062 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC |
| 01 | 063 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC |
| 01 | 064 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC |

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|----------|-------------|---|
| 01 | 065 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC |
| 01 | 066 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC |
| 01 | 067 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC |
| 01 | 068 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC |
| 01 | 069 | TRANSIENT ISCHEMIA |
| 01 | 070 | NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC |
| 01 | 071 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC |
| 01 | 072 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC |
| 01 | 073 | CRANIAL & PERIPHERAL NERVE DISORDERS W MCC |
| 01 | 074 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC |
| 01 | 075 | VIRAL MENINGITIS W CC/MCC |
| 01 | 076 | VIRAL MENINGITIS W/O CC/MCC |
| 01 | 077 | HYPERTENSIVE ENCEPHALOPATHY W MCC |
| 01 | 078 | HYPERTENSIVE ENCEPHALOPATHY W CC |
| 01 | 079 | HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC |
| 01 | 080 | NONTRAUMATIC STUPOR & COMA W MCC |
| 01 | 081 | NONTRAUMATIC STUPOR & COMA W/O MCC |
| 01 | 082 | TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC |
| 01 | 083 | TRAUMATIC STUPOR & COMA, COMA >1 HR W CC |
| 01 | 084 | TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC |
| 01 | 085 | TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC |
| 01 | 086 | TRAUMATIC STUPOR & COMA, COMA <1 HR W CC |
| 01 | 087 | TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC |
| 01 | 088 | CONCUSSION W MCC |
| 01 | 089 | CONCUSSION W CC |
| 01 | 090 | CONCUSSION W/O CC/MCC |
| 01 | 091 | OTHER DISORDERS OF NERVOUS SYSTEM W MCC |
| 01 | 092 | OTHER DISORDERS OF NERVOUS SYSTEM W CC |
| 01 | 093 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC |
| 01 | 094 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC |
| 01 | 095 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC |
| 01 | 096 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC |
| 01 | 097 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC |
| 01 | 098 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC |
| 01 | 099 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/M |
| 01 | 100 | SEIZURES W MCC |
| 01 | 101 | SEIZURES W/O MCC |

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|-----------------|--------------------|--|
| 01 | 102 | HEADACHES W MCC |
| 01 | 103 | HEADACHES W/O MCC |
| 02 | 113 | ORBITAL PROCEDURES W CC/MCC |
| 02 | 114 | ORBITAL PROCEDURES W/O CC/MCC |
| 02 | 115 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT |
| 02 | 116 | INTRAOCULAR PROCEDURES W CC/MCC |
| 02 | 117 | INTRAOCULAR PROCEDURES W/O CC/MCC |
| 02 | 121 | ACUTE MAJOR EYE INFECTIONS W CC/MCC |
| 02 | 122 | ACUTE MAJOR EYE INFECTIONS W/O CC/MCC |
| 02 | 123 | NEUROLOGICAL EYE DISORDERS |
| 02 | 124 | OTHER DISORDERS OF THE EYE W MCC |
| 02 | 125 | OTHER DISORDERS OF THE EYE W/O MCC |
| 03 | 129 | MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE |
| 03 | 130 | MAJOR HEAD & NECK PROCEDURES W/O CC/MCC |
| 03 | 131 | CRANIAL/FACIAL PROCEDURES W CC/MCC |
| 03 | 132 | CRANIAL/FACIAL PROCEDURES W/O CC/MCC |
| 03 | 133 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC |
| 03 | 134 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC |
| 03 | 135 | SINUS & MASTOID PROCEDURES W CC/MCC |
| 03 | 136 | SINUS & MASTOID PROCEDURES W/O CC/MCC |
| 03 | 137 | MOUTH PROCEDURES W CC/MCC |
| 03 | 138 | MOUTH PROCEDURES W/O CC/MCC |
| 03 | 139 | SALIVARY GLAND PROCEDURES |
| 03 | 146 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC |
| 03 | 147 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC |
| 03 | 148 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC |
| 03 | 149 | DYSEQUILIBRIUM |
| 03 | 150 | EPISTAXIS W MCC |
| 03 | 151 | EPISTAXIS W/O MCC |
| 03 | 152 | OTITIS MEDIA & URI W MCC |
| 03 | 153 | OTITIS MEDIA & URI W/O MCC |
| 03 | 154 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC |
| 03 | 155 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC |
| 03 | 156 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC |
| 03 | 157 | DENTAL & ORAL DISEASES W MCC |
| 03 | 158 | DENTAL & ORAL DISEASES W CC |
| 03 | 159 | DENTAL & ORAL DISEASES W/O CC/MCC |

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|----------|-------------|---|
| 04 | 163 | MAJOR CHEST PROCEDURES W MCC |
| 04 | 164 | MAJOR CHEST PROCEDURES W CC |
| 04 | 165 | MAJOR CHEST PROCEDURES W/O CC/MCC |
| 04 | 166 | OTHER RESP SYSTEM O.R. PROCEDURES W MCC |
| 04 | 167 | OTHER RESP SYSTEM O.R. PROCEDURES W CC |
| 04 | 168 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 04 | 175 | PULMONARY EMBOLISM W MCC |
| 04 | 176 | PULMONARY EMBOLISM W/O MCC |
| 04 | 177 | RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC |
| 04 | 178 | RESPIRATORY INFECTIONS & INFLAMMATIONS W CC |
| 04 | 179 | RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC |
| 04 | 180 | RESPIRATORY NEOPLASMS W MCC |
| 04 | 181 | RESPIRATORY NEOPLASMS W CC |
| 04 | 182 | RESPIRATORY NEOPLASMS W/O CC/MCC |
| 04 | 183 | MAJOR CHEST TRAUMA W MCC |
| 04 | 184 | MAJOR CHEST TRAUMA W CC |
| 04 | 185 | MAJOR CHEST TRAUMA W/O CC/MCC |
| 04 | 186 | PLEURAL EFFUSION W MCC |
| 04 | 187 | PLEURAL EFFUSION W CC |
| 04 | 188 | PLEURAL EFFUSION W/O CC/MCC |
| 04 | 189 | PULMONARY EDEMA & RESPIRATORY FAILURE |
| 04 | 190 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC |
| 04 | 191 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC |
| 04 | 192 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC |
| 04 | 193 | SIMPLE PNEUMONIA & PLEURISY W MCC |
| 04 | 194 | SIMPLE PNEUMONIA & PLEURISY W CC |
| 04 | 195 | SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC |
| 04 | 196 | INTERSTITIAL LUNG DISEASE W MCC |
| 04 | 197 | INTERSTITIAL LUNG DISEASE W CC |
| 04 | 198 | INTERSTITIAL LUNG DISEASE W/O CC/MCC |
| 04 | 199 | PNEUMOTHORAX W MCC |
| 04 | 200 | PNEUMOTHORAX W CC |
| 04 | 201 | PNEUMOTHORAX W/O CC/MCC |
| 04 | 202 | BRONCHITIS & ASTHMA W CC/MCC |
| 04 | 203 | BRONCHITIS & ASTHMA W/O CC/MCC |
| 04 | 204 | RESPIRATORY SIGNS & SYMPTOMS |
| 04 | 205 | OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 04 | 206 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC |
| 04 | 207 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 04 | 208 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS |
| 05 | 215 | OTHER HEART ASSIST SYSTEM IMPLANT |
| 05 | 216 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC |
| 05 | 217 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC |
| 05 | 218 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MC |
| 05 | 219 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC |
| 05 | 220 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC |
| 05 | 221 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/ |
| 05 | 222 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC |
| 05 | 223 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC |
| 05 | 224 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC |
| 05 | 225 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC |
| 05 | 226 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC |
| 05 | 227 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC |
| 05 | 228 | OTHER CARDIOTHORACIC PROCEDURES W MCC |
| 05 | 229 | OTHER CARDIOTHORACIC PROCEDURES W CC |
| 05 | 230 | OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC |
| 05 | 231 | CORONARY BYPASS W PTCA W MCC |
| 05 | 232 | CORONARY BYPASS W PTCA W/O MCC |
| 05 | 233 | CORONARY BYPASS W CARDIAC CATH W MCC |
| 05 | 234 | CORONARY BYPASS W CARDIAC CATH W/O MCC |
| 05 | 235 | CORONARY BYPASS W/O CARDIAC CATH W MCC |
| 05 | 236 | CORONARY BYPASS W/O CARDIAC CATH W/O MCC |
| 05 | 237 | MAJOR CARDIOVASC PROCEDURES W MCC |
| 05 | 238 | MAJOR CARDIOVASC PROCEDURES W/O MCC |
| 05 | 239 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC |
| 05 | 240 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC |
| 05 | 241 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC |
| 05 | 242 | PERMANENT CARDIAC PACEMAKER IMPLANT W MCC |
| 05 | 243 | PERMANENT CARDIAC PACEMAKER IMPLANT W CC |
| 05 | 244 | PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC |
| 05 | 245 | AICD GENERATOR PROCEDURES |
| 05 | 246 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STE |
| 05 | 247 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC |
| 05 | 248 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STE |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|--|
| 05 | 249 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC |
| 05 | 250 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC |
| 05 | 251 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC |
| 05 | 252 | OTHER VASCULAR PROCEDURES W MCC |
| 05 | 253 | OTHER VASCULAR PROCEDURES W CC |
| 05 | 254 | OTHER VASCULAR PROCEDURES W/O CC/MCC |
| 05 | 255 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC |
| 05 | 256 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC |
| 05 | 257 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC |
| 05 | 258 | CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC |
| 05 | 259 | CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC |
| 05 | 260 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC |
| 05 | 261 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC |
| 05 | 262 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC |
| 05 | 263 | VEIN LIGATION & STRIPPING |
| 05 | 264 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES |
| 05 | 265 | AICD LEAD PROCEDURES |
| 05 | 280 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC |
| 05 | 281 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC |
| 05 | 282 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC |
| 05 | 283 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC |
| 05 | 284 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC |
| 05 | 285 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC |
| 05 | 286 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC |
| 05 | 287 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC |
| 05 | 288 | ACUTE & SUBACUTE ENDOCARDITIS W MCC |
| 05 | 289 | ACUTE & SUBACUTE ENDOCARDITIS W CC |
| 05 | 290 | ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC |
| 05 | 291 | HEART FAILURE & SHOCK W MCC |
| 05 | 292 | HEART FAILURE & SHOCK W CC |
| 05 | 293 | HEART FAILURE & SHOCK W/O CC/MCC |
| 05 | 294 | DEEP VEIN THROMBOPHLEBITIS W CC/MCC |
| 05 | 295 | DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC |
| 05 | 296 | CARDIAC ARREST, UNEXPLAINED W MCC |
| 05 | 297 | CARDIAC ARREST, UNEXPLAINED W CC |
| 05 | 298 | CARDIAC ARREST, UNEXPLAINED W/O CC/MCC |
| 05 | 299 | PERIPHERAL VASCULAR DISORDERS W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|--|
| 05 | 300 | PERIPHERAL VASCULAR DISORDERS W CC |
| 05 | 301 | PERIPHERAL VASCULAR DISORDERS W/O CC/MCC |
| 05 | 302 | ATHEROSCLEROSIS W MCC |
| 05 | 303 | ATHEROSCLEROSIS W/O MCC |
| 05 | 304 | HYPERTENSION W MCC |
| 05 | 305 | HYPERTENSION W/O MCC |
| 05 | 306 | CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC |
| 05 | 307 | CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC |
| 05 | 308 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC |
| 05 | 309 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC |
| 05 | 310 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC |
| 05 | 311 | ANGINA PECTORIS |
| 05 | 312 | SYNCOPE & COLLAPSE |
| 05 | 313 | CHEST PAIN |
| 05 | 314 | OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC |
| 05 | 315 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC |
| 05 | 316 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC |
| 06 | 326 | STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC |
| 06 | 327 | STOMACH, ESOPHAGEAL & DUODENAL PROC W CC |
| 06 | 328 | STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC |
| 06 | 329 | MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC |
| 06 | 330 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 06 | 331 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 06 | 332 | RECTAL RESECTION W MCC |
| 06 | 333 | RECTAL RESECTION W CC |
| 06 | 334 | RECTAL RESECTION W/O CC/MCC |
| 06 | 335 | PERITONEAL ADHESIOLYSIS W MCC |
| 06 | 336 | PERITONEAL ADHESIOLYSIS W CC |
| 06 | 337 | PERITONEAL ADHESIOLYSIS W/O CC/MCC |
| 06 | 338 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC |
| 06 | 339 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC |
| 06 | 340 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 06 | 341 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC |
| 06 | 342 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC |
| 06 | 343 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 06 | 344 | MINOR SMALL & LARGE BOWEL PROCEDURES W MCC |
| 06 | 345 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC |

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Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 06 | 346 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 06 | 347 | ANAL & STOMAL PROCEDURES W MCC |
| 06 | 348 | ANAL & STOMAL PROCEDURES W CC |
| 06 | 349 | ANAL & STOMAL PROCEDURES W/O CC/MCC |
| 06 | 350 | INGUINAL & FEMORAL HERNIA PROCEDURES W MCC |
| 06 | 351 | INGUINAL & FEMORAL HERNIA PROCEDURES W CC |
| 06 | 352 | INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC |
| 06 | 353 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC |
| 06 | 354 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC |
| 06 | 355 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC |
| 06 | 356 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC |
| 06 | 357 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC |
| 06 | 358 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 06 | 368 | MAJOR ESOPHAGEAL DISORDERS W MCC |
| 06 | 369 | MAJOR ESOPHAGEAL DISORDERS W CC |
| 06 | 370 | MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC |
| 06 | 371 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC |
| 06 | 372 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC |
| 06 | 373 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/M |
| 06 | 374 | DIGESTIVE MALIGNANCY W MCC |
| 06 | 375 | DIGESTIVE MALIGNANCY W CC |
| 06 | 376 | DIGESTIVE MALIGNANCY W/O CC/MCC |
| 06 | 377 | G.I. HEMORRHAGE W MCC |
| 06 | 378 | G.I. HEMORRHAGE W CC |
| 06 | 379 | G.I. HEMORRHAGE W/O CC/MCC |
| 06 | 380 | COMPLICATED PEPTIC ULCER W MCC |
| 06 | 381 | COMPLICATED PEPTIC ULCER W CC |
| 06 | 382 | COMPLICATED PEPTIC ULCER W/O CC/MCC |
| 06 | 383 | UNCOMPLICATED PEPTIC ULCER W MCC |
| 06 | 384 | UNCOMPLICATED PEPTIC ULCER W/O MCC |
| 06 | 385 | INFLAMMATORY BOWEL DISEASE W MCC |
| 06 | 386 | INFLAMMATORY BOWEL DISEASE W CC |
| 06 | 387 | INFLAMMATORY BOWEL DISEASE W/O CC/MCC |
| 06 | 388 | G.I. OBSTRUCTION W MCC |
| 06 | 389 | G.I. OBSTRUCTION W CC |
| 06 | 390 | G.I. OBSTRUCTION W/O CC/MCC |
| 06 | 391 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 06 | 392 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC |
| 06 | 393 | OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC |
| 06 | 394 | OTHER DIGESTIVE SYSTEM DIAGNOSES W CC |
| 06 | 395 | OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC |
| 07 | 405 | PANCREAS, LIVER & SHUNT PROCEDURES W MCC |
| 07 | 406 | PANCREAS, LIVER & SHUNT PROCEDURES W CC |
| 07 | 407 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC |
| 07 | 408 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC |
| 07 | 409 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC |
| 07 | 410 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/M |
| 07 | 411 | CHOLECYSTECTOMY W C.D.E. W MCC |
| 07 | 412 | CHOLECYSTECTOMY W C.D.E. W CC |
| 07 | 413 | CHOLECYSTECTOMY W C.D.E. W/O CC/MCC |
| 07 | 414 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC |
| 07 | 415 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC |
| 07 | 416 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC |
| 07 | 417 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC |
| 07 | 418 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC |
| 07 | 419 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC |
| 07 | 420 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC |
| 07 | 421 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC |
| 07 | 422 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC |
| 07 | 423 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC |
| 07 | 424 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC |
| 07 | 425 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC |
| 07 | 432 | CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC |
| 07 | 433 | CIRRHOSIS & ALCOHOLIC HEPATITIS W CC |
| 07 | 434 | CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC |
| 07 | 435 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC |
| 07 | 436 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC |
| 07 | 437 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC |
| 07 | 438 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC |
| 07 | 439 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC |
| 07 | 440 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC |
| 07 | 441 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC |
| 07 | 442 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC |
| 07 | 443 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 07 | 444 | DISORDERS OF THE BILIARY TRACT W MCC |
| 07 | 445 | DISORDERS OF THE BILIARY TRACT W CC |
| 07 | 446 | DISORDERS OF THE BILIARY TRACT W/O CC/MCC |
| 08 | 453 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC |
| 08 | 454 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC |
| 08 | 455 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC |
| 08 | 456 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC |
| 08 | 457 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC |
| 08 | 458 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MC |
| 08 | 459 | SPINAL FUSION EXCEPT CERVICAL W MCC |
| 08 | 460 | SPINAL FUSION EXCEPT CERVICAL W/O MCC |
| 08 | 461 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC |
| 08 | 462 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MC |
| 08 | 463 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC |
| 08 | 464 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC |
| 08 | 465 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/ |
| 08 | 466 | REVISION OF HIP OR KNEE REPLACEMENT W MCC |
| 08 | 467 | REVISION OF HIP OR KNEE REPLACEMENT W CC |
| 08 | 468 | REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC |
| 08 | 469 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC |
| 08 | 470 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MC |
| 08 | 471 | CERVICAL SPINAL FUSION W MCC |
| 08 | 472 | CERVICAL SPINAL FUSION W CC |
| 08 | 473 | CERVICAL SPINAL FUSION W/O CC/MCC |
| 08 | 474 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC |
| 08 | 475 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC |
| 08 | 476 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC |
| 08 | 477 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC |
| 08 | 478 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC |
| 08 | 479 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC |
| 08 | 480 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC |
| 08 | 481 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC |
| 08 | 482 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC |
| 08 | 483 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC |
| 08 | 484 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MC |
| 08 | 485 | KNEE PROCEDURES W PDX OF INFECTION W MCC |
| 08 | 486 | KNEE PROCEDURES W PDX OF INFECTION W CC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 08 | 487 | KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC |
| 08 | 488 | KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC |
| 08 | 489 | KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC |
| 08 | 490 | BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROS |
| 08 | 491 | BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC |
| 08 | 492 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC |
| 08 | 493 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC |
| 08 | 494 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC |
| 08 | 495 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC |
| 08 | 496 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC |
| 08 | 497 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/M |
| 08 | 498 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC |
| 08 | 499 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MC |
| 08 | 500 | SOFT TISSUE PROCEDURES W MCC |
| 08 | 501 | SOFT TISSUE PROCEDURES W CC |
| 08 | 502 | SOFT TISSUE PROCEDURES W/O CC/MCC |
| 08 | 503 | FOOT PROCEDURES W MCC |
| 08 | 504 | FOOT PROCEDURES W CC |
| 08 | 505 | FOOT PROCEDURES W/O CC/MCC |
| 08 | 506 | MAJOR THUMB OR JOINT PROCEDURES |
| 08 | 507 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC |
| 08 | 508 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC |
| 08 | 509 | ARTHROSCOPY |
| 08 | 510 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC |
| 08 | 511 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC |
| 08 | 512 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC |
| 08 | 513 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC |
| 08 | 514 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC |
| 08 | 515 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC |
| 08 | 516 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC |
| 08 | 517 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC |
| 08 | 533 | FRACTURES OF FEMUR W MCC |
| 08 | 534 | FRACTURES OF FEMUR W/O MCC |
| 08 | 535 | FRACTURES OF HIP & PELVIS W MCC |
| 08 | 536 | FRACTURES OF HIP & PELVIS W/O MCC |
| 08 | 537 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC |
| 08 | 538 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 08 | 539 | OSTEOMYELITIS W MCC |
| 08 | 540 | OSTEOMYELITIS W CC |
| 08 | 541 | OSTEOMYELITIS W/O CC/MCC |
| 08 | 542 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC |
| 08 | 543 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC |
| 08 | 544 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/M |
| 08 | 545 | CONNECTIVE TISSUE DISORDERS W MCC |
| 08 | 546 | CONNECTIVE TISSUE DISORDERS W CC |
| 08 | 547 | CONNECTIVE TISSUE DISORDERS W/O CC/MCC |
| 08 | 548 | SEPTIC ARTHRITIS W MCC |
| 08 | 549 | SEPTIC ARTHRITIS W CC |
| 08 | 550 | SEPTIC ARTHRITIS W/O CC/MCC |
| 08 | 551 | MEDICAL BACK PROBLEMS W MCC |
| 08 | 552 | MEDICAL BACK PROBLEMS W/O MCC |
| 08 | 553 | BONE DISEASES & ARTHROPATHIES W MCC |
| 08 | 554 | BONE DISEASES & ARTHROPATHIES W/O MCC |
| 08 | 555 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC |
| 08 | 556 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC |
| 08 | 557 | TENDONITIS, MYOSITIS & BURSITIS W MCC |
| 08 | 558 | TENDONITIS, MYOSITIS & BURSITIS W/O MCC |
| 08 | 559 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC |
| 08 | 560 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC |
| 08 | 561 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC |
| 08 | 562 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC |
| 08 | 563 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC |
| 08 | 564 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC |
| 08 | 565 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC |
| 08 | 566 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MC |
| 09 | 570 | SKIN DEBRIDEMENT W MCC |
| 09 | 571 | SKIN DEBRIDEMENT W CC |
| 09 | 572 | SKIN DEBRIDEMENT W/O CC/MCC |
| 09 | 573 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC |
| 09 | 574 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC |
| 09 | 575 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC |
| 09 | 576 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC |
| 09 | 577 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC |
| 09 | 578 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 09 | 579 | OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC |
| 09 | 580 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC |
| 09 | 581 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC |
| 09 | 582 | MASTECTOMY FOR MALIGNANCY W CC/MCC |
| 09 | 583 | MASTECTOMY FOR MALIGNANCY W/O CC/MCC |
| 09 | 584 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC |
| 09 | 585 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MC |
| 09 | 592 | SKIN ULCERS W MCC |
| 09 | 593 | SKIN ULCERS W CC |
| 09 | 594 | SKIN ULCERS W/O CC/MCC |
| 09 | 595 | MAJOR SKIN DISORDERS W MCC |
| 09 | 596 | MAJOR SKIN DISORDERS W/O MCC |
| 09 | 597 | MALIGNANT BREAST DISORDERS W MCC |
| 09 | 598 | MALIGNANT BREAST DISORDERS W CC |
| 09 | 599 | MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 09 | 600 | NON-MALIGNANT BREAST DISORDERS W CC/MCC |
| 09 | 601 | NON-MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 09 | 602 | CELLULITIS W MCC |
| 09 | 603 | CELLULITIS W/O MCC |
| 09 | 604 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC |
| 09 | 605 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC |
| 09 | 606 | MINOR SKIN DISORDERS W MCC |
| 09 | 607 | MINOR SKIN DISORDERS W/O MCC |
| 10 | 614 | ADRENAL & PITUITARY PROCEDURES W CC/MCC |
| 10 | 615 | ADRENAL & PITUITARY PROCEDURES W/O CC/MCC |
| 10 | 616 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC |
| 10 | 617 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC |
| 10 | 618 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/M |
| 10 | 619 | O.R. PROCEDURES FOR OBESITY W MCC |
| 10 | 620 | O.R. PROCEDURES FOR OBESITY W CC |
| 10 | 621 | O.R. PROCEDURES FOR OBESITY W/O CC/MCC |
| 10 | 622 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC |
| 10 | 623 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC |
| 10 | 624 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/M |
| 10 | 625 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC |
| 10 | 626 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC |
| 10 | 627 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 10 | 628 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC |
| 10 | 629 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC |
| 10 | 630 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC |
| 10 | 637 | DIABETES W MCC |
| 10 | 638 | DIABETES W CC |
| 10 | 639 | DIABETES W/O CC/MCC |
| 10 | 640 | MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC |
| 10 | 641 | MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MC |
| 10 | 642 | INBORN AND OTHER DISORDERS OF METABOLISM |
| 10 | 643 | ENDOCRINE DISORDERS W MCC |
| 10 | 644 | ENDOCRINE DISORDERS W CC |
| 10 | 645 | ENDOCRINE DISORDERS W/O CC/MCC |
| 11 | 652 | KIDNEY TRANSPLANT |
| 11 | 653 | MAJOR BLADDER PROCEDURES W MCC |
| 11 | 654 | MAJOR BLADDER PROCEDURES W CC |
| 11 | 655 | MAJOR BLADDER PROCEDURES W/O CC/MCC |
| 11 | 656 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC |
| 11 | 657 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC |
| 11 | 658 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC |
| 11 | 659 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC |
| 11 | 660 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC |
| 11 | 661 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC |
| 11 | 662 | MINOR BLADDER PROCEDURES W MCC |
| 11 | 663 | MINOR BLADDER PROCEDURES W CC |
| 11 | 664 | MINOR BLADDER PROCEDURES W/O CC/MCC |
| 11 | 665 | PROSTATECTOMY W MCC |
| 11 | 666 | PROSTATECTOMY W CC |
| 11 | 667 | PROSTATECTOMY W/O CC/MCC |
| 11 | 668 | TRANSURETHRAL PROCEDURES W MCC |
| 11 | 669 | TRANSURETHRAL PROCEDURES W CC |
| 11 | 670 | TRANSURETHRAL PROCEDURES W/O CC/MCC |
| 11 | 671 | URETHRAL PROCEDURES W CC/MCC |
| 11 | 672 | URETHRAL PROCEDURES W/O CC/MCC |
| 11 | 673 | OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC |
| 11 | 674 | OTHER KIDNEY & URINARY TRACT PROCEDURES W CC |
| 11 | 675 | OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC |
| 11 | 682 | RENAL FAILURE W MCC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 11 | 683 | RENAL FAILURE W CC |
| 11 | 684 | RENAL FAILURE W/O CC/MCC |
| 11 | 685 | ADMIT FOR RENAL DIALYSIS |
| 11 | 686 | KIDNEY & URINARY TRACT NEOPLASMS W MCC |
| 11 | 687 | KIDNEY & URINARY TRACT NEOPLASMS W CC |
| 11 | 688 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC |
| 11 | 689 | KIDNEY & URINARY TRACT INFECTIONS W MCC |
| 11 | 690 | KIDNEY & URINARY TRACT INFECTIONS W/O MCC |
| 11 | 691 | URINARY STONES W ESW LITHOTRIpsy W CC/MCC |
| 11 | 692 | URINARY STONES W ESW LITHOTRIpsy W/O CC/MCC |
| 11 | 693 | URINARY STONES W/O ESW LITHOTRIpsy W MCC |
| 11 | 694 | URINARY STONES W/O ESW LITHOTRIpsy W/O MCC |
| 11 | 695 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC |
| 11 | 696 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC |
| 11 | 697 | URETHRAL STRICTURE |
| 11 | 698 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC |
| 11 | 699 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC |
| 11 | 700 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC |
| 12 | 707 | MAJOR MALE PELVIC PROCEDURES W CC/MCC |
| 12 | 708 | MAJOR MALE PELVIC PROCEDURES W/O CC/MCC |
| 12 | 709 | PENIS PROCEDURES W CC/MCC |
| 12 | 710 | PENIS PROCEDURES W/O CC/MCC |
| 12 | 711 | TESTES PROCEDURES W CC/MCC |
| 12 | 712 | TESTES PROCEDURES W/O CC/MCC |
| 12 | 713 | TRANSURETHRAL PROSTATECTOMY W CC/MCC |
| 12 | 714 | TRANSURETHRAL PROSTATECTOMY W/O CC/MCC |
| 12 | 715 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC |
| 12 | 716 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MC |
| 12 | 717 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC |
| 12 | 718 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MC |
| 12 | 722 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC |
| 12 | 723 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC |
| 12 | 724 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 12 | 725 | BENIGN PROSTATIC HYPERTROPHY W MCC |
| 12 | 726 | BENIGN PROSTATIC HYPERTROPHY W/O MCC |
| 12 | 727 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC |
| 12 | 728 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC |

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|-----------------|--------------------|---|
| 12 | 729 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC |
| 12 | 730 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC |
| 13 | 734 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC |
| 13 | 735 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC |
| 13 | 736 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC |
| 13 | 737 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC |
| 13 | 738 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MC |
| 13 | 739 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC |
| 13 | 740 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC |
| 13 | 741 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC |
| 13 | 742 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC |
| 13 | 743 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC |
| 13 | 744 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC |
| 13 | 745 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC |
| 13 | 746 | VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC |
| 13 | 747 | VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC |
| 13 | 748 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES |
| 13 | 749 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC |
| 13 | 750 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 13 | 754 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC |
| 13 | 755 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC |
| 13 | 756 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 13 | 757 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC |
| 13 | 758 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC |
| 13 | 759 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 13 | 760 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC |
| 13 | 761 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC |
| 14 | 765 | CESAREAN SECTION W CC/MCC |
| 14 | 766 | CESAREAN SECTION W/O CC/MCC |
| 14 | 767 | VAGINAL DELIVERY W STERILIZATION &/OR D&C |
| 14 | 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C |
| 14 | 769 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE |
| 14 | 770 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY |
| 14 | 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 14 | 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 14 | 776 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE |
| 14 | 777 | ECTOPIC PREGNANCY |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 14 | 778 | THREATENED ABORTION |
| 14 | 779 | ABORTION W/O D&C |
| 14 | 780 | FALSE LABOR |
| 14 | 781 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS |
| 14 | 782 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS |
| 15 | 789 | NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY |
| 15 | 790 | EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE |
| 15 | 791 | PREMATURITY W MAJOR PROBLEMS |
| 15 | 792 | PREMATURITY W/O MAJOR PROBLEMS |
| 15 | 793 | FULL TERM NEONATE W MAJOR PROBLEMS |
| 15 | 794 | NEONATE W OTHER SIGNIFICANT PROBLEMS |
| 15 | 795 | NORMAL NEWBORN |
| 16 | 799 | SPLENECTOMY W MCC |
| 16 | 800 | SPLENECTOMY W CC |
| 16 | 801 | SPLENECTOMY W/O CC/MCC |
| 16 | 802 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC |
| 16 | 803 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC |
| 16 | 804 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC |
| 16 | 808 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC |
| 16 | 809 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC |
| 16 | 810 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/M |
| 16 | 811 | RED BLOOD CELL DISORDERS W MCC |
| 16 | 812 | RED BLOOD CELL DISORDERS W/O MCC |
| 16 | 813 | COAGULATION DISORDERS |
| 16 | 814 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC |
| 16 | 815 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC |
| 16 | 816 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC |
| 17 | 820 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC |
| 17 | 821 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC |
| 17 | 822 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC |
| 17 | 823 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC |
| 17 | 824 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC |
| 17 | 825 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC |
| 17 | 826 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC |
| 17 | 827 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC |
| 17 | 828 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MC |
| 17 | 829 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MC |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 17 | 830 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/ |
| 17 | 834 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC |
| 17 | 835 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC |
| 17 | 836 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC |
| 17 | 837 | CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC |
| 17 | 838 | CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT |
| 17 | 839 | CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC |
| 17 | 840 | LYMPHOMA & NON-ACUTE LEUKEMIA W MCC |
| 17 | 841 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC |
| 17 | 842 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC |
| 17 | 843 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC |
| 17 | 844 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC |
| 17 | 845 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC |
| 17 | 846 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC |
| 17 | 847 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC |
| 17 | 848 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC |
| 17 | 849 | RADIOTHERAPY |
| 18 | 853 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC |
| 18 | 854 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC |
| 18 | 855 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC |
| 18 | 856 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC |
| 18 | 857 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC |
| 18 | 858 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC |
| 18 | 862 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC |
| 18 | 863 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC |
| 18 | 864 | FEVER |
| 18 | 865 | VIRAL ILLNESS W MCC |
| 18 | 866 | VIRAL ILLNESS W/O MCC |
| 18 | 867 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC |
| 18 | 868 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC |
| 18 | 869 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC |
| 18 | 870 | SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS |
| 18 | 871 | SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC |
| 18 | 872 | SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC |
| 19 | 876 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 19 | 880 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION |
| 19 | 881 | DEPRESSIVE NEUROSES |

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| MDC Code | MS-DRG Code | MS-DRG Description |
|----------|-------------|---|
| 19 | 882 | NEUROSES EXCEPT DEPRESSIVE |
| 19 | 883 | DISORDERS OF PERSONALITY & IMPULSE CONTROL |
| 19 | 884 | ORGANIC DISTURBANCES & MENTAL RETARDATION |
| 19 | 885 | PSYCHOSES |
| 19 | 886 | BEHAVIORAL & DEVELOPMENTAL DISORDERS |
| 19 | 887 | OTHER MENTAL DISORDER DIAGNOSES |
| 20 | 894 | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA |
| 20 | 895 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY |
| 20 | 896 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC |
| 20 | 897 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O M |
| 21 | 901 | WOUND DEBRIDEMENTS FOR INJURIES W MCC |
| 21 | 902 | WOUND DEBRIDEMENTS FOR INJURIES W CC |
| 21 | 903 | WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC |
| 21 | 904 | SKIN GRAFTS FOR INJURIES W CC/MCC |
| 21 | 905 | SKIN GRAFTS FOR INJURIES W/O CC/MCC |
| 21 | 906 | HAND PROCEDURES FOR INJURIES |
| 21 | 907 | OTHER O.R. PROCEDURES FOR INJURIES W MCC |
| 21 | 908 | OTHER O.R. PROCEDURES FOR INJURIES W CC |
| 21 | 909 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC |
| 21 | 913 | TRAUMATIC INJURY W MCC |
| 21 | 914 | TRAUMATIC INJURY W/O MCC |
| 21 | 915 | ALLERGIC REACTIONS W MCC |
| 21 | 916 | ALLERGIC REACTIONS W/O MCC |
| 21 | 917 | POISONING & TOXIC EFFECTS OF DRUGS W MCC |
| 21 | 918 | POISONING & TOXIC EFFECTS OF DRUGS W/O MCC |
| 21 | 919 | COMPLICATIONS OF TREATMENT W MCC |
| 21 | 920 | COMPLICATIONS OF TREATMENT W CC |
| 21 | 921 | COMPLICATIONS OF TREATMENT W/O CC/MCC |
| 21 | 922 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC |
| 21 | 923 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC |
| 22 | 927 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT |
| 22 | 928 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC |
| 22 | 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC |
| 22 | 933 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRA |
| 22 | 934 | FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ |
| 22 | 935 | NON-EXTENSIVE BURNS |
| 23 | 939 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 29.0

| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 23 | 940 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC |
| 23 | 941 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/M |
| 23 | 945 | REHABILITATION W CC/MCC |
| 23 | 946 | REHABILITATION W/O CC/MCC |
| 23 | 947 | SIGNS & SYMPTOMS W MCC |
| 23 | 948 | SIGNS & SYMPTOMS W/O MCC |
| 23 | 949 | AFTERCARE W CC/MCC |
| 23 | 950 | AFTERCARE W/O CC/MCC |
| 23 | 951 | OTHER FACTORS INFLUENCING HEALTH STATUS |
| 24 | 955 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA |
| 24 | 956 | LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAU |
| 24 | 957 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 24 | 958 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC |
| 24 | 959 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 24 | 963 | OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 24 | 964 | OTHER MULTIPLE SIGNIFICANT TRAUMA W CC |
| 24 | 965 | OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 25 | 969 | HIV W EXTENSIVE O.R. PROCEDURE W MCC |
| 25 | 970 | HIV W EXTENSIVE O.R. PROCEDURE W/O MCC |
| 25 | 974 | HIV W MAJOR RELATED CONDITION W MCC |
| 25 | 975 | HIV W MAJOR RELATED CONDITION W CC |
| 25 | 976 | HIV W MAJOR RELATED CONDITION W/O CC/MCC |
| 25 | 977 | HIV W OR W/O OTHER RELATED CONDITION |
| 97 | 998 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS |
| 98 | 001 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC |
| 98 | 002 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC |
| 98 | 003 | ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O. |
| 98 | 004 | TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. |
| 98 | 005 | LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT |
| 98 | 006 | LIVER TRANSPLANT W/O MCC |
| 98 | 007 | LUNG TRANSPLANT |
| 98 | 008 | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT |
| 98 | 010 | PANCREAS TRANSPLANT |
| 98 | 011 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC |
| 98 | 012 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC |
| 98 | 013 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC |
| 98 | 014 | ALLOGENEIC BONE MARROW TRANSPLANT |

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 29.0

| MDC Code | MS-DRG Code | MS-DRG Description |
|-----------------|--------------------|---|
| 98 | 016 | AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC |
| 98 | 017 | AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC |
| 99 | 981 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 99 | 982 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 983 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/ |
| 99 | 984 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 99 | 985 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 986 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/ |
| 99 | 987 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 99 | 988 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 99 | 989 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/M |

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--|------------|------------|---------------|--------------|--|
| '010856' | Kaiser Fdn Hosp - Oakland Campus | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '010858' | Kaiser Fdn Hosp - Hayward/Fremont | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '070990' | Kaiser Fdn Hosp - Walnut Creek | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '074097' | Kaiser Fdn Hosp - Antioch | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '104062' | Kaiser Fdn Hosp - Fresno | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '190429' | Kaiser Fdn Hosp - Los Angeles (Sunset) | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '190431' | Kaiser Fdn Hosp - South Bay | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '190432' | Kaiser Fdn Hosp - Panorama City | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '190434' | Kaiser Fdn Hosp - West LA | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '190712' | Shriners Hospital - Los Angeles | 1/1/2011 | 12/31/2011 | DNR | Modification | Their patients are basically healthy children treated for a specific reason. This is in keeping with the type of service that Shriners supplies. |
| '190712' | Shriners Hospital - Los Angeles | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Facility to report total charges as \$0 for the 2011 reporting periods. This is in keeping with the type of service that Shriners supplies. |
| '190712' | Shriners Hospital - Los Angeles | 1/1/2011 | 12/31/2011 | ZIP Code | Modification | Most of the patients come from Mexico. This is in keeping with the type of service that Shriners supplies. |

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Modifications, Non-Compliance, Exceptions
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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--------------------------------------|------------|------------|----------------------------|--------------|---|
| '191450' | Kaiser Fdn Hosp - Woodland Hills | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '196035' | Kaiser Fdn Hosp - Baldwin Park | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '196403' | Kaiser Fdn Hosp - Downey | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '210992' | Kaiser Fdn Hosp - San Rafael | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '301132' | Kaiser Fdn Hosp - Anaheim | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '314024' | Kaiser Fdn Hosp - Roseville - Eureka | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '334025' | Kaiser Fdn Hosp - Riverside | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '334048' | Kaiser Fdn Hosp - Moreno Valley | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '340913' | Kaiser Fdn Hosp - Sacramento - Morse | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '342344' | Kaiser Fdn Hosp - South Sacramento | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '344114' | Shriners Hospital - Northern Calif | 1/1/2011 | 12/31/2011 | Expected Source of Payment | Modification | Facility to report 100% records reported in one payer category for the 2011 reporting periods. |
| '344114' | Shriners Hospital - Northern Calif | 1/1/2011 | 12/31/2011 | DNR | Modification | All patients in good health and withstand planned surgery/treatment with the exception of our burn patients. |
| '344114' | Shriners Hospital - Northern Calif | 1/1/2011 | 12/31/2011 | Social Security Number | Modification | Most of their patient population is from out of the country. |
| '344114' | Shriners Hospital - Northern Calif | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Facility to report total charges as \$0 for the 2011 reporting periods. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for. |
| '361223' | Kaiser Fdn Hosp - Fontana | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '370730' | Kaiser Fdn Hosp - San Diego | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '380857' | Kaiser Fdn Hosp - San Francisco | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|---|------------|------------|---|----------------|--|
| '394009' | Kaiser Fdn Hosp - Manteca | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '410804' | Kaiser Fdn Hosp - Redwood City | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '410806' | Kaiser Fdn Hosp - South San Francisco | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '431506' | Kaiser Fdn Hosp - San Jose | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '434153' | Kaiser Fdn Hosp - Santa Clara | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '480989' | Kaiser Fdn Hosp - Rehab Ctr. - Vallejo | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '484044' | Kaiser Fdn Hosp - Vacaville | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '494019' | Kaiser Fdn Hosp - Santa Rosa | 1/1/2011 | 12/31/2011 | Total Charges | Modification | Modification request to not report Total Charges. |
| '013687' | MPI Chemical Dependency Recovery Hospital | 1/1/2008 | 6/30/2012 | Principal Procedure | Non-Compliance | Facility states they reported procedures that were not necessarily completed because they were coding procedures from the "history and physical" rather than the physician's orders. In some cases the physician did not go on to order the procedure. |
| '014034' | Fremont Hospital | 7/1/2011 | 12/31/2011 | Expected Source of Payment Payor Category | Non-Compliance | Non-Compliance issued on Expected Source of Payment Payor Category. The current data reported has issues due to the new system which created many mapping problems. |
| '150737' | Kern Valley Healthcare District | 1/1/2008 | 6/30/2011 | Source of Admission Route | Non-Compliance | Facility has been reporting incorrectly for 2 years the Skilled Nursing patients that go to the ER for treatment and return the next day as two separate stays. It should have been reported as one continuous stay. They will have it corrected starting July 1 2011. |

Appendix I
Modifications, Non-Compliance, Exceptions
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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|---|------------|------------|----------------------------|----------------|--|
| '150788' | San Joaquin Community Hospital | 1/1/2001 | 6/30/2011 | Race | Non-Compliance | Facility states , Hispanic was removed as a Race option and mapped to Unknown. |
| '190470' | Providence Little Company of Mary MC - Torrance | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Non-Compliance | Non-Compliance was issued on the full data element due to a software mapping problem; 1,600-3,500 records were incorrectly mapped. This has been corrected and is expected to be correct as of 1-1-12. |
| 190854' | Los Angeles Metropolitan Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission | Non-Compliance | Facility did not provide sufficient justification on questionable data and was unable to meet the reporting requirements by the established end date. |
| 190854' | Los Angeles Metropolitan Medical Center | 1/1/2011 | 6/30/2011 | Type of Admission | Non-Compliance | Facility did not provide sufficient justification on questionable data and was unable to meet the reporting requirements by the established end date. |
| '250955' | Surprise Valley Community Hospital | 1/1/2008 | 6/30/2011 | Total Number of Discharges | Non-Compliance | Facility states they were underreporting discharges due to not discharging when patient changed type of care within the facility. |
| '270777' | George L. Mee Memorial Hospital | 7/1/2010 | 12/31/2011 | Expected Source of Payment | Non-Compliance | Per facility, the new system has caused Expected Source of Payment errors and due to limited resources and other projects, they will not be able to repair the system until the end of 2011. |
| '331194' | Hemet Valley Medical Center | 7/1/2010 | 6/30/2011 | Ethnicity | Non-Compliance | Per facility contact, they have not been collecting Ethnicity per OSHPD requirements. They will begin collecting Ethnicity per our reporting requirements by July 1, 2011 |

Appendix I
Modifications, Non-Compliance, Exceptions
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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|---|------------|-----------|----------------------------|----------------|--|
| 334589' | Loma Linda University Medical Center - Murrieta | 1/1/2011 | 6/30/2011 | Disposition of Patient | Non-Compliance | Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date. |
| 334589' | Loma Linda University Medical Center - Murrieta | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Non-Compliance | Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date. |
| 334589' | Loma Linda University Medical Center - Murrieta | 1/1/2011 | 6/30/2011 | DNR | Non-Compliance | Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date. |
| 334589' | Loma Linda University Medical Center - Murrieta | 1/1/2011 | 6/30/2011 | Principal E-Code | Non-Compliance | Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date. |

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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|---|------------|------------|--------------------------|----------------|--|
| 334589' | Loma Linda University Medical Center - Murrieta | 1/1/2011 | 6/30/2011 | Source of Admission | Non-Compliance | Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date. |
| '380857' | Kaiser Fdn Hosp - San Francisco | 7/1/2010 | 6/30/2011 | Ethnicity | Non-Compliance | Facility contact verified the facility's admitting staff was not properly providing mothers of newborns with an opportunity to declare race/ethnicity for their newborns. |
| '380929' | California PAC Med Ctr-Pacific Campus | 1/1/2001 | 12/31/2011 | Total Number of Records | Non-Compliance | Facility has been overstating number of discharges due to discharging/readmitting patient when moved within same type of care between Davies and Pacific campus which were both reporting under the consolidated license of the Pacific campus. |
| '190017' | Alhambra Hospital Medical Center | 1/1/2011 | 6/30/2011 | Race | Exception | Per facility, high "Unknown" Race reported are patients that were Hispanics in Ethnicity but refused to indentify their Race. |
| '190017' | Alhambra Hospital Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility, records reported as "Other" are from other ER's in the area. |
| '010844' | Alta Bates Summit Medical Center-Herrick Campus | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility, high number of "Other" are from other hospital's ED. The data is accurate. |
| '370749' | Alvarado Parkway Institute B.H.S. | 4/1/2009 | 12/31/2010 | Source of Admission | Exception | Per facility, more admissions came from home instead of other facilities as in previous periods. |
| '370749' | Alvarado Parkway Institute B.H.S. | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility Board and Care provided temp housing for 37 patients, ZIP Codes were not listed for these patients. |

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Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|-----------------------------|------------|------------|------------------------------------|-----------|---|
| '194010' | American Recovery Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Facility contact states, they are a Recovery Facility and 100% of their admissions come from Home. |
| '194010' | American Recovery Center | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | This facility is a Recovery Center and facility contact has stated they always have a high percentage of homeless treated at their facility. |
| '301097' | Anaheim General Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility patients requiring a procedure are transported to another facility. |
| '301097' | Anaheim General Hospital | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility data has been reviewed and found to be correct. The 17 patients reported with a type of care SN/IC did not have a DNR order in place. |
| '190163' | Aurora Charter Oak | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Patients are always unscheduled for admission. |
| '190462' | Aurora Las Encinas Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility states they are "an acute psychiatric hospital and the only procedure code we use is for detoxification. When a patient is injured. . .it is policy to transfer to a Medical ER." |
| '190462' | Aurora Las Encinas Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, increase in SOA Acute Care Another Hospital-Not Your ER and decrease in SOA Home-Not a Hospital your ER is due to a new contract with Cedars Sinai. |
| '190462' | Aurora Las Encinas Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states they are an acute psychiatric hospital and "we accommodate patients on a first-come, first-served basis." These admissions do not fall under the definition of "scheduled." |

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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--------------------------------|------------|------------|---------------------------------------|-----------|---|
| '374024' | Aurora San Diego | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they do not do any procedures on Psyc patients; if needed they are transferred to either Palomar, Pomerado or Scripps Hospital for procedures then readmitted. |
| '374024' | Aurora San Diego | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Facility states, "All of our patient's are unscheduled. This is true for past reporting periods and is not expected to change in the future". |
| '560203' | Aurora Vista Del Mar Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility contact verified they do not perform other procedures on psych patients. |
| '364121' | Ballard Rehabilitation Hosp | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility, E codes present on admission would have been entered by referring hospital. |
| '364121' | Ballard Rehabilitation Hosp | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | The hospital that referred the patient for direct rehabilitation admission has already entered the E code for OSHPD reporting. |
| '364121' | Ballard Rehabilitation Hosp | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility all inpatients admitted to the facility are pre-screened by the nurse liaison and case reviewed by the physical medicine physician; all are scheduled. |
| '190052' | Barlow Hospital | 1/1/2011 | 6/30/2011 | Disposition of Patient | Exception | Per facility, that seven records reported as "Other" were for patients that were sent to a Hospice facility. |
| '190052' | Barlow Hospital | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility, 100% of patients reported were admitted from Acute Inpatient care. |
| '190052' | Barlow Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility contact states, patients come straight from Acute hospitals always arranged 24 in advance. |
| '361110' | Bear Valley Community Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | 1 SNF record. Facility stated all reportable procedures are performed in an acute setting. |

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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--------------------------------------|------------|------------|-----------------------------------|-----------|--|
| '361110' | Bear Valley Community Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility confirmed all admission came from a resident home environment. |
| '361110' | Bear Valley Community Hospital | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Facility reviewed records and confirmed these records were foreign visitors. |
| '190066' | Bellflower Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, No procedures reported is correct. If a procedure is needed the patient is discharged to their acute for the procedure then readmit back to psych. |
| '330120' | Betty Ford Center of Eisenhower, The | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Facility confirmed all English-speaking patients. |
| '330120' | Betty Ford Center of Eisenhower, The | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility confirmed all patients are admitted from a home setting. |
| '190020' | BHC Alhambra Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not do reportable procedures, if needed patient is discharged out. |
| '190020' | BHC Alhambra Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all their admits are scheduled. |
| '040802' | Biggs-Gridley Memorial Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | The data has been reviewed for accuracy, they do not do procedures on SNF patients. |
| '044006' | Butte County Mental Health - P.H.F. | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility confirms no medical procedures were performed. If the patient needs a procedure they are transferred to a medical hospital (Enloe) and readmitted. |
| '364050' | Canyon Ridge Hospital | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility they have No Other E-Codes POA as they are not treating patients for medical issues, they are a psyc facility. |

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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--|------------|-----------|---------------------------------------|-----------|---|
| '364050' | Canyon Ridge Hospital | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | Per facility this is a Psyc facility and are not being treated for medical reasons and have no E Codes POA. |
| '364050' | Canyon Ridge Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility their patients are never scheduled ahead of time . |
| '190137' | Casa Colina Hosp for Rehab Medicine | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility, if a procedure is required the patient is discharged to the local acute facility and readmitted when complete. |
| '190045' | Catalina Island Medical Center | 1/1/2011 | 6/30/2011 | Total Number of Discharges | Exception | (Small facility) Per facility, their medical staff increased by one physician. |
| '160787' | Central Valley General Hospital | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility contact, Other E-Code POA does not normally exist on mothers and babies. |
| '160787' | Central Valley General Hospital | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, they have changed their services to mostly moms and babies, these patients do not have DNR orders on file. |
| '160787' | Central Valley General Hospital | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | Per facility contact, Principal E-Code POA does not normally exist on mothers and babies. |
| '304113' | Children's Hospital at Mission | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, they had a mapping issue and have been incorrectly reporting patient who were transferred from another facility's ER's as from home. They are now correctly reporting as other. |
| '204019' | Children's Hospital Central California | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility, they are a pediatric hospital which never gets DNR orders on patients. The 100% No reported is accurate. |

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| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|---------------------------------------|------------|-----------|------------------------------------|-----------|---|
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | (Small facility) Per facility contact, while a few of their patients may start their stay with private insurance, most of them stay long enough to convert to Medi Cal. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | (Small facility) Per facility contact, they are a pediatric facility that cares for only infants and small children. DNR orders are very rare in this population. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | (Small facility) Per facility contact, they had one unique PLS, which was Trique. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | (Small facility) Per facility contact, one case is enough to cause them to exceed ETL %. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | (Small facility) Per facility contact, it is normal to have their patients transferred to them from an acute hospital. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Total Number of Discharges | Exception | (Small facility) Per facility contact, one case is enough to cause them to exceed ETL %. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | (Small facility) Per facility contact, all admissions are scheduled. |
| '100697' | Coalinga Regional Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, verified that the SNF patients discharged this report period had no procedures done. |
| '301155' | College Hospital Costa Mesa | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, they did not have any patients with DNR orders during this RP. Data reported is accurate. |
| '301155' | College Hospital Costa Mesa | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, high percentage of "Other" Source of Admission are reporting patients coming through other facilities ER. |

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| '100717' | Community Regional Medical Center-Fresno | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on Psychiatric patients, if a procedure is needed; the patient is discharged to their Acute care and then readmitted. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2010 | 12/31/2011 | Other Procedure | Exception | Per Facility contact, Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2010 | 12/31/2011 | Principal Procedure | Exception | Per Facility contact, Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility all admits are unscheduled due to the nature of their business. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they did not perform any procedures at this facility. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact, they did not perform any procedures at this facility. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, clients come from a Psychiatric Evaluation Center (a 23 hour observation facility). |
| '104089' | Crestwood Psychiatric Health Facility - Fresno | 1/1/2011 | 6/30/2011 | Disposition of Patient | Exception | Per facility, the Patient Disposition to Other (3.4%) data is accurate and due to patients being transferred to other hospital's ERs for further treatment/evaluation. |

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| '104089' | Crestwood Psychiatric Health Facility - Fresno | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility, the SOA Other at 90% is accurate and due to so many patients coming from ERs of other local hospitals. |
| '104089' | Crestwood Psychiatric Health Facility - Fresno | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility, the indigent population has gone up significantly causing the unknown ZIPs to go up to 18%. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 3/2/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, all diagnosis were present on admission. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 3/2/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform any procedures as delineated in the manual, if needed the patients are discharged to another facility. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 3/2/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact, they do not perform any procedures as delineated in the manual, if needed the patients are discharged to another facility. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 3/2/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all patients are approved for admission before they are admitted. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 3/2/2011 | 6/30/2011 | ZIP Code | Exception | Per facility contact, high number of unknown ZIP Codes reported is accurate. They serve a large amount of indigent individuals. |
| '190232' | Del Amo Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures. If a procedure is needed the patient is discharged to another facility and readmitted. |
| '150706' | Delano Regional Medical Center | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility, the data is accurate as reported. None of the 30 SN patients had a DNR order. |

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| '392287' | Doctors Hospital of Manteca | 1/1/2011 | 6/30/2011 | Total Charges | Exception | Per facility the charges are correct and have been verified; a one day Newborn Stay including vaccines, labs, and standard tests is \$3,701.32. |
| '500852' | Doctors Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility states high number of "Other" Source of Admission are admissions from other facilities' ED. |
| '196168' | Earl & Loraine Miller Children's Hosp. | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Facility confirmed "we had no cases in our Children's Hospital that met the OSHPD DNR definition." |
| '196168' | Earl & Loraine Miller Children's Hosp. | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Specialty hospital states they receive a high number of patients from other facilities. |
| '320859' | Eastern Plumas Hosp-Portola Campus | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they do not perform procedures in their SNF and if a procedure is needed, they are sent to their AS. |
| '094002' | El Dorado County-PHF | 1/1/2010 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility all data is verified to be correct. |
| '094002' | El Dorado County-PHF | 1/1/2010 | 6/30/2011 | Other Procedure | Exception | This is a psych facility and they do not perform procedures but send them out to local hospitals if needed. |
| '094002' | El Dorado County-PHF | 1/1/2010 | 6/30/2011 | Type of Admission | Exception | All data is verified to be correct, admits are on an unscheduled emergency basis. |
| '500867' | Emanuel Medical Center | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility this data is correct, the language was Assyrian and at this time it is not in the table. |
| '190280' | Encino Hospital Medical Center | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility the Skilled Nursing Long Term Care patients are on vents and are full code patients with no DNR in place. |

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| '370705' | Fallbrook Hospital District | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures at their SNF. If needed, they are discharged to acute care. |
| '230949' | Frank R Howard Memorial Hospital | 1/1/2011 | 6/30/2011 | Expected Source of Payment Name of Plan | Exception | Per facility, they reviewed the 2 Knox-Keene records reported and both used the same HMO. The data is accurate. |
| '230949' | Frank R Howard Memorial Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, they use their swing beds for rehab care only and if procedure with risk are needed the patient is transferred to acute. |
| '014034' | Fremont Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility they never perform any psychiatric procedures on patients. |
| '014034' | Fremont Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | All admits come from other facilities or EPS on an unscheduled basis. |
| '104047' | Fresno Surgical Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility Fresno Surgical is a specialty hospital focused on elective surgery, they do not see patients from other admission sources. |
| '104047' | Fresno Surgical Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Fresno Surgical Hospital does elective surgeries, they are always scheduled services. |
| '190317' | Gateways Hospital and Mental Health Ctr. | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility, contact the facility receives their patients from ER rooms as well as walk-ins. Therefore records will always be unscheduled. |
| '110889' | Glenn Medical Center | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Facility contact verified all admissions were scheduled. |
| '420483' | Goleta Valley Cottage Hospital | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility, there were no DNR within the first 24 hrs of the patients care for skilled care. |

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| '430779' | Good Samaritan Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they do no other procedures on Psyc patients; when a procedure is needed they discharge to their acute care and then readmit after having the procedure completed. |
| '150775' | Good Samaritan Hospital-Bakersfield | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact the increase in "Other" Source of Admission is due to an increase in the transfers to the facility from another hospital's Emergency Room. |
| '190352' | Greater El Monte Community Hospital | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility, they have no current discharges on DNR. |
| '370714' | Grossmont Hospital | 1/1/2011 | 6/30/2011 | Race | Exception | Per facility, the remaining Unknown Race were due to uncooperative patients that would not give the information. |
| '350784' | Hazel Hawkins Memorial Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on Skilled Nursing patients at the skilled nursing facilities. If the patients require procedures, they are discharged from the SNF and admitted to the acute facility for care. |
| '490964' | Healdsburg District Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on SNIC they are discharged to their acute care unit. |
| '304159' | Healthbridge Children's Hospital - Orange | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, all diagnosis were Present on Admission. |
| '304159' | Healthbridge Children's Hospital - Orange | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they discharge their SN/IC patients to Acute Care when a procedure is needed. |
| '304159' | Healthbridge Children's Hospital - Orange | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all admission are scheduled. |

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| '154022' | Healthsouth Bakersfield Rgnl Rehab Hosp | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Facility contact verified, all admissions are scheduled. |
| '304079' | Healthsouth Tustin Rehab. Hospital | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Per facility contact, we are an acute rehab facility and all of our admissions are scheduled admissions. |
| '331194' | Hemet Valley Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, no other procedures on SN have been performed, if needed patients are discharged from SN and admitted to facility's IP then discharged back to SN. |
| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility contact states, at Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct. |
| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Principal Procedure | Exception | Facility contact states, at Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct. |
| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility contact states, our largest source of admissions come via an acute hospital's Emergency Room Department with patients on a 5150 hold. Source of Admission Home reported as 100% is true and correct. |
| '362041' | HI-Desert Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, no procedures on SN patients, if a procedure is needed they discharge to their IP acute care then back to SN. |
| '121031' | Jerold Phelps Community Hospital | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Edit applied to one record and facility confirmed it was reported accurately. |

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|-----------------|------------------------------------|------------|------------|---------------------------------------|-----------|--|
| '121031' | Jerold Phelps Community Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility states patients are discharged and sent to other facilities when a significant procedure is necessary. |
| '380842' | Jewish Home | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility, confirm the data is accurate. At Jewish Home, E codes are usually only from when incident happens in-house, they have No Other E code POA. |
| '380842' | Jewish Home | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, confirm the data is accurate, Jewish Home does not do any type of procedures, they are discharged to an acute facility when needed. |
| '380842' | Jewish Home | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | Per facility, confirm the data is accurate. At Jewish Home patients Principal E codes are reported at the primary facility where they came from. |
| '380842' | Jewish Home | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility, confirm the data is accurate. Jewish Home does not do any type of procedures, they are discharged to an acute facility when needed. |
| '380842' | Jewish Home | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility, confirm the data is accurate. Jewish Home has only patients that are referred by an acute facility, family or agency and all are scheduled prior to admitting. |
| '220733' | John C Fremont Healthcare District | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | (Other Diagnosis Pres on Admission Yes). Per facility they have reviewed admission logs and verified along with coding log the data is correct. |
| '220733' | John C Fremont Healthcare District | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility, all persons are English speaking. |
| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility states they do not do procedures as they are all done at general acute care hospitals. |

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| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Principal Procedure | Exception | Facility states they do not do procedures as they are all done at general acute care hospitals. |
| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states, none of their admissions are scheduled 24 hours in advance of the admission date/time. |
| '196404' | Joyce Eisenberg Keefer Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they do no procedures at this facility, they discharge to Northridge or Encino Hospitals for procedures. |
| '196404' | Joyce Eisenberg Keefer Medical Center | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility they do no procedures at this facility, they discharge to Northridge or Encino Hospitals for procedures. |
| '196035' | Kaiser Fdn Hosp - Baldwin Park | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | 5.8% Source of Admission - Other. The data is accurate. |
| '196403' | Kaiser Fdn Hosp - Downey | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '361223' | Kaiser Fdn Hosp - Fontana | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '334048' | Kaiser Fdn Hosp - Moreno Valley | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '410804' | Kaiser Fdn Hosp - Redwood City | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '334025' | Kaiser Fdn Hosp - Riverside | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |

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| '340913' | Kaiser Fdn Hosp - Sacramento/Roseville - Morse | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '190429' | Kaiser Fdn Hosp - Sunset | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '484044' | Kaiser Fdn Hosp - Vacaville | 1/1/2011 | 6/30/2011 | Expected Source of Payment Type of Coverage | Exception | Facility contact verified all plan codes are Kaiser. |
| '190434' | Kaiser Fdn Hosp - West LA | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility - Source of Admission - Other are correct as reported. They are patients coming from another hospital's ED, Hospice and some newborns before they got to the hospital. |
| '191450' | Kaiser Fdn Hosp - Woodland Hills | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Procedures were not done during this reporting period on any patients and have verified this with reports. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Procedures were not done during this reporting period on any patients and have verified this with reports. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's |

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| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | All admissions in this facility are unscheduled due to the nature of the business. |
| '540734' | Kaweah Delta Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, no procedures reported is correct. If a procedure is needed, the patient is transferred to acute and then back to Skilled Nursing or Psychiatric upon completion of the procedure. |
| '190150' | Kedren Community Mental Health Center | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility, they are under contract with the Los Angeles County Department of Mental Health and all funding for all patients is under the same category per the contract. |
| '190150' | Kedren Community Mental Health Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, the data is correct as reported; this is a Psychiatric hospital and if procedures are needed the patient will be discharged to another facility. |
| '190150' | Kedren Community Mental Health Center | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility the data is correct as reported; this is a Psychiatric hospital and if procedures are needed the patient will be discharged to another facility. |
| '210993' | Kentfield Rehabilitation Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility confirmed that all patients come from inpatient acute care facilities as their facility is like a "step-down" from the acute ICU setting. From their facility patients are either sent home or to a lower level of care. |
| '210993' | Kentfield Rehabilitation Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Facility states all patients go through a screening process first and then are scheduled for admission to the facility in advance. |
| '150736' | Kern Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, they did no other procedures on their Psych patients this report period. The data is accurate. |

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| '150736' | Kern Medical Center | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility, they reviewed the data and it is accurate. They had 1.05% Unknown ZIP Code: unknowns due to homeless and indigent patients. |
| '150737' | Kern Valley Healthcare District | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility contact, the 4 patients with Principal Language reported as "unknown" were reported correctly. 2 had expired, 1 was comatose and 1 was sent to another SNIC. |
| '010887' | Kindred Hosp. San Francisco Bay Area | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility, the data is accurate as all patients admitted are scheduled admits. |
| '190449' | Kindred Hospital - La Mirada | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility they only do scheduled admissions, they have long term acute care patients that are scheduled prior to admission.. |
| '190305' | Kindred Hospital - Los Angeles | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility they have no ER and patients are always scheduled for admits. |
| '344035' | Kindred Hospital - Sacramento | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility policy they do only scheduled admits. |
| '370721' | Kindred Hospital - San Diego | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility policy they do only scheduled admits. |
| '190049' | Kindred Hospital Baldwin Park | 1/1/2010 | 6/30/2011 | Source of Admission | Exception | Facility contact verified their patients come from an acute facility and are always scheduled. |
| '190049' | Kindred Hospital Baldwin Park | 1/1/2010 | 6/30/2011 | Type of Admission | Exception | Facility contact verified their patients come from an acute facility and are always scheduled. |
| '301127' | Kindred Hospital Brea | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility this is correct, they do not perform other procedures on SN, if needed they are transferred to an acute care facility and then returned and admitted again. |

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| '301127' | Kindred Hospital Brea | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Facility contact verified their patients come from an acute facility and are always scheduled. |
| '361274' | Kindred Hospital Ontario | 1/1/2010 | 12/31/2012 | Type of Admission | Exception | Facility contact verified their patients come from an acute facility and are always scheduled. |
| '364188' | Kindred Hospital Rancho | 3/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility contact, they are reporting as a split period (Mar thru June 2011). The facility signed a new contract therefore their payment source Knox-Keene has increased since they took over Vista |
| '364188' | Kindred Hospital Rancho | 3/1/2011 | 6/30/2011 | Total Number of Discharges | Exception | Per facility contact, they are reporting as a split period (Mar thru June 2011). |
| '332172' | Kindred Hospital Riverside | 2/8/2011 | 6/30/2011 | Disposition of Patient | Exception | Two records reported as "Other" caused this failure and they were both verified to be correct. |
| '332172' | Kindred Hospital Riverside | 1/1/2009 | 6/30/2011 | Expected Source of Payment | Exception | Per facility; an ownership change and new contracts is the reason for the change this reporting period. |
| '332172' | Kindred Hospital Riverside | 1/1/2011 | 2/7/2011 | Source of Admission | Exception | Per facility contact, all admits were from their Acute IP. |
| '332172' | Kindred Hospital Riverside | 2/8/2011 | 6/30/2011 | Type of Admission | Exception | Per facility they only do scheduled admits, this is the business practice they use. |
| '190196' | Kindred Hospital South Bay | 1/1/2010 | 6/30/2011 | Source of Admission | Exception | Facility contact verified all their patients are referred from other acute hospitals. |
| '190196' | Kindred Hospital South Bay | 1/1/2010 | 6/30/2011 | Type of Admission | Exception | Facility contact verified all admissions are referred from acute care hospitals therefore they must assure they have beds available. |
| '301380' | Kindred Hospital Westminster | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility none of the discharged patients had a DNR in place within 24 hrs of admission. |

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| '301380' | Kindred Hospital Westminster | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility they are a long term care acute facility and all admissions are scheduled. |
| '194981' | La Casa Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) Per facility contact all 45 patients have been reviewed and determined to have other diagnosis that were noted prior to admission at this facility. |
| '194981' | La Casa Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | (Small facility) Per facility contact they are a county contracted free standing psychiatric facility. All clients are medically cleared prior to admission and not in need of any medical treatments, during this time period only one patient was discharged for acute care but did not return. |
| '194981' | La Casa Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | (Small facility) Per facility contact they are a county contracted free standing psychiatric facility. Two of the 16 beds are for unfunded clients who are often homeless. The county has been working to use the unfunded beds available so they are receiving patients from other emergency rooms. |
| '194981' | La Casa Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | (Small facility) Per facility contact all 45 patients were unscheduled; all clients come from an acute or Emergency setting after being stabilized and then transferred. |
| '194981' | La Casa Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | (Small facility) Per facility contact they are a county contracted free standing psychiatric facility. Two of the 16 beds are for unfunded clients who are often homeless. |

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| '301234' | La Palma Intercommunity Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Pysc facility transfers all patients who need procedures to acute or discharges to another acute facility for procedural services. |
| '191306' | LAC/Rancho Los Amigos National Rehab Ctr | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility this is correct as many of their patients come from other facilities ER's. |
| '190240' | Lakewood Regional Medical Center - South | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility, Source of Admission - Other are patients admitted from another hospital's ED. The data is accurate. |
| '380868' | Langley Porter Psychiatric Institute | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility has only 20 beds and has not had any other diagnosis present on admission. |
| '361246' | Loma Linda University Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility, high number of "Other" due to a high volume of patients from other hospital's ED. |
| '420491' | Lompoc Valley Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility if procedures were needed the patient would be transferred and readmitted. |
| '434040' | Lucile S Packard Chldrn Hosp at Stanford | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility, high number of "Other" Source of Admission due to the fact that this facility is a pediatric/OB acute care facility and does not have an ER. Other facilities transfer their patients to this facility. |

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| '244027' | Marie Green Psychiatric Center -PHF | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact, they do not perform procedures of any kind, if a procedure is needed the patient is discharged to another facility and readmitted. From 7/1/07 through 12/31/10, the facility reported Lithium Therapy, Chemical Shock Therapy and Electric Shock Therapy to OSHPD as Principal Procedures however, per OSHPD reporting requirements; they will no longer report these as Principal Procedures. |
| '450936' | Mayers Memorial Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility if another procedure is needed the patient is transferred and the readmitted upon return. |
| '414018' | Menlo Park Surgical Hospital | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility this is correct as reported. This facility is for surgeries and are scheduled in advance . |
| '414018' | Menlo Park Surgical Hospital | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility their patients are healthy with very few health issues and come to the hospital for minor surgeries; no DNR on these patients. |
| '414018' | Menlo Park Surgical Hospital | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility PLS is listed on the face sheet and is correct. |
| '414018' | Menlo Park Surgical Hospital | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility, all admissions are scheduled surgical cases and they come from where they live (home) to the hospital. |
| '414018' | Menlo Park Surgical Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility, all admissions are scheduled surgical cases and they come from where they live (home) to the hospital. |
| '150761' | Mercy Hospital - Bakersfield | 1/1/2011 | 6/30/2011 | Disposition of Patient | Exception | Per facility contact, they have seen an increase of patients discharged to a hospice facility. |

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| '470871' | Mercy Hospital - MT. Shasta | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they very rarely do Other Procedures on SN as they discharge to acute or outpatient for this procedure. |
| '410852' | Mills-Peninsula Medical Center | 1/1/2011 | 6/30/2011 | Principal E-Code | Exception | Per facility E Codes were previously reported. |
| '410852' | Mills-Peninsula Medical Center | 1/1/2011 | 6/30/2011 | Sex | Exception | Per facility high number of "Other Sex" correct. They have many sex changes due to a doctor specializing in this procedure. |
| '190681' | Miracle Mile Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility the data is correct; all patients this reporting period came from home. |
| '190681' | Miracle Mile Medical Center | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility, they always get 100% Scheduled patients. The data is accurate. |
| '190552' | Motion Picture & Television Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility low number of procedures reported is correct. If any other procedures are needed they are transferred to a facility that offers those services. |
| '301304' | Newport Bay Hospital | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility contact, 100% same plan coverage ok. All are Health Plan of America. |
| '301304' | Newport Bay Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures of any kind. |
| '301304' | Newport Bay Hospital | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact, they do not perform procedures of any kind. |
| '301304' | Newport Bay Hospital | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Per facility, they always get scheduled admits. The data is accurate. |
| '301357' | Newport Specialty Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they have verified that they had no procedures for patients in Skilled Nursing this report period. |

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| '514033' | North Valley Behavioral Health | 1/1/2011 | 6/30/2011 | Expected Source of Payment Payer Category | Exception | Per facility contact, the source for the payment "Other Government" is from funding by the state, allocations to each county for mental health services. Each county that contracts with the facility pays for a certain number of beds and bed days, and then each county approves each admission. |
| '514033' | North Valley Behavioral Health | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact: there are no procedures performed here, if needed the patient is discharged to Rideout Memorial and readmitted back to this facility. |
| '514033' | North Valley Behavioral Health | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact: there are no procedures performed here, if needed the patient is discharged to Rideout Memorial and readmitted back to this facility. |
| '514033' | North Valley Behavioral Health | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all admissions are unscheduled. |
| '484028' | NORTH VALLEY-SOLANO COUNTY P.H.F. | 1/1/2011 | 1/6/2011 | Other Diagnosis Present on Admission | Exception | This facility has closed and only had 4 patients this reporting period, they had no other diagnosis. |
| '484028' | NORTH VALLEY-SOLANO COUNTY P.H.F. | 1/1/2011 | 1/6/2011 | Principal Language Spoken | Exception | This facility has closed and only had 4 patients this reporting period |
| '484028' | NORTH VALLEY-SOLANO COUNTY P.H.F. | 1/1/2011 | 1/6/2011 | Race | Exception | This facility has closed and only had 4 patients in this time frame. |
| '484028' | NORTH VALLEY-SOLANO COUNTY P.H.F. | 1/1/2011 | 1/6/2011 | Source of Admission Site | Exception | This facility has closed and only had 4 patients this reporting period; all 4 came from home. |

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|-----------------|-------------------------------------|------------|-----------|--------------------------------------|-----------|---|
| '484028' | NORTH VALLEY-SOLANO COUNTY P.H.F. | 1/1/2011 | 1/6/2011 | Type of Admission | Exception | This facility has closed and only had 4 patients this reporting period |
| '454012' | Northern California Rehab. Hospital | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Facility has verified all patients this reporting period spoke English. |
| '454012' | Northern California Rehab. Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility this is correct and has been verified, all admissions are scheduled and from acute hospitals. |
| '141273' | Northern Inyo Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility there were 5 swing beds TOC 3 (SNF) and each record was reviewed and no other procedures were found. |
| '334457' | Oasis Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility contact Expected Source of Payment has been verified and is correct as reported. 100% of the payment source is from Indigent Programs as they function under a County contract. No one admitted is insured. |
| '334457' | Oasis Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact Other Diagnosis Present On Admission: Yes has been verified and is correct as reported. 100% of the diagnoses are Present On Admission and diagnoses are made on admission. |
| '334457' | Oasis Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact Type of Admission has been verified and is correct as reported. 100% of the admissions are from Home-Unscheduled; admissions are from an Emergency services facility after medically clearing the patient. |
| '334457' | Oasis Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all admissions are scheduled. |

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|-----------------|---------------------------------|------------|-----------|---------------------|-----------|---|
| '430837' | O'Connor Hospital | 1/1/2011 | 6/30/2011 | Total Charges | Exception | Per facility contact, their charges for newborns are over \$2,500 per day. Their Well Baby rate is \$2,792.00 per day, with lab and other tests required for newborns, the rate on a well baby is over \$2,500. Their level 3 care is \$9,930.00 for NICU patients. The data has been review and is accurate as reported. |
| '560838' | Pacific Shores Hospital | 1/1/2011 | 6/30/2011 | Ethnicity | Exception | Per facility contact, 100% Non-Hispanic Ethnicity is correct. All records were reviewed. |
| '560838' | Pacific Shores Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform any type of procedures. If needed, the patient is discharged to another facility. |
| '560838' | Pacific Shores Hospital | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility contact, they do not perform any type of procedures. If needed, the patient is discharged to another facility. |
| '560838' | Pacific Shores Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all admissions are scheduled. |
| '190696' | Pacifica Hospital of the Valley | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed. |
| '190696' | Pacifica Hospital of the Valley | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed. |
| '370755' | Palomar Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per Natalie they do no other procedures on SN, they transfer to acute within their own facility and the readmit to SN upon completion of the procedure. |

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| '370759' | Paradise Valley Hospital | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility, the 10% Foreign patients reported is accurate as the facility is at the Tijuana, Mexico border. |
| '454013' | Patient's Hospital of Redding | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, they are primarily admitting patients for elective surgeries. Most patients are healthy upon admission. |
| '454013' | Patient's Hospital of Redding | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility contact all patients were English speaking. |
| '454013' | Patient's Hospital of Redding | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Per facility contact, all admissions were from home. |
| '370977' | Pomerado Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed. |
| '190470' | Providence Little Company of Mary MC - Torrance | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | This facility does no other procedures on SN cases; they are discharged then readmitted for treatment. |
| '370673' | Rady Children's Hospital - San Diego | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, medical records review confirms that no other procedures were performed on any of the 59 Skilled Nursing records. |
| '370673' | Rady Children's Hospital - San Diego | 1/1/2011 | 6/30/2011 | Principal E-Code | Exception | Per facility this is a children's hospital and they are often the second episode of care for many patients. |
| '331226' | Riverside Center for Behavioral Medicine | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Confirmed that facility sends patients to other facilities for procedures. |
| '331226' | Riverside Center for Behavioral Medicine | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Confirmed that facility sends patients to other facilities for procedures. |

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| '331226' | Riverside Center for Behavioral Medicine | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Confirmed that facility determines admission less than 24 hours in advance. |
| '344011' | Sacramento County Mental Health Treatment Center | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility the data is correct; payment comes from either the jail or write offs as this facility are indigent and do not have funding. |
| '344011' | Sacramento County Mental Health Treatment Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility; this is a Psychiatric facility and if procedures are needed the patient is discharged to an acute facility. |
| '344011' | Sacramento County Mental Health Treatment Center | 1/1/2011 | 6/30/2011 | Principal Diagnosis Present on Admission | Exception | Per facility; this is a Psychiatric facility and all patients are seen first in other hospital's Emergency Rooms. Any diagnosis would be listed in the record of the other facility. |
| '344011' | Sacramento County Mental Health Treatment Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility; this facility has a lot of admissions from other facilities Emergency Room. |
| '344011' | Sacramento County Mental Health Treatment Center | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility; this is a Psychiatric facility and all patients are seen first in other hospital's Emergency Rooms and are unscheduled admissions. |
| '374055' | San Diego County Psychiatric Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility the data is correct as reported, if a patient needs a procedure they will be discharged to another facility for those services. |
| '374055' | San Diego County Psychiatric Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility they do not do other procedures on patients, if need be they are sent out. |
| '374055' | San Diego County Psychiatric Hospital | 1/1/2010 | 12/31/2011 | Principal Procedure | Exception | Per facility they do not do procedures on patients, if need be they are sent out. |
| '374055' | San Diego County Psychiatric Hospital | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility they are in an area with a high homeless population. |

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| '374084' | San Diego Hospice & Palliative Care Center | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility it is very rare that this would ever be reported as a No; facility is a hospice care facility. |
| '374084' | San Diego Hospice & Palliative Care Center | 1/1/2010 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | This is a hospice facility that only has patients with DNR in place. Per facility : The data submitted for the first half of 2010 indicating 100% "Yes" for the DNR order being written at the time of admission is correct. Our facility is a Specialty Hospital and patients are admitted to the inpatient unit with the understanding that resuscitative measures are not provided. A DNR order is written for all patients at the time of admission. |
| '374084' | San Diego Hospice & Palliative Care Center | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility they do not schedule admissions; this is a hospice facility and patients are admitted due to pain and/or symptom exacerbation and facilitated quickly. |
| '190200' | San Gabriel Valley Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they only had two Psychiatric patients and neither had a procedure this report period. |
| '331326' | San Geronio Memorial Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility this is correct as reported, no procedures on SN/IC patients have been done this reporting period. |
| '394003' | San Joaquin County Mental Health - P.H.F | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, clients do not develop other diagnosis after admission. |
| '394003' | San Joaquin County Mental Health - P.H.F | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on their patients if needed, they are discharged to another facility. |

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| '394003' | San Joaquin County Mental Health - P.H.F | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all clients are scheduled. |
| '394003' | San Joaquin County Mental Health - P.H.F | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility contact, they have a large population of homeless patients. |
| '391010' | San Joaquin General Hospital | 1/1/2011 | 6/30/2011 | Total Charges | Exception | Per facility contact, facility charges \$2950 for newborns and with hearing tests, security pictures, hep vaccinations etc. total charges are above \$3, 200.00. |
| '404046' | San Luis Obispo County Behavioral Health Services-PHF | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | All of the admissions to the PHF are unscheduled. |
| '410782' | San Mateo Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they had no Other Procedures; if a procedure is needed they transfer to their Acute Care. |
| '424002' | Santa Barbara Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility the data is correct, all 218 patients had other diagnosis present on admission. |
| '424002' | Santa Barbara Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility any medical procedures would be performed at Cottager Hospital. |
| '424002' | Santa Barbara Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Per facility any medical procedures would be performed at Cottager Hospital. |
| '371256' | Scripps Green Hospital | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility admission Other is larger due to their lack of an ER; these admissions come from other facilities ER. |
| '124004' | Sempervirens - P.H.F. | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states "as an acute psychiatric facility, admission are not normally scheduled 24 hours in advance." All unscheduled is reported accurately. |

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| '410891' | Sequoia Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility - they have confirmed no other procedures reported on their Psychiatric patients is correct. All procedures are done in their acute care setting. |
| '410828' | Seton Medical Center - Coastside | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility, the data is accurate as they get a lot of long-term patients who get plenty of additional diagnoses during their stay after admission. |
| '370875' | Sharp Chula Vista Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on SNIC patients. Their policy is to discharge from SNIC to Acute and then readmit back to SNIC. |
| '370745' | Sharp Mesa Vista Hospital | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility data is accurate; Sharp does not have an ER. |
| '374049' | Sharp Vista Pacifica | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility all patients for this reporting period are English speaking. |
| '374049' | Sharp Vista Pacifica | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility all admits are voluntary, elective, and scheduled. |
| '342392' | Sierra Vista Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | This facility does not have an emergency room and they are always unscheduled. |
| '190661' | Silver Lake Medical Center - Downtown Campus | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact Source of Admission has been verified and is correct as reported. Admit Source Other is correct, these patients were transferred from other hospital's emergency departments. |
| '190410' | Silver Lake Medical Center - Ingleside Campus | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Unknown were the result of patients who did not know their address at the time of admission and staff was unable to obtain further information. |

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| '521041' | St. Elizabeth Community Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility contact verified procedures are not performed on swing bed patients (SN) at their facility, they are transferred to either outpatient or inpatient status for the procedure. |
| '190754' | St. Francis Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they do not perform procedures on SN and Psyc patients. The data is correct, reports have been verified to make sure there were no procedures. |
| '380960' | St. Francis Memorial Hospital | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility contact, they have expanded their County Indigent program resulting in more enrollees. |
| '380960' | St. Francis Memorial Hospital | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility contact, they had a high number of International and homeless patients with unknown Zip Codes this reporting period. |
| '281078' | St. Helena Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility contact verified many of their admissions are from other ER's as well as psych units. |
| '171049' | St. Helena Hospital - Clearlake | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility states they discharge to their Acute if any significant procedures must be performed. |
| '171049' | St. Helena Hospital - Clearlake | 1/1/2011 | 6/30/2011 | Total Charges | Exception | Facility verified the charges for the 69 records and stated they have high newborn charges with a well-baby rate starting at \$3080 which typically exceeds \$3200 with tests. |
| '481015' | St. Helena Hospital Center for Behavioral Health | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility, they transfer psych patients to another hospital's ER for procedures if needed. |
| '481015' | St. Helena Hospital Center for Behavioral Health | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Source of Admission (99% Other) Per facility, they are getting almost all patients from another hospital's ED. |

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| '481015' | St. Helena Hospital Center for Behavioral Health | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Type of Admission (100% Unscheduled) Per facility, the data is accurate as they get almost all patients from another hospital's ED and those from home were not scheduled. |
| '392232' | St. Joseph's Behavioral Health Center | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | This facility has a large amount of admissions from other facility's ERs. |
| '392232' | St. Joseph's Behavioral Health Center | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility this is correct, all patients are unscheduled because they are an acute care psychiatric facility. |
| '194967' | Star View Adolescent - P.H.F. | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility contact, they have a contract with Dept of Mental Health therefore all payments are from one source. |
| '194967' | Star View Adolescent - P.H.F. | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, all diagnosis were present on admission. |
| '194967' | Star View Adolescent - P.H.F. | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures, if patient is in need of a procedure they are sent to another facility. |
| '194967' | Star View Adolescent - P.H.F. | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all patients are scheduled. |
| '250955' | Surprise Valley Community Hospital | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) Per facility this is correct as reported; all 13 patients were verified to indicate other diagnosis present. |
| '250955' | Surprise Valley Community Hospital | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | (Small facility) Per facility this is correct as reported; all 13 patients were verified to be English speaking. |
| '250955' | Surprise Valley Community Hospital | 1/1/2011 | 6/30/2011 | Race | Exception | (Small facility) Per facility this is correct as reported; all 13 patients are White Non-Hispanic. |

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|-----------------|---|------------|------------|---------------------------------------|-----------|--|
| '344017' | Sutter Center for Psychiatry | 7/1/2009 | 12/31/2011 | Source of Admission | Exception | SOA (100% Home) Per facility, they only get patients coming in from Home. |
| '344017' | Sutter Center for Psychiatry | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility this is a psyc facility and the admissions are not scheduled. The patients come in themselves or are brought in by family members for assessment. |
| '574010' | Sutter Davis Hospital | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | Per facility contact, the e-codes for all 26 records were reported at another hospital. |
| '341051' | Sutter General Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility the information is accurate; they transfer any SN/ICF patients that need procedures and readmit after complete. |
| '171395' | Sutter Lakeside Hospital | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility contact verified that there were no procedures performed on SNIC this report period. |
| '444012' | Sutter Maternity & Surgery Center | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Facility contact verified data is accurate as reported all records were reviewed. |
| '444012' | Sutter Maternity & Surgery Center | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Facility contact verified they do have critically ill patients. |
| '514030' | Sutter Surgical Hospital - North Valley | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, data has been verified patients with Acute TOC do not have a DNR on file. |
| '514030' | Sutter Surgical Hospital - North Valley | 1/1/2011 | 6/30/2011 | Principal E-Code | Exception | Per facility contact, all 8 patients were seen at another hospitals ER. |
| '514030' | Sutter Surgical Hospital - North Valley | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility contact, all patients were scheduled admits. |

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| '514001' | Sutter-Yuba - P.H.F. | 7/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform any type of procedure as they are not a medical hospital. If a procedure is needed, that patient is sent to another facility. |
| '190782' | Tarzana Treatment Center | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility contact verified they do not perform procedures, they only perform drug and alcohol treatment. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Expected Source of Payment Type of Coverage | Exception | Facility contact states, Plan Code is always HMO for Kaiser patients because we have a contract with them. 100% for one plan code is correct. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Diagnoses | Exception | Facility contact states, the Other Diagnoses is medical and is always from the E.R. from where the patient is sent to us. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Facility contact states, the patient has to have a Psychiatric diagnosis for our hospital to admit them. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | Facility contact states, reported the data and it best fits to report as being Other by the guidelines from OSHPD. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Facility contact states, all their admits are unscheduled. |
| '314029' | Telecare Placer Co. P.H.F. | 7/1/2007 | 12/31/2012 | Type of Admission | Exception | Per facility, the data is correct and they always have 100% Unscheduled admits. |
| '014226' | Telecare Willow Rock Center | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility all of the HMO patients were Kaiser. |

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| '014226' | Telecare Willow Rock Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | The business practice is to only do diagnostic procedures, all other procedures would be discharged to other acute facilities. |
| '014226' | Telecare Willow Rock Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility all 127 in this edit came from Kaiser's ER. |
| '014226' | Telecare Willow Rock Center | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | Per facility Seneca triages all admission to Willow Rock; all coming into Willow Rock are Unscheduled. |
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | They said that all of their 63 patients PLS was English. |
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | They said that they do not do procedures there and when a procedure is needed, they discharge the patient to acute care at another facility and readmit them later. No principal procedures is accurate. |
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | They verified that their placement agency schedules all their patients prior to admission. The 100% scheduled admissions data is accurate. |
| '191225' | Tom Redgate Memorial Recovery Center | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | Per facility the data is correct as reported, facility is a non profit county state and federal subsidized chemical dependency hospital. All payers fall under the same category as other government payment source. |
| '191225' | Tom Redgate Memorial Recovery Center | 1/1/2011 | 6/30/2011 | Other E-Code Present on Admission | Exception | Per facility the data is correct; all E Codes occurred while in the facility and not present on admission. |

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|-----------------|--------------------------------------|------------|-----------|---------------------------------------|-----------|---|
| '191225' | Tom Redgate Memorial Recovery Center | 1/1/2011 | 6/30/2011 | Principal E-Code Present on Admission | Exception | Per facility; all E Codes occurred while in the facility and not present on admission. |
| '191225' | Tom Redgate Memorial Recovery Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility due to budget cuts the contract which referred clients from other locations is no longer in force; now 100% of patients do come from home. |
| '191225' | Tom Redgate Memorial Recovery Center | 1/1/2011 | 6/30/2011 | ZIP Code | Exception | Per facility they are a county subsidized chemical dependency hospital accepts indigent clients, many patients are homeless. |
| '531059' | Trinity General Hospital | 1/1/2011 | 6/30/2011 | Ethnicity | Exception | Per facility they are a small facility and not very diversified county, |
| '531059' | Trinity General Hospital | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Verified 100% English is correct, this is a small facility and not a diversified county. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Expected Source of Payment | Exception | It has been verified all 11 patients are Medi-Cal patients. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | No other procedures were performed on these 11 long term patients. If any procedures are needed the patients are discharged and sent to an acute care facility. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Prehospital Care and Resuscitation | Exception | Per facility these 11 patients all had a DNR in place, these are long term care patients. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility these 11 patients are all English speaking patients. This has been verified by the admissions dept. |

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| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | These patients are long term care SN patients, if a procedure is required they are discharged and readmitted. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | These patients are long term care SN patients, if a procedure is required they are discharged and readmitted. |
| '551061' | Tuolumne General Medical Facility | 1/1/2011 | 6/30/2011 | Race | Exception | Per facility they had only 11 patients and all were verified before entering facility, they are all White. |
| '400548' | Twin Cities Community Hospital | 1/1/2011 | 6/30/2011 | Total Charges | Exception | Per facility contact, all accounts have been reviewed. The total Charges over \$3200 belong to the newborns and all the coding is present and accurate. The charges for these newborns include those for tests such as Coombs, bilirubin, ABO/RHO incompatibility and procedures such as hearing screens and Hep B vaccinations. |
| '341006' | U.C. Davis Medical Center | 1/1/2011 | 6/30/2011 | Principal Procedure | Exception | Facility contact verified they are no longer coding diagnostic procedures such as cat cans, x-rays and MRIs. |
| '381154' | U.C.S.F. Medical Center | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | (Admission Source Other) Per facility this is correct; most of the Other are transfers from other facilities EDs. |
| '191216' | USC Kenneth Norris, Jr. Cancer Hospital | 1/1/2011 | 6/30/2011 | Other Diagnosis Present on Admission | Exception | (Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported. |
| '191216' | USC Kenneth Norris, Jr. Cancer Hospital | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | (Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported. |

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| '191216' | USC Kenneth Norris, Jr. Cancer Hospital | 1/1/2011 | 6/30/2011 | Race | Exception | (Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported. |
| '191216' | USC Kenneth Norris, Jr. Cancer Hospital | 1/1/2011 | 6/30/2011 | Source of Admission | Exception | (Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported. |
| '191216' | USC Kenneth Norris, Jr. Cancer Hospital | 1/1/2011 | 6/30/2011 | Type of Admission | Exception | (Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported. |
| '560481' | Ventura County Medical Center | 1/1/2011 | 6/30/2011 | Other Procedure | Exception | Per facility they discharge to acute if a procedure is required on their Psychiatric patients. |
| '560481' | Ventura County Medical Center | 1/1/2011 | 6/30/2011 | Principal Language Spoken | Exception | Per facility all of these are MIXTECO and are reported correctly. |
| '301188' | Western Medical Center-Anaheim | 1/1/2011 | 6/30/2011 | Source of Admission Site | Exception | Per facility contact the change in "Other" is due to an increase in the transfers to the facility from another hospital's Emergency Room. |
| '190017' | Alhambra Hospital Medical Center | 7/1/2011 | 12/31/2011 | Race (Race Portion Only) | Exception | The majority of these patients were Hispanics in Ethnicity but refused to be identified as White, Black, Native American, Asian, or others. |
| '190017' | Alhambra Hospital Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | These cases are from emergency rooms of another hospital and a new contract with Allied Physicians Group. |
| '370749' | Alvarado Parkway Institute B.H.S. | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per contact, all patients in question are homeless. |
| '194010' | American Recovery Center | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per contact, they reviewed the custom report and all clients were homeless patients. |

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| '301097' | Anaheim General Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility does not perform other procedures on their SNIC or Psychiatric patients. If a patient needs a procedure, they are discharged to another facility. |
| '301097' | Anaheim General Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Facility states none of their SNIC patients had a DNR written within 24 hours of admission. |
| '190163' | Aurora Charter Oak | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, they receive a high number of their patients from other facilities ER's. |
| '190163' | Aurora Charter Oak | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, patients are always unscheduled for admission as this is a Psychiatric facility. |
| '190462' | Aurora Las Encinas Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility states they are "an acute psychiatric hospital and the only procedure code we use is for detoxification. When a patient is injured. . .it is policy to transfer to a Medical ER." |
| '190462' | Aurora Las Encinas Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states they are an acute psychiatric hospital and "we accommodate patients on a first-come, first-served basis." These admission do not fall under the definition of "scheduled". |
| '374024' | Aurora San Diego | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, if a procedure is required on the Psychiatric patient they are sent to acute and readmitted when they get back. |
| '374024' | Aurora San Diego | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | The data is reported correctly, records all show to be English speaking patients. |
| '374024' | Aurora San Diego | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is reported accurately, all admissions are unscheduled for this facility. |

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| '560203' | Aurora Vista Del Mar Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility contact verified they do not perform other procedures on psych patients. If a procedure is needed the patient is discharged and admitted to a medical hospital. |
| '364121' | Ballard Rehabilitation Hosp | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | All occurrences are reported at the acute hospital prior to admission at this rehabilitation facility. |
| '364121' | Ballard Rehabilitation Hosp | 7/1/2011 | 12/31/2011 | Principal E-Code Present on Admission | Exception | All occurrences are reported at the acute hospital prior to admission at this rehabilitation facility. |
| '364121' | Ballard Rehabilitation Hosp | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported, all admits are scheduled, all patients are pre-screened prior to admission. |
| '190052' | Barlow Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility contact states, "their kind of business is that they get patients straight from Acute hospitals always arranged 24 in advance". |
| '361110' | Bear Valley Community Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility states they do not perform significant procedures on SN/IC patients. They become Acute patients when necessary. |
| '330120' | Betty Ford Center of Eisenhower, The | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | The data is correct as reported, all patients are English speaking. |
| '330120' | Betty Ford Center of Eisenhower, The | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported, this has been confirmed with the director of admissions. |

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|-----------------|-------------------------------------|------------|------------|--|-----------|---|
| '190081' | Beverly Hospital | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | The data is verified to be correct. A doctor had left the facility and a new one is being hired, facility requested that the current reporting period be turned off as they expect the next report period to return to normal with the addition of a new doctor. |
| '190020' | BHC Alhambra Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not do other procedures, if needed patient is discharged out. |
| '190020' | BHC Alhambra Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all their admits are scheduled. |
| '040802' | Biggs-Gridley Memorial Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | The data has been reviewed for accuracy, they do not do procedures on SNF patients. |
| '190110' | Brotman Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission Licensure of Site | Exception | Per facility contact, they have a new business practice and have negotiated more contracts that have increased the overall volume and average daily census of the hospital. They are getting more patients admitted to their Behavioral Health Unit and Miracle Detoxification Units. |
| '044006' | Butte County Mental Health - P.H.F. | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, this is a psychiatric facility and no medical procedures are performed. If the client requires medical attention they are transferred to a medical hospital. |
| '364050' | Canyon Ridge Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | Per facility they have No Other E-Codes POA as they are not treating patients for medical issues, they are a psych facility. |

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| '364050' | Canyon Ridge Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility contact states, Canyon Ridge Hospital is a psychiatric facility. If a patient needs medical procedures they would be transferred to an acute medical hospital. |
| '364050' | Canyon Ridge Hospital | 7/1/2011 | 12/31/2011 | Principal Diagnosis Present on Admission | Exception | Per facility this is a Psych facility and are not being treated for medical reasons and have no E Codes POA. |
| '364050' | Canyon Ridge Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility - patients coming from other hospital ER were not being reported correctly for past data. They were being reported as coming from Home and should have been coming from another hospital. Data for the July - December 2011 reporting period are correct as reported. |
| '190137' | Casa Colina Hosp for Rehab Medicine | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility contact, they do not perform surgical procedures; they take inpatients from acute care facilities and provide rehabilitation services (physical therapy, occupation therapy, and speech therapy). |
| '160787' | Central Valley General Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | This data is correct, E-Codes are not present on admission due to the type of care this facility provides (moms and babies). |
| '160787' | Central Valley General Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | This data is accurate, facility is for moms and newborns which would not get DNR information. |
| '160787' | Central Valley General Hospital | 7/1/2011 | 12/31/2011 | Principal E-Code Present on Admission | Exception | This facility is for moms and babies, any E-Codes incurred would be after admission. |

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| '010776' | Children's Hospital & Research Center at Oakland | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | Facility confirmed these are admissions from other facilities' EDs. |
| '304113' | Children's Hospital at Mission | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | This data is correct, facility is a children's hospital and they rarely have DNR patients upon admission. |
| '204019' | Children's Hospital Central California | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | The data is accurate as reported, this is a pediatric hospital and not expected to have DNR's. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, all patients were transferred to them from an acute hospital. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | (Small facility). Facility contact verified they had 10 discharges this report period. |
| '434051' | Children's Recovery Ctr. of NO. Calif | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | (Small facility. Per facility contact, all admissions are scheduled. |
| '100697' | Coalinga Regional Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility, the data is accurate. They do not do procedures in their SN care. If a patient needs a procedure, they are discharged to the ED. |
| '100697' | Coalinga Regional Medical Center | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility, there were no DNR orders on all of their Acute care patients. The data is accurate. |
| '301155' | College Hospital Costa Mesa | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per contact, it is common for the facility to have patient's admitted from emergency rooms at another hospital. A majority of their patients do come from another hospital's emergency room. |

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| '361458' | Colorado River Medical Center | 7/1/2009 | 12/31/2011 | Expected Source of Payment Payer Category | Exception | Facility reviewed each case to confirm it was Medicare and attributed it to winter tourism (retirees) and more people under 65 qualifying for Medicare. |
| '361458' | Colorado River Medical Center | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility confirmed all admission are unscheduled as almost all come through the ED. |
| '361323' | Community Hospital of San Bernardino | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility contact verified the remaining 9 records did not need additional procedures as these are psych patients who were treated in the facilities ED. |
| '160702' | Corcoran District Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, if a patient needs a procedure they are discharged and readmitted. |
| '160702' | Corcoran District Hospital | 7/1/2011 | 12/31/2011 | Race (Race Portion Only) | Exception | The data is correct as reported, the Prisoners refuse to state race. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2011 | 12/31/2011 | Expected Source of Payment Type of Coverage | Exception | Per facility contact, all eight charts are listed under the Kaiser HMO Foundation Health Plan, Inc. code. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility contact states, "the Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted. |
| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2010 | 12/31/2011 | Principal Procedure | Exception | Facility contact states, the Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted. |

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| '154147' | Crestwood Psychiatric Health Facility - Bakersfield | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility states all potential clients are voluntarily admitted or are on a 5150 hold, admits are unscheduled. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 7/1/2009 | 12/31/2011 | Disposition of Patient | Exception | The data is correct. More patients have needed more assisted care which has increased Residential Care and decreased Routine. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Crestwood does not do any procedures within this psychiatric facility; if any procedures are required the patient is transferred and readmitted after the procedure is complete. |
| '154160' | Crestwood Psychiatric Health Facility - Bakersfield 2 | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Crestwood does not do any procedures within this psychiatric facility; if any procedures are required the patient is transferred and readmitted after the procedure is complete. |
| '344170' | Crestwood Psychiatric Health Facility - Carmichael | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Per facility contact, all patients were referred by Sacramento County whose payment source is Medi-Cal. |
| '344170' | Crestwood Psychiatric Health Facility - Carmichael | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, clients are referred from the local ER and they have a mental assessment to determine if they meet criteria for 5150 hold. A mental health/DSM-IV diagnosis is included in the referral package. |
| '344170' | Crestwood Psychiatric Health Facility - Carmichael | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures at this facility. |
| '344170' | Crestwood Psychiatric Health Facility - Carmichael | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all patients are unscheduled. |

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| '104089' | Crestwood Psychiatric Health Facility - Fresno | 7/1/2011 | 12/31/2011 | Disposition of Patient | Exception | Per facility, the Patient Disposition to Other (3.9%) data is accurate and due to being transferred to other hospital's ERs for further treatment/evaluation. |
| '104089' | Crestwood Psychiatric Health Facility - Fresno | 7/1/2011 | 12/31/2011 | Source of Admission Licensure of Site | Exception | Per facility, the SOA Other at 88% is accurate and due to so many patients coming from ERs of other local hospitals. |
| '104089' | Crestwood Psychiatric Health Facility - Fresno | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per facility, the indigent population has gone up significantly causing the unknown ZIPs to go up to 23%. The data is accurate. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, clients are evaluated prior to admission, data submitted is accurate. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they are a psych facility and do not performs procedures, if client is in need of a procedure they are discharged to Santa Clara Valley Med Ctr. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility contact, they are a psych facility and do not performs procedures, if client is in need of a procedure they are discharged to Santa Clara Valley Med Ctr. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, facility opened in March 2011 therefore, their encounters continue to grow. |
| '434220' | Crestwood San Jose Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all admissions are approved for admission before they are admitted. |

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| '190232' | Del Amo Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported; facility contact stated if a procedure is needed the patient is discharged and re-admitted after the procedure is done; there are 21 patients of this type this reporting period. |
| '150706' | Delano Regional Medical Center | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility, the SNF patients had no DNR orders. The data was reviewed and is accurate. |
| '392287' | Doctors Hospital of Manteca | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Per facility contact, the newborn daily charge is \$2,554.49 however, with test's, vaccines, and labs the charges come up to \$3,890.00. |
| '190857' | Doctors Hospital of West Covina | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, there were no DNR orders written within 72 hours of patients admission. |
| '500852' | Doctors Medical Center | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Facility reviewed records and confirmed charges were accurate. |
| '500852' | Doctors Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility confirmed that procedures are not performed when patient is in a psychiatric bed. These are done in the acute setting. |
| '500852' | Doctors Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Facility confirmed these are admissions from other facility's EDs. |
| '196168' | Earl & Loraine Miller Children's Hosp. | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Facility confirmed these were all admissions from other facility's EDs. |
| '320859' | Eastern Plumas Hosp-Portola Campus | 7/1/2011 | 12/31/2011 | Average Length of Stay | Exception | Per facility contact, the decrease in their Average Length of Stay is due to an increase in one-day stays because their physicians, due to confusion about the service, were using Observation less drastically. |

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| '320859' | Eastern Plumas Hosp-Portola Campus | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Per facility contact, the increase in Adjusted Charge per day is due to the increased use of Swing Beds, which brings a significant revenue increase. This occurred because of a cooperative effort with neighboring medical center transferring seriously ill patients for rehabilitation needs. |
| '010805' | Eden Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct. There were no patients in this reporting period that had any procedures. In most cases psychiatric patients are discharged and readmitted to the medical floor. Last reporting period there were a few simple procedures that were done in the Psychiatric unit, this is seldom done. |
| '331168' | Eisenhower Medical Center | 7/1/2011 | 12/31/2011 | Disposition of Patient | Exception | Copy of facility license shows Psych and Rehab which has not been uploaded into ALIRTS. |
| '331168' | Eisenhower Medical Center | 7/1/2011 | 12/31/2011 | Type of Care | Exception | Per facility contact, the facility opened 23 Acute Rehabilitation beds on 7/1/11. |
| '430763' | El Camino Hospital | 7/1/2011 | 12/31/2011 | Expected Source of Payment Type of Coverage | Exception | Per facility contact, many of the private insurances and HMO's they contract with became Managed Care. |
| '094002' | El Dorado County-PHF | 7/1/2011 | 12/31/2011 | Other Diagnoses | Exception | Per facility contact, all diagnosis are for mental disorders, no other diagnosis were reported. |
| '094002' | El Dorado County-PHF | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per facility contact, all patients were English speaking. |
| '094002' | El Dorado County-PHF | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all admissions are unscheduled. |

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| '500867' | Emanuel Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility contact verified no skilled nursing procedures are performed. If needed they are sent to acute care. |
| '500867' | Emanuel Medical Center | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | This edit is due to the high number of Assyrian speaking patients. |
| '190280' | Encino Hospital Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per contact, no procedures are performed in SNIC, if needed they are transferred to Acute Inpatient setting. |
| '190280' | Encino Hospital Medical Center | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per contact, the majority of SNIC are long term comatose patients. |
| '190280' | Encino Hospital Medical Center | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per contact, the decrease in patients is due the facility no longer proving specialty services, as they no longer have insurance contracts. |
| '040962' | Enloe Medical Ctr.-Esplanade | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, there were two non-surgical procedures performed this reporting period and no additional procedures reported. Data is accurate as reported. |
| '370705' | Fallbrook Hospital District | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures at their SNF. If needed, they are discharged to acute care. |
| '014034' | Fremont Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | The data is correct as reported. This is a Psychiatric hospital and prior to a patient being admitted they must be medical cleared and E-Codes would have already been reported. |
| '014034' | Fremont Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility they never perform any psychiatric procedures on patients. |

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|-----------------|--|------------|------------|------------------------------------|-----------|--|
| '014034' | Fremont Hospital | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | The current data is correct and has been verified by the reporting system within the facility. Staff changes and new ownership is expecting the numbers to increase back to past amounts |
| '014034' | Fremont Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | All admits come from other facilities or EPS on an unscheduled basis. |
| '104047' | Fresno Surgical Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility all admissions are scheduled, they are elective surgery patients and admitted from home and are scheduled. |
| '190317' | Gateways Hospital and Mental Health Ctr. | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, this psychiatric facility gets a large number of 5150 and similar admissions from other hospitals EDs. |
| '190317' | Gateways Hospital and Mental Health Ctr. | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility, contact the facility receives their patients from ER rooms as well as walk-ins. Therefore records will always be unscheduled. |
| '110889' | Glenn Medical Center | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility does not typically schedule patients to be admitted, no admissions were arranged with the hospital and facility understands OSHPD's definition of Unscheduled. |
| '420483' | Goleta Valley Cottage Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Facility states that their review shows no DNR orders per OSHPD definitions were in place for SN/IC patients. |
| '430779' | Good Samaritan Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, if a Psychiatric patient needs other procedures they are discharged and readmitted after procedure is taken care of. |

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| '150775' | Good Samaritan Hospital-Bakersfield | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported, admissions were routinely from other ER's which accounts for the others. |
| '190352' | Greater El Monte Community Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact they do not perform procedures on SNIC patients if needed, they are discharged to their Acute setting |
| '190352' | Greater El Monte Community Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Facility contact verified that there were no DNR's reported on their SNIC patients this report period. |
| '350784' | Hazel Hawkins Memorial Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on skilled nursing patients at the skilled nursing facilities. If the patients require procedures, they are discharged from the SNF and admitted to the acute facility for care". |
| '304159' | Healthbridge Children's Hospital - Orange | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) The data is correct as reported, all diagnosis were all present when the patients were admitted. |
| '304159' | Healthbridge Children's Hospital - Orange | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | (Small facility) The data is correct as reported; if any procedures need to be done patient is discharged and then readmitted. |
| '304159' | Healthbridge Children's Hospital - Orange | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported, facility has no emergency room and all admissions are scheduled at least 24 hours ahead of time. |
| '304079' | Healthsouth Tustin Rehab. Hospital | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Facility contact states, "We are an acute rehab facility and all of our admissions are scheduled admissions". |

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| '331194' | Hemet Valley Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, procedures reported for this patient population was the ICD-9-CM procedure code 96.72 - continuous invasive mechanical ventilation for 96 consecutive hours or more. This code is reported to capture the ventilator status. It is not a surgical operation/procedure. In the event the patient requires surgical intervention, the patient is discharged from the Sub-Acute unit and admitted to Acute Care status. |
| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility contact states, Principal Procedure C021 and Other Procedures on Psychiatric Care C024. We have reviewed the data elements in the California Inpatient Data Reporting Manual, 7th ed. Other patient principal procedure is defined was one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. At Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct. |

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| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Principal Procedure | Exception | Facility contact states, Principal Procedure C021 and Other Procedures on Psychiatric Care C024. We have reviewed the data elements in the California Inpatient Data Reporting Manual, 7th ed. Other patient principal procedure is defined was one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. At Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct. |
| '344021' | Heritage Oaks Hospital | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility contact states a crisis management model. Our largest source of admissions come via an acute hospital's Emergency Room Department with patients on a 5150 hold. We report this source of admission according to data reporting manual elements as Admission/Site: Home. Our percentage/data of records reported as 100% is true and correct. Analyst verified all admits are Unscheduled. |
| '304460' | Hoag Orthopedic Institute | 7/1/2011 | 12/31/2011 | Principal E-Code | Exception | The data is correct as reported, the E-Codes have previously been reported. |
| '121031' | Jerold Phelps Community Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | (Small facility) The data is correct as reported. If a surgical procedure is required the patient is discharged to a larger facility; this is a rural hospital and it does not perform procedures. |

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| '121031' | Jerold Phelps Community Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | (Small facility) The data is correct as reported, verified there are 4 admissions from the clinic. |
| '380842' | Jewish Home | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | Per facility contact, the two patients who had an Other E-Code did not have it at admission however, it occurred after admission. |
| '380842' | Jewish Home | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, Jewish Home does not do any types of procedures, if a resident requires any type of surgical procedure they are sent to an acute facility for that procedure. |
| '380842' | Jewish Home | 7/1/2011 | 12/31/2011 | Principal E-Code Present on Admission | Exception | Per facility contact, the two patients who had a Principal E-Code did not have it at admission however, occurred after admission. |
| '380842' | Jewish Home | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility contact, Jewish Home does not do any types of procedures, if a resident requires any type of surgical procedure they are sent to an acute facility for that procedure. |
| '380842' | Jewish Home | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, an acute facility, family, or agency refers all of their patients to them. All patients are scheduled with a time and date. |
| '220733' | John C Fremont Healthcare District | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | The data is correct as reported and has been verified with the coding staff. |
| '220733' | John C Fremont Healthcare District | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | The data is correct as reported and has been verified with the Information System. All patients this reporting period are English speaking. |
| '220733' | John C Fremont Healthcare District | 7/1/2011 | 12/31/2011 | Race (Ethnicity Portion Only) | Exception | The data is correct as reported and has been verified by the Information System. |

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| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility states they do no procedures as they are all done "at general acute care hospitals". |
| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Principal Procedure | Exception | Facility states they do no procedures as they are all done "at general acute care hospitals". |
| '074039' | John Muir Behavioral Health Center | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states: none of their admissions are scheduled 24 hours in advance of the admission date/time." |
| '196404' | Joyce Eisenberg Keefer Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per contact they do not perform any types of procedures at this facility, if a procedure is needed the patient is sent to another hospital whether they are SN/IC or a Psychiatric patient. |
| '196404' | Joyce Eisenberg Keefer Medical Center | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per contact they do not perform any types of procedures at this facility, if a procedure is needed the patient is sent to another hospital. |
| '196035' | Kaiser Fdn Hosp - Baldwin Park | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, the reason for the high number of Source of Admission Other is they receive a large number of transfers from a nearby facilities ER. |
| '190429' | Kaiser Fdn Hosp - Los Angeles | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, patients were transferred from another hospital's ED. Their Source of Admission combination 931/932 were all correct. |
| '334048' | Kaiser Fdn Hosp - Moreno Valley | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility, the data is accurate as they verified the SOA Other reported were all transfers from another hospital ED. |
| '410804' | Kaiser Fdn Hosp - Redwood City | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility - these patients were transferred from another hospital's ER. |

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| '340913' | Kaiser Fdn Hosp - Sacramento | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Source Of Admission Other are patients that are transferred from another hospital's ER once stabilized as they are Kaiser patients. |
| '190434' | Kaiser Fdn Hosp - West LA | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, they have a high number of patients transferred from another Hospital's ED. |
| '191450' | Kaiser Fdn Hosp - Woodland Hills | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Data is reported correct as reported; Kaiser patients are transferred from other hospitals. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Other Procedures were not done during this reporting period on any patients. If a procedure is needed the patient would be discharged and re-admission if the patient returned. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Principal Procedures were not done during this reporting period on any patients. If a procedure is needed the patient would be discharged and re-admission if the patient returned. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility this has been confirmed and these patients are coming from other Emergency Rooms. There are 300 records from another hospital's Emergency Rooms. |
| '434218' | Kaiser Permanente P.H.F. - Santa Clara | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | All admissions in this facility are unscheduled due to the nature of the business. |
| '540734' | Kaweah Delta Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported. Procedures are not done in this facility, if a procedure is needed the patient is transferred to the acute facility and readmitted. |

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| '540734' | Kaweah Delta Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported. Procedures are not done in this facility, if a procedure is needed the patient is transferred to the acute facility and readmitted. |
| '190150' | Kedren Community Mental Health Center | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | The data is correct as reported; this psychiatric facility is under contract with LA County Department of Mental Health and all patients are Other Government. |
| '190150' | Kedren Community Mental Health Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported; this psychiatric facility does not do procedures. The dataset have been reviewed and is consistent with actual discharges. If a patient does need a procedure the patient will be discharged sent to a LA County facility. |
| '190150' | Kedren Community Mental Health Center | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | The data is correct as reported; this psychiatric facility does not do procedures. The dataset have been reviewed and is consistent with actual discharges. If a patient does need a procedure the patient will be discharged sent to a LA County facility. |
| '210993' | Kentfield Rehabilitation Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Facility confirmed all admissions come from an acute setting. |
| '210993' | Kentfield Rehabilitation Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility confirmed all admissions are scheduled at least 24 hrs. in advance. |
| '150736' | Kern Medical Center | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per facility, the data is accurate and has been reviewed and determined to be caused by a large homeless population in their area. |

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| '010887' | Kindred Hosp. San Francisco Bay Area | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported, Kindred has no emergency room and all patients come from acute hospitals. All patients are scheduled. |
| '190305' | Kindred Hospital - Los Angeles | 10/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility states they have no emergency services and only scheduled admissions. |
| '344035' | Kindred Hospital - Sacramento | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported. All admissions are scheduled for as far back as we are able to verify. This hospital has no emergency room and does not provide emergency services. |
| '370721' | Kindred Hospital - San Diego | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility - this is an LTAC (Long-term Acute Care Hospital). All patients are scheduled admissions. They come from SNF and other Acute facilities. |
| '190049' | Kindred Hospital Baldwin Park | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported, the patients are always evaluated prior to admission and are always scheduled. |
| '301127' | Kindred Hospital Brea | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported and has been verified. Facility states any SN patient that needs a procedure is discharged to an acute setting and readmitted upon completion. |
| '301127' | Kindred Hospital Brea | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Per facility, they never get unscheduled patient admits. The data is accurate. |
| '361274' | Kindred Hospital Ontario | 7/1/2011 | 12/31/2011 | Expected Source of Payment Name of Plan | Exception | The data is correct as reported and has been verified. The report shows 11 patients with a coverage type 1 with the same plan code. After review of each case it was found that each patient insurance carrier is Blue Shield of Southern California. |

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| '361274' | Kindred Hospital Ontario | 1/1/2010 | 12/31/2012 | Type of Admission | Exception | Per facility they are always scheduled as they are a long term acute care hospital. |
| '364188' | Kindred Hospital Rancho | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per contact, last reporting period data received was for March through June 2011, therefore discharges were lower. |
| '332172' | Kindred Hospital Riverside | 7/1/2011 | 12/31/2011 | Expected Source of Payment Type of Coverage | Exception | Per contact, they have new contracts in place with different insurance companies and different insurance plans. |
| '332172' | Kindred Hospital Riverside | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per contact, last reporting period was a split report period. This report period they are reporting a full six-months worth of data. |
| '332172' | Kindred Hospital Riverside | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per contact, all admissions are scheduled. |
| '190196' | Kindred Hospital South Bay | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility contact verified that all admissions are scheduled. |
| '301380' | Kindred Hospital Westminster | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per facility, they reviewed the data and all of the 541 patients declared English as their PLS. The data is accurate. |
| '301380' | Kindred Hospital Westminster | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility, they understand the definition of Scheduled admits and 100% of their patients are scheduled. The data is accurate. |
| '194981' | La Casa Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Disposition of Patient | Exception | (Small facility) The data is correct as reported, charts were pulled and records reviewed. |

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| '194981' | La Casa Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) The data is correct as reported, this is a free standing psychiatric facility, Any co-occurring diagnoses are given at admission as they are cleared by sending physician before admission. |
| '194981' | La Casa Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | (Small facility)The data is correct as reported, this is a free standing psychiatric facility, if procedures are needed the patient is transferred and readmitted. |
| '194981' | La Casa Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | (Small facility) The data is correct as reported. Charts were pulled and verified. |
| '194981' | La Casa Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | (Small facility)The data is correct as reported, this is a free standing psychiatric facility, they treat acute patients in psychiatric crisis. |
| '191306' | LAC/Rancho Los Amigos National Rehab Ctr | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | This data is correct, facility has no ER and admits patients from other county hospitals. |
| '361246' | Loma Linda University Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | The data has been verified to be accurate and validated by reviewing the Medical Record. This facility receives an abundance of transfers from other hospital EDs. |
| '420491' | Lompoc Valley Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, a review of the Reporting Manual and discussion with analyst verifies they understand the correct reporting. Any Skilled Nursing patient that needs procedures is transferred to Ambulatory Surgery; several were taken to the Emergency Room and then admitted as Acute (The Emergency Room procedure is rolled up into the IP Acute Care record). |

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| '190854' | Los Angeles Metropolitan Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | Facility contact states, - Due to transfer agreement with Kaiser and Olympia hospitals, medical clearance was completed at respective facilities, resulting in direct admit and bypassing LAMMC ER.☐ |
| '434040' | Lucile S Packard Chldrn Hosp at Stanford | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, they have a large number of OB admissions, many of whom have events occur after admission, such as perinatal lacerations or occurrence of abnormal fetal heart rates. Data is accurate as reported. |
| '434040' | Lucile S Packard Chldrn Hosp at Stanford | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, a large number of their admits are coming from another facility's ER. |
| '420493' | Marian Medical Center | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per facility contact, their PLS write-in field is extensive as they have a large population of Mixtec in their area. |
| '244027' | Marie Green Psychiatric Center -PHF | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility contact, they do not perform procedures of any kind, if a procedure is needed the patient is discharged to another facility and readmitted. From 7/1/07 through 12/31/10, the facility reported Lithium Therapy, Chemical Shock Therapy and Electric Shock Therapy to OSHPD as Principal Procedures however, per OSHPD reporting requirements; they will no longer report these as Principal Procedures. |
| '211006' | Marin General Hospital | 7/1/2011 | 12/31/2011 | Expected Source of Payment Type of Coverage | Exception | Per contact, in July the facility contracted with Partnership Health because of this they have seen an increase in managed care and a decrease in traditional. |

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| '050932' | Mark Twain St. Joseph's Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility they do no other procedures in Skilled Nursing but discharge and admit to Acute when this is needed. The data is correct as reported. |
| '414018' | Menlo Park Surgical Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | The data is correct as reported, the coding manager has reviewed all inpatient cases, any injuries were old and reported elsewhere. |
| '414018' | Menlo Park Surgical Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Menlo Park is a small acute care hospital, patients are healthy and admitted for surgeries such as orthopedic, podiatry and plastic surgery. |
| '414018' | Menlo Park Surgical Hospital | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | Scheduler and admitting has verified all admissions are scheduled; 100% Home is accurate. |
| '414018' | Menlo Park Surgical Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Menlo Park does not have an emergency room and all patients are always scheduled. |
| '470871' | Mercy Hospital - MT. Shasta | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility had no procedures on their swing Skilled Nursing patients. |
| '410852' | Mills-Peninsula Medical Center | 7/1/2011 | 12/31/2011 | Sex | Exception | Custom reports have been checked and verified that the data is correct as reported. This facility has a high number of sex change procedures each reporting period and accounts for the flag. |
| '190681' | Miracle Mile Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility, the SOA was 100% from Home. The data is accurate. |
| '190681' | Miracle Mile Medical Center | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Per facility, they always get 100% Scheduled patients. The data is accurate. |
| '250956' | Modoc Medical Center | 7/1/2009 | 9/30/2011 | Average Length of Stay | Exception | The data is correct. Several long term patients made the time period go up. |

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| '250956' | Modoc Medical Center | 7/1/2009 | 9/30/2011 | Total Number of Records | Exception | The data has been verified to be accurate as reported and validated by review of the Internal Disease index listing all admits/discharges. |
| '190541' | Monrovia Memorial Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, they had no DNR orders written within, at the time, or within 24 hours of admission. |
| '190541' | Monrovia Memorial Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all of their admissions are scheduled. |
| '190552' | Motion Picture & Television Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility contact verified the remaining 9 records did not need additional procedures as these are psych patients who were treated in the facilities ED. |
| '013687' | MPI Chemical Dependency Recovery Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | Only 1 record was reported with and Ecode POA of "no" and facility confirmed "no" was correct. |
| '301304' | Newport Bay Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, this is a psychiatric hospital and they do no procedures. If a procedure is needed the patient is sent to a medical facility and readmitted upon return. |
| '301304' | Newport Bay Hospital | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | The data is correct as reported, this is a psychiatric hospital and they do no procedures. If a procedure is needed the patient is sent to a medical facility and readmitted upon return. |
| '301304' | Newport Bay Hospital | 7/1/2009 | 12/31/2011 | Type of Admission | Exception | Per facility, they always get scheduled admits. The data is accurate. |
| '301357' | Newport Specialty Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility, they do no Other Procedures in SN care. The data is accurate. |

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| '301357' | Newport Specialty Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility, they reviewed all SN care records and none of them had a DNR order. The data is accurate. |
| '514033' | North Valley Behavioral Health | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, all other diagnosis were present on admission. |
| '514033' | North Valley Behavioral Health | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | There are no procedures or other procedures done at North Valley Behavioral. Any procedures would be directed to the local hospital. We are a psychiatric healthcare facility providing mental health services. |
| '514033' | North Valley Behavioral Health | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility contact, There are no procedures or other procedures done at North Valley Behavioral. Any procedures would be directed to the local hospital. We are a psychiatric healthcare facility providing mental health services. |
| '454012' | Northern California Rehab. Hospital | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Data is correct as submitted. No patients discharged this reporting period had Do Not Resuscitate listed. |
| '454012' | Northern California Rehab. Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Data is correct as submitted. All admissions are scheduled. |
| '334457' | Oasis Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Per facility all patients are from the indigent population; all come from a contract with Riverside County to provide psychiatric services to the indigent population. |
| '334457' | Oasis Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | The data is correct, the diagnoses are made on admission. |

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| '334457' | Oasis Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Any procedures fall under rehabilitation services which is a bundled procedure. There are no reportable procedures done in this facility. |
| '334457' | Oasis Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | All patients have been verified to be admitted from home and come in with 5150 hold or other qualified places such as outpatient clinics and medical emergency rooms. |
| '334457' | Oasis Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | All admissions are unscheduled and come in on 5150, this is the practice of the facility. |
| '430837' | O'Connor Hospital | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Per facility contact, "Our charges for newborns are over the \$3,200 per day amount. Our Well Baby daily rate is \$3,015.00 with lab and other test required for newborns the rate on a well baby will be over the amount of \$3,200. Our Level 2 NICU rate is \$7,433.00, again with test we are over \$3,200 amount. Our Level 3 care for NICU newborns is \$10,724.00 these charges include supplies, drugs and test that are needed for patient care. Again putting the amount over \$3,200." |
| '560838' | Pacific Shores Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per contact, they do not perform procedures at their facility; if a procedure is needed, they are discharged to an acute facility. |
| '560838' | Pacific Shores Hospital | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per contact, all patient spoke English this report period. |

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| '560838' | Pacific Shores Hospital | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per contact, they do not perform procedures at their facility; if a procedure is needed, they are discharged to an acute facility. |
| '560838' | Pacific Shores Hospital | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per contact, they discharged 31 more patients than last quarter. Data is correct as reported. |
| '560838' | Pacific Shores Hospital | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per contact, all of their admissions are scheduled. |
| '190696' | Pacifica Hospital of the Valley | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as submitted, this is a psychiatric facility and they send any required procedures out and readmit when they return. |
| '370755' | Palomar Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, this facility does not perform Procedures. If a procedure is necessary the patient is discharged and readmitted. |
| '370759' | Paradise Valley Hospital | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | The data is correct as reported. These patients were all foreign (641) Zip Codes. |
| '454013' | Patient's Hospital of Redding | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Facility verified data as correct. This is a 10 bed acute care facility for elective surgery. |
| '454013' | Patient's Hospital of Redding | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per facility the data is correct, all 128 patients are English speaking. |
| '370977' | Pomerado Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, this facility does not perform Procedures. If a procedure is necessary the patient is discharged and readmitted. |
| '190470' | Providence Little Company of Mary MC - Torrance | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | This facility does no other procedures on SN cases; they are discharged then readmitted for treatment. |

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| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Facility confirmed that all diagnosis were present on admission and a "no" is very rare based on the type of treatment offered. |
| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Psych facility confirmed they discharge patient when the rare significant procedure is necessary. |
| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Facility states 100% English is accurate. They only have English speaking physicians and counselors so they are unable to admit patients that speak other languages. |
| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Psych facility confirmed they discharge patient when the rare significant procedure is necessary. |
| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Psych facility confirmed they only admitted patients from a home environment. |
| '331226' | Riverside Center for Behavioral Medicine | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility process determines admission less than 24 hours in advance. |
| '344011' | Sacramento County Mental Health Treatment Center | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | The data is correct as reported; due to funding the budget cuts forced the facility to write off all services and admissions since the funding was absorbed (clients are indigent and do not have private funding). |
| '344011' | Sacramento County Mental Health Treatment Center | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | The data is correct as reported. All patients are first seen in other hospitals ER, they are diagnosed as a condition of admission process and sent to this facility. |

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| '344011' | Sacramento County Mental Health Treatment Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported. This facility is an Acute Psychiatric facility and services are coded as 24 Hour Psychiatric Day. If a patient requires a procedure they are transported to other hospitals for treatment. |
| '344011' | Sacramento County Mental Health Treatment Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported; admissions are done via a referral process from other hospitals ER (the other 5%-6% ARE admitted from jail). |
| '374055' | San Diego County Psychiatric Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct, procedures are not performed in this facility; if a procedure is needed the patient is sent out to another facility and readmitted when they return. |
| '374055' | San Diego County Psychiatric Hospital | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | The data is correct, procedures are not performed in this facility; if a procedure is needed the patient is sent out to another facility and readmitted when they return. |
| '374055' | San Diego County Psychiatric Hospital | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | These patients are homeless. |
| '374084' | San Diego Hospice & Palliative Care Center | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Facility states given the nature of the care their facility provides (hospice), it is rare for them to have a new diagnosis reported after admission. |
| '374084' | San Diego Hospice & Palliative Care Center | 1/1/2010 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | This is a hospice facility that only has patients with DNR in place. Per facility - Our facility is a Specialty Hospital and patients are admitted to the inpatient unit with the understanding that resuscitative measures are not provided. A DNR order is written for all patients at the time of admission. |

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| '374084' | San Diego Hospice & Palliative Care Center | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility states given the nature of the care their facility provides (hospice), admissions are almost exclusively unscheduled and facilitated quickly. |
| '394003' | San Joaquin County Mental Health - P.H.F | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported. All of the patients are unscheduled as this is a psych facility; all Psych patients are unscheduled as an admission practice. |
| '391010' | San Joaquin General Hospital | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Per facility contact, the current facility charge per day for newborns is \$2950.00 and with the battery of test runs on newborns the total charge is well over \$3200.00 per day. |
| '404046' | San Luis Obispo County Behavioral Health Services-PHF | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they only perform Non OR procedures, which are for mental health status only. If a patient needs a procedure, they are discharged to a nearby hospital. |
| '404046' | San Luis Obispo County Behavioral Health Services-PHF | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per facility contact, they serve a high number of homeless patients in their area. |
| '424002' | Santa Barbara Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported. Facility is a free standing psychiatric facility they do no other procedures of any type, if needed the patient is transferred to Cottage Hospital |
| '424002' | Santa Barbara Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | The data is correct as reported. Facility is a free standing psychiatric facility they do no procedures of any type, if needed the patient is transferred to Cottage Hospital. |
| '491064' | Santa Rosa Memorial Hospital | 7/1/2011 | 12/31/2011 | Principal E-Code | Exception | The data is correct as reported. The E-Codes have been previously reported. |

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| '371256' | Scripps Green Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | This data has been verified as correct. Facility does not have an Emergency Room, these 66 admissions are from other local facility Emergency rooms. |
| '124004' | Sempervirens - P.H.F. | 1/1/2010 | 12/31/2011 | Type of Admission | Exception | Facility states - as an acute psychiatric facility, admission are not normally scheduled 24 hours in advance. All unscheduled is reported accurately. |
| '124004' | Sempervirens - P.H.F. | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Facility confirmed all patients were homeless and consistent with patient population. |
| '321016' | Seneca Hospital | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | The data is correct as reported; all 108 records have been checked and verified there are no Other E-Codes (there is 1 primary E-Code), the others listed are exempt. Facility reviewed and confirmed this patient fell prior to admission and then fell again after admission. |
| '321016' | Seneca Hospital | 7/1/2009 | 12/31/2011 | Total Chargers (Adjusted C/D) | Exception | Facility reviewed all 108 records, they had 3 long term care patients which reduced the charges per day for this facility. |
| '410828' | Seton Medical Center - Coastside | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) The data is correct as reported; the percentage is due to additional diagnoses occurring during the patients stay. |
| '410828' | Seton Medical Center - Coastside | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported and has been reviewed; all admissions were scheduled. After checking DDR past history this facility only has scheduled admissions. |

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| '370875' | Sharp Chula Vista Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported; the data has been reviewed and confirmed to be accurate. All Skilled Nursing patients must be transferred to the acute setting to have a procedure done. |
| '374049' | Sharp McDonald Center | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per contact, all 127 patients spoke English during this report period. |
| '370745' | Sharp Mesa Vista Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per contact, they do not have an ED therefore, patients must be medically cleared before admission. Their reports show 1177 patients that came from another ER or another clinic. |
| '190712' | Shriners Hospital - Los Angeles | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per facility contact, they have opened an Ambulatory Surgery clinic, which has resulted in a shift of patient care. |
| '190712' | Shriners Hospital - Los Angeles | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, their admissions are scheduled rarely due to they have a admission which is not scheduled. |
| '344114' | Shriners Hospital - Northern Calif | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Facility states patient population frequently comes from out-of-country and is a service are for patient in Mexico. |
| '190661' | Silver Lake Medical Center - Downtown Campus | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Facility confirmed that there was a different principal payer for acute vs. psychiatric care. |
| '190661' | Silver Lake Medical Center - Downtown Campus | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Facility confirmed these were patients transferred from other facilities' EDs. |

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| '190410' | Silver Lake Medical Center - Ingleside Campus | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | The data is correct as reported, 361 records listed as homeless. Silver Lake is a Behavioral Health Facility and provides treatment to a high percentage of homeless patients. |
| '521041' | St. Elizabeth Community Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform procedures on SNIC at their facility if a procedure is needed the patient is discharged to their outpatient clinic. |
| '190754' | St. Francis Medical Center | 7/7/2011 | 12/31/2011 | Other Procedure | Exception | Per facility they do not perform procedures on SN and Psych patients. The data is correct, reports have been verified to make sure there were no procedures. |
| '281078' | St. Helena Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is accurate as reported, patients needing other procedures are discharged and admitted to the medical unit. |
| '281078' | St. Helena Hospital | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported. This facility draws numerous patients from other facilities ED's. |
| '171049' | St. Helena Hospital - Clearlake | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility states they discharge to their Acute if any significant procedures must be performed. |
| '171049' | St. Helena Hospital - Clearlake | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Facility verified the charges for the 47 records and stated they have high newborn charges with a well-baby rate starting at \$3080 which typically exceeds \$3200 with tests. |
| '481015' | St. Helena Hospital Center for Behavioral Health | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, the only procedures they perform are Detox procedures. |
| '481015' | St. Helena Hospital Center for Behavioral Health | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, due to counties closing their crisis clinics 95% of their patients are coming from other facilities ER's. |

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| '392232' | St. Joseph's Behavioral Health Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported; a complete audit was done on all Other patients they came from another hospital's Emergency Departments. |
| '392232' | St. Joseph's Behavioral Health Center | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | The data is correct as reported, all admissions are unscheduled, per their business practice. DDR has been checked for past reporting periods and all have been unscheduled. |
| '380965' | St. Mary's Medical Center, San Francisco | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported and has been verified, internal reports show no Procedures on Psychiatric patients and this is the practice of the facility. If a procedure is required the patient is discharged and readmitted when ready to return. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Per facility contact, they are contracted with Department of Mental Health which is Other Govt. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility contact, all diagnosis were Present on Admission, all records were verified. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they only perform one type of procedure, which is Rehabilitation Therapy. If a patient needs any other type of procedure, they are discharged to an ER. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, clients in question came from the streets and were referred by social workers. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Total Number of Records | Exception | Per facility contact, they had an increase of admissions and referrals this reporting period. |
| '194967' | Star View Adolescent - P.H.F. | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility contact, all patients are unscheduled. |

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| '250955' | Surprise Valley Community Hospital | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | (Small facility) The data has been verified, all 10 patients have other diagnosis when admitted. |
| '250955' | Surprise Valley Community Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | (Small facility) The data is correct, there were no Other Procedures done on the 6 S/N patients. If a procedure is required the patient is transferred to acute and back to S/N. |
| '250955' | Surprise Valley Community Hospital | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | (Small facility) The 10 patients all are English speaking and have been verified. |
| '250955' | Surprise Valley Community Hospital | 7/1/2011 | 12/31/2011 | Race | Exception | (Small facility) The data is correct as reported. This is a very small facility (only 10 patients this report period) and all patients are Non-Hispanic and White. |
| '344017' | Sutter Center for Psychiatry | 7/1/2009 | 12/31/2011 | Source of Admission | Exception | Per facility, they only get patients coming in from Home. The data is accurate. |
| '341051' | Sutter General Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported, the records have been reviewed and confirmed. This facility does not do procedures in SN, they discharge and readmit when complete. |
| '444012' | Sutter Maternity & Surgery Center | 7/1/2011 | 12/31/2011 | Other E-Code Present on Admission | Exception | Per facility contact, all charts were verified any misadventure or complication reported most likely occurred during their episode of care. There were no Other E-Codes reported. |
| '444012' | Sutter Maternity & Surgery Center | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Per facility contact, they do not have critically ill patients therefore; they do not offer DNR within 25 hours of patient admittance. |

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| '514030' | Sutter Surgical Hospital - North Valley | 7/1/2011 | 12/31/2011 | Prehospital Care and Resuscitation | Exception | Facility contact verified that none of their patients had a DNR on file. |
| '514030' | Sutter Surgical Hospital - North Valley | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility contact verified they do not have an ER therefore, all patients are scheduled. |
| '514001' | Sutter-Yuba - P.H.F. | 7/1/2010 | 12/31/2011 | Other Procedure | Exception | Per facility contact, they do not perform any type of procedure as they are not a medical hospital. If a procedure is needed, that patient is sent to another facility. |
| '291053' | Tahoe Forest Hospital | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Per facility contact, there were no "Other" procedures performed on SNIC patients this report period. If needed they are discharged from SNIC and admitted to acute. |
| '190782' | Tarzana Treatment Center | 1/1/2010 | 12/31/2011 | Other Procedure | Exception | Facility contact verified they do not perform other procedures, they only perform drug and alcohol procedures. |
| '190782' | Tarzana Treatment Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported, this is a psych facility and patients are all on a waiting list to be admitted; all come from home. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Expected Source of Payment Type of Coverage | Exception | Facility confirmed these records were an HMO contract with Kaiser. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Facility confirmed patients are first seen at another facility and all diagnosis are present on admission. |

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| '014207' | Telecare Heritage Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | Facility confirmed medical procedures are sent out to an ED. Only psych codes reported. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | Facility confirmed these were all admissions from other facilities' EDs. |
| '014207' | Telecare Heritage Psychiatric Health Facility | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Facility confirmed all admission are unscheduled as all patients are 5150 transferred from other facilities. |
| '314029' | Telecare Placer Co. P.H.F. | 7/1/2007 | 12/31/2012 | Type of Admission | Exception | Per facility, the data is correct and they always have 100% Unscheduled admits. |
| '014226' | Telecare Willow Rock Center | 7/1/2011 | 12/31/2011 | Expected Source of Payment Name of Plan | Exception | Per facility - the plan codes reported are all from Kaiser. |
| '014226' | Telecare Willow Rock Center | 7/1/2011 | 12/31/2011 | Other Diagnosis Present on Admission | Exception | Per facility - other diagnosis present on admission No is correct. |
| '014226' | Telecare Willow Rock Center | 7/1/2011 | 12/31/2011 | Source of Admission Site | Exception | Per facility records reported in Other are from Kaiser or Seneca ERs. |
| '014226' | Telecare Willow Rock Center | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility - Seneca triages all admission to Willow Rock; all coming into Willow Rock are Unscheduled. |
| '564121' | Thousand Oaks Surgical Hospital | 7/1/2011 | 12/31/2011 | Other E-Code | Exception | Per contact out of the 26 records, which did have an e-code, all of the other-e-codes Present on Admission happened after admission. |
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Per facility, they reviewed all 68 records and each patient spoke English fluently. The data is accurate. |
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 7/1/2011 | 12/31/2011 | Principal Procedure | Exception | Per facility, they do not do procedures at this facility and if any are needed the patient is discharged to another hospital. The data is accurate. |

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--|------------|------------|---|-----------|---|
| '010782' | Thunder Road Chemical Depndcy Rcvry Hosp | 7/1/2011 | 12/31/2011 | Type of Admission | Exception | Per facility, each patient is assessed and scheduled for treatment prior to being admitted to the facility. The data is accurate. |
| '191225' | Tom Redgate Memorial Recovery Center | 7/1/2011 | 12/31/2011 | Expected Source of Payment | Exception | Per facility contact, they are a nonprofit, county, state, and federal subsidized chemical dependency hospital. All payers fall under one category, Other Government. |
| '191225' | Tom Redgate Memorial Recovery Center | 7/1/2011 | 12/31/2011 | Principal E-code | Exception | Per facility contact, all E-Codes occurred while in their facility. Data is accurate as reported. |
| '191225' | Tom Redgate Memorial Recovery Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Per facility contact, due to budget cuts they have lost some of their contract, now 100% of their patients come from home. |
| '191225' | Tom Redgate Memorial Recovery Center | 7/1/2011 | 12/31/2011 | ZIP Code | Exception | Per facility contact they serve a large number of homeless in their area. |
| '531059' | Trinity General Hospital | 10/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | Facility states one language is reported because "our county is not very diversified". |
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Expected Source of Payment Payer Category | Exception | The data has been verified to be correct, all patients are Long Term Care patients with Medi-Cal insurance. |
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Other E-Code Present on Admission | Exception | The data has been verified to be correct, all patients had no other E-Codes present. |
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Other Procedure | Exception | The data has been verified to be correct, all patients are Long Term Care patients and do not have reportable other procedure codes. |

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|-----------------------------------|------------|------------|------------------------------------|-----------|--|
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Prehospital Care and Resuscitation | Exception | The data has been verified to be correct, all patients are Long Term Care patients and the policy is for all patients have a completed DNR. |
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Principal Language Spoken | Exception | The data has been verified to be correct, all patients are English speaking. |
| '551061' | TUOLUMNE GENERAL MEDICAL FACILITY | 7/1/2011 | 11/23/2011 | Principal Procedure | Exception | The data has been verified to be correct, all patients are Long Term Care patients and do not have reportable procedure codes. |
| '400548' | Twin Cities Community Hospital | 7/1/2011 | 12/31/2011 | Total Charges | Exception | Facility contact states, reviewed the medical records with Total Charges Over \$3200 and verified that charges belong to the Newborns. All procedures that are coded by HIM are present and accurate. The NB room rate increased by 5% over last year and all newborns receive a NB panel, hearing screen and Hep B vaccine. In addition, some newborns are tested for ABO/RHO compatibility when necessary. |
| '381154' | U.C.S.F. Medical Center | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | Facility confirmed these are admissions from other facilities' EDs. |
| '560481' | Ventura County Medical Center | 7/1/2011 | 12/31/2011 | Other Procedure | Exception | The data is correct as reported. If a procedure is needed the patient is discharged and admitted to the inpatient unit and then re admitted after the procedure is performed. |
| '560481' | Ventura County Medical Center | 7/1/2011 | 12/31/2011 | Principal Language Spoken | Exception | The data is correct as submitted. Mixteco is a language for this hospital population. |

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

| Facility Number | Facility Name | Start Date | End Date | Data Element | Type | Notes |
|-----------------|--------------------------------|------------|------------|---------------------|-----------|--|
| '560481' | Ventura County Medical Center | 7/1/2011 | 12/31/2011 | Race | Exception | The data is correct as submitted, these are truly unknowns. Patients self declare their race and ethnicity. |
| '301188' | Western Medical Center-Anaheim | 7/1/2011 | 12/31/2011 | Source of Admission | Exception | The data is correct as reported, there is a high level of patients coming from other hospitals ED's for further evaluation or admission. |

HOSPITAL INPATIENT

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2010

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97216 through 97234)

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| TYPE OF CARE 1 Acute 5 Chem Dep <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric | | FACILITY ID NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> | | ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 200px; height: 20px; margin: 2px;"></div> | | | |
| DATE OF BIRTH <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year (4 - Digit) </div> | | PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <div style="text-align: center; font-size: small;">Report 000 00 0001 if SSN is Unknown</div> | | SEX 1 Male 3 Other <input type="checkbox"/> 2 Female 4 Unknown | | | |
| ETHNICITY 1 Hispanic <input type="checkbox"/> 2 Non-Hispanic 3 Unknown | | RACE 1 White 4 Asian/Pacific <input type="checkbox"/> 2 Black Islander 3 Native American/ 5 Other Eskimo/Aleut 6 Unknown | | ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> | | | |
| ADMISSION DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year (4 - Digit) </div> | | DISCHARGE DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year (4 - Digit) </div> | | TOTAL CHARGES <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="text-align: center; font-size: small;">(Report whole dollars only, right justified)</div> | | | |
| SOURCE OF ADMISSION SITE 1 Home 6 Other <u>Inpatient</u> 2 Residential Hospital Care Care Facility 7 Newborn <input type="checkbox"/> 3 Ambulatory 8 Prison/Jail <input type="checkbox"/> Surgery 9 Other 4 SN/IC 5 Acute <u>Inpatient</u> Hospital Care | | | | LICENSURE OF SITE 1 This Hospital 2 Another Hospital <input type="checkbox"/> 3 Not a Hospital | | ROUTE 1 <u>Your</u> ER 2 Not <u>Your</u> ER (or no ER) <input type="checkbox"/> | |
| EXPECTED SOURCE OF PAYMENT PAYER CATEGORY 01 Medicare 06 Other Government 02 Medi-Cal 07 Other Indigent <input type="checkbox"/> 03 Private Coverage 08 Self Pay <input type="checkbox"/> 04 Workers' 09 Other Payer Compensation 05 County Indigent Programs | | | | TYPE OF COVERAGE 1 Managed Care - Knox - Keene/ MCOHS <input type="checkbox"/> 2 Managed Care - Other 3 Traditional Coverage | | NAME OF PLAN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="text-align: center; font-size: small;">(0001 - 9999 Plan Code Number)</div> | |
| DISPOSITION OF PATIENT: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 01 Routine (Home) Within This Hospital 02 Acute Care 03 Other Care 04 SN/IC To Another Hospital 05 Acute Care 06 Other Care (Not SN/IC) </div> <div style="width: 45%;"> 07 SN/IC 08 Residential Care Facility 09 Prison/Jail 10 Against Medical Advice 11 Died 12 Home Health Service 13 Other </div> </div> | | | | PREHOSPITAL CARE AND RESUSCITATION DNR orders at admission or within 24 hrs of admission Y = Yes <input type="checkbox"/> N = No | | | |

Page 2 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97234)

PRINCIPAL LANGUAGE SPOKEN

Enter a valid 3-letter PLS Code from either OSHPD's list of PLS Codes in the Inpatient Reporting Manual, Section 97234; or from the ISO 639-2 Code List at www.loc.gov/standards/iso63902

If the patient's language is not included in either of these lists, then enter the language spoken in the space provided.

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Y = Yes

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U = Unknown

W = Clinically Undetermined

blank = Exempt from POA reporting

OTHER EXTERNAL CAUSE OF INJURY E-CODES

PRESENT ON ADMISSION

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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT
MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after January 1, 2010

Page 3 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
 (Title 22, Sections 97216 through 97234)

PRINCIPAL DIAGNOSIS

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PRESENT ON ADMISSION

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Y = Yes
 N = No
 U = Unknown
 W = Clinically Undetermined
 blank = Exempt from POA reporting

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12. PRINCIPAL PROCEDURE AND DATE

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13. OTHER PROCEDURES AND DATES

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Appendix K
County Names and Codes (Public File)
January – December 2011

| County # | Name | County # | Name |
|----------|--------------|----------------------------|--|
| 01 | Alameda | 36 | San Bernardino |
| 02 | Alpine | 37 | San Diego |
| 03 | Amador | 38 | San Francisco |
| 04 | Butte | 39 | San Joaquin |
| 05 | Calaveras | 40 | San Luis Obispo |
| 06 | Colusa | 41 | San Mateo |
| 07 | Contra Costa | 42 | Santa Barbara |
| 08 | Del Norte | 43 | Santa Clara |
| 09 | El Dorado | 44 | Santa Cruz |
| 10 | Fresno | 45 | Shasta |
| 11 | Glenn | 46 | Sierra |
| 12 | Humboldt | 47 | Siskiyou |
| 13 | Imperial | 48 | Solano |
| 14 | Inyo | 49 | Sonoma |
| 15 | Kern | 50 | Stanislaus |
| 16 | Kings | 51 | Sutter |
| 17 | Lake | 52 | Tehama |
| 18 | Lassen | 53 | Trinity |
| 19 | Los Angeles | 54 | Tulare |
| 20 | Madera | 55 | Tuolumne |
| 21 | Marin | 56 | Ventura |
| 22 | Mariposa | 57 | Yolo |
| 23 | Mendocino | 58 | Yuba |
| 24 | Merced | Small County Groups | |
| 25 | Modoc | CE NE NW | Alpine, Inyo, Mariposa and Mono counties Modoc, Plumas and Sierra counties Colusa and Trinity counties |
| 26 | Mono | | |
| 27 | Monterey | | |
| 28 | Napa | | |
| 29 | Nevada | | |
| 30 | Orange | | |
| 31 | Placer | | |
| 32 | Plumas | | |
| 33 | Riverside | | |
| 34 | Sacramento | | |
| 35 | San Benito | | |

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|---|--|--------------------|-------------------------------|------------|------------|------------|----------------------|
| <i>Parent Facility ID: 164029</i> | | | | | | | |
| <i>Parent Facility Name: Adventist Medical Center</i> | | | | | | | |
| 100793 | SELMA COMMUNITY HOSPITAL | 12/05/2010 | Y | 12/06/2010 | | 01/25/2011 | |
| <i>Parent Facility ID: 010846</i> | | | | | | | |
| <i>Parent Facility Name: Alameda County Medical Center</i> | | | | | | | |
| 010811 | ALAMEDA CO MED CTR - FAIRMONT CAMPUS | 07/01/1993 | Y | 07/01/1993 | | 05/01/2002 | |
| <i>Parent Facility ID: 010735</i> | | | | | | | |
| <i>Parent Facility Name: Alameda Hospital</i> | | | | | | | |
| 010956 | ALAMEDA HOSPITAL-SOUTH SHORE CONVALESCENT HOSPITAL (D/P SNF) | 08/16/2008 | Y | 01/01/2009 | | 04/09/2009 | |
| <i>Parent Facility ID: 010739</i> | | | | | | | |
| <i>Parent Facility Name: Alta Bates Summit Medical Center-Alta Bates Campus</i> | | | | | | | |
| 010844 | Alta Bates Summit Medical Center-Herrick Campus | 10/01/1989 | N | 01/01/1997 | | 04/04/2002 | |
| <i>Parent Facility ID: 010937</i> | | | | | | | |
| <i>Parent Facility Name: Alta Bates Summit Medical Center-Summit-Hawthorne</i> | | | | | | | |
| 013626 | ALTA BATES SUMMIT MED. CTR.-SUMMIT CAMPUS-SUMMIT | 09/01/1989 | Y | 09/01/1989 | | 05/01/2002 | |
| <i>Parent Facility ID: 370652</i> | | | | | | | |
| <i>Parent Facility Name: Alvarado Hospital Medical Center</i> | | | | | | | |
| 374063 | ALVARADO HOSPITAL - SDRI | 06/01/2000 | Y | 06/01/2000 | | 06/27/2002 | |
| <i>Parent Facility ID: 301097</i> | | | | | | | |
| <i>Parent Facility Name: Anaheim General Hospital</i> | | | | | | | |
| 301109 | ANAHEIM GENERAL HOSPITAL - BUENA PARK CAMPUS | 06/12/1996 | Y | 06/12/1996 | | 05/01/2002 | |
| <i>Parent Facility ID: 380929</i> | | | | | | | |
| <i>Parent Facility Name: California PAC Med Ctr-Pacific Campus</i> | | | | | | | |
| 380826 | CALIFORNIA PACIFIC MED CTR-CALIFORNIA EAST | 06/16/1994 | Y | 06/16/1994 | | 05/01/2002 | |
| 380777 | CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST | 06/16/1994 | Y | 06/16/1994 | | 05/01/2002 | |
| 380933 | California Pacific Med Ctr-Davies Campus | 07/30/1998 | Y | 07/30/1998 | 12/31/2011 | 05/01/2002 | |
| <i>Parent Facility ID: 190636</i> | | | | | | | |
| <i>Parent Facility Name: Citrus Valley Medical Center-Q.V. Campus</i> | | | | | | | |
| 190413 | Citrus Valley Medical Center-I.C. Campus | 01/01/1998 | N | 01/01/1998 | | 04/04/2002 | |
| <i>Parent Facility ID: 100717</i> | | | | | | | |
| <i>Parent Facility Name: Community Regional Medical Center-Fresno</i> | | | | | | | |
| 104008 | COMMUNITY BEHAVIORAL HEALTH CENTER | 12/01/2002 | Y | 12/01/2002 | | 01/14/2003 | |
| 100718 | COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER (D/P) | 10/20/2009 | Y | 10/20/2009 | | 08/16/2010 | |
| <i>Parent Facility ID: 331152</i> | | | | | | | |
| <i>Parent Facility Name: Corona Regional Medical Center - Main</i> | | | | | | | |
| 331145 | CORONA REGIONAL MEDICAL CENTER-MAGNOLIA | 01/01/2002 | Y | 01/01/2002 | | 10/09/2002 | |
| <i>Parent Facility ID: 500852</i> | | | | | | | |
| <i>Parent Facility Name: Doctors Medical Center</i> | | | | | | | |

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|--|--|--------------------|-------------------------------|------------|----------|------------|----------------------|
| 501016 | DOCTORS MEDICAL CENTER - BEHAVIORAL HEALTH DEPARTMENT | 11/01/2007 | Y | 11/01/2007 | | 12/05/2007 | |
| Parent Facility ID: 440755 Parent Facility Name: Dominican Santa Cruz Hospital - Soquel | | | | | | | |
| 441807 | DOMINICAN SANTA CRUZ HOSPITAL/FREDERICK | 03/08/1990 | Y | 03/08/1990 | | 05/01/2002 | |
| Parent Facility ID: 320859 Parent Facility Name: Eastern Plumas Hosp-Portola Campus | | | | | | | |
| 461024 | EASTERN PLUMAS HOSP-LOYALTON CAMPUS | 12/01/2003 | Y | 12/01/2003 | | 01/13/2004 | |
| Parent Facility ID: 010805 Parent Facility Name: Eden Medical Center | | | | | | | |
| 013619 | San Leandro Hospital | 07/01/2004 | N | 07/01/2004 | | 02/09/2005 | |
| Parent Facility ID: 430763 Parent Facility Name: El Camino Hospital | | | | | | | |
| 430743 | EL CAMINO HOSPITAL LOS GATOS | 04/11/2009 | Y | 04/11/2009 | | 08/06/2009 | |
| Parent Facility ID: 500867 Parent Facility Name: Emanuel Medical Center | | | | | | | |
| 500806 | BRANDEL MANOR (D/P SNF OF EMANUAL MEDICAL CTR INC | 01/02/2003 | Y | 01/02/2003 | | 07/10/2003 | |
| Parent Facility ID: 040962 Parent Facility Name: Enloe Medical Ctr.-Esplanade | | | | | | | |
| 040828 | ENLOE MEDICAL CENTER - COHASSET CAMPUS | 06/30/1998 | Y | 06/30/1998 | | 05/01/2002 | |
| 044011 | ENLOE REHABILITATION CENTER | 06/30/1998 | Y | 06/30/1998 | | 05/01/2002 | |
| Parent Facility ID: 370705 Parent Facility Name: Fallbrook Hospital District | | | | | | | |
| 370704 | FALLBROOK HOSP DISTRICT SKILLED NURSING FACILITY (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| Parent Facility ID: 301175 Parent Facility Name: Fountain Valley Rgnl Hosp & MC-Euclid | | | | | | | |
| 304039 | FOUNTAIN VALLEY RGNL HOSP & MED CTR - WARNER | 05/25/1993 | Y | 05/25/1993 | | 05/01/2002 | |
| Parent Facility ID: 430779 Parent Facility Name: Good Samaritan Hospital | | | | | | | |
| 430915 | MISSION OAKS HOSPITAL | 04/26/1990 | Y | 04/26/1990 | | 05/01/2002 | |
| Parent Facility ID: 150775 Parent Facility Name: Good Samaritan Hospital-Bakersfield | | | | | | | |
| 154044 | GOOD SAMARITAN HOSPITAL-SOUTHWEST D/P APH | 12/29/2006 | Y | 12/29/2006 | | 02/27/2007 | |
| Parent Facility ID: 350784 Parent Facility Name: Hazel Hawkins Memorial Hospital | | | | | | | |
| 351814 | HAZEL HAWKINS CONVALESCENT HOSPITAL - SUNSET (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| Parent Facility ID: 331194 Parent Facility Name: Hemet Valley Medical Center | | | | | | | |
| 334032 | HEMET VALLEY HEALTH CARE CENTER (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|--|---|--------------------|-------------------------------|------------|----------|------------|----------------------|
| <i>Parent Facility ID: 301205</i> | | | | | | | |
| <i>Parent Facility Name: Hoag Memorial Hospital Presbyterian</i> | | | | | | | |
| 304045 | HOAG HOSPITAL IRVINE | 02/19/2009 | Y | 08/27/2010 | | 10/06/2010 | |
| <i>Parent Facility ID: 190380</i> | | | | | | | |
| <i>Parent Facility Name: Hollywood Community Hosp of Hollywood</i> | | | | | | | |
| 190814 | Hollywood Community Hospital of Van Nuys D/P APH | 01/01/1992 | N | 01/01/1997 | | 04/04/2002 | |
| <i>Parent Facility ID: 301132</i> | | | | | | | |
| <i>Parent Facility Name: Kaiser Fdn Hosp - Anaheim</i> | | | | | | | |
| 304306 | KAISER FDN HOSP - IRVINE | 05/07/2008 | Y | 05/07/2008 | | 06/02/2008 | |
| <i>Parent Facility ID: 010858</i> | | | | | | | |
| <i>Parent Facility Name: Kaiser Fdn Hosp - Hayward/Fremont</i> | | | | | | | |
| 014132 | KAISER FDN HOSP - FREMONT | 12/01/1996 | Y | 01/01/2009 | | 04/09/2009 | |
| <i>Parent Facility ID: 190429</i> | | | | | | | |
| <i>Parent Facility Name: Kaiser Fdn Hosp - Los Angeles</i> | | | | | | | |
| 190646 | KAISER FDN HOSP - MENTAL HEALTH CENTER | 07/27/1994 | Y | 01/01/2010 | | 01/21/2010 | |
| <i>Parent Facility ID: 394009</i> | | | | | | | |
| <i>Parent Facility Name: Kaiser Fdn Hosp - Manteca</i> | | | | | | | |
| 504042 | KAISER FDN HOSP - MODESTO | 10/01/2008 | Y | 10/01/2008 | | 03/16/2009 | |
| <i>Parent Facility ID: 010856</i> | | | | | | | |
| <i>Parent Facility Name: Kaiser Fdn Hosp - Oakland Campus</i> | | | | | | | |
| 074093 | KAISER FDN HOSP - RICHMOND CAMPUS | 09/07/1995 | Y | 01/01/2009 | | 04/16/2009 | |
| <i>Parent Facility ID: 540734</i> | | | | | | | |
| <i>Parent Facility Name: Kaweah Delta Medical Center</i> | | | | | | | |
| 544009 | KAWEAH DELTA MENTAL HEALTH HOSPITAL (D/P APH) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| 544075 | KAWEAH DELTA REHABILITATION HOSPITAL (D/P REHAB.) | 12/06/2006 | Y | 10/01/2007 | | 01/17/2008 | |
| 540827 | KAWEAH DELTA SKILLED NURSING FACILITY D/P SNF | 02/01/1996 | Y | 02/01/1996 | | 05/01/2002 | |
| <i>Parent Facility ID: 190449</i> | | | | | | | |
| <i>Parent Facility Name: Kindred Hospital - La Mirada</i> | | | | | | | |
| 190458 | KINDRED HOSPITAL - SAN GABRIEL VALLEY | 10/07/1997 | Y | 10/07/1997 | | 05/01/2002 | |
| 301167 | KINDRED HOSPITAL-SANTA ANA | 10/07/1997 | Y | 10/07/1997 | | 05/01/2002 | |
| <i>Parent Facility ID: 390923</i> | | | | | | | |
| <i>Parent Facility Name: Lodi Memorial Hospital</i> | | | | | | | |
| 390922 | LODI MEMORIAL HOSPITAL - WEST | 09/05/1990 | Y | 09/05/1990 | | 05/01/2002 | |
| <i>Parent Facility ID: 361246</i> | | | | | | | |
| <i>Parent Facility Name: Loma Linda University Medical Center</i> | | | | | | | |
| 361245 | LOMA LINDA UNIVERSITY COMMUNITY MEDICAL CENTER | 01/01/1994 | Y | 01/01/1994 | | 05/01/2002 | |
| 364268 | LOMA LINDA UNIVERSITY HEART AND SURGICAL HOSPITAL | 01/02/2009 | Y | 01/02/2009 | | 03/03/2011 | |

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CONSOLIDATION FACILITY LISTING
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| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|---|--|--------------------|-------------------------------|------------|----------|------------|----------------------|
| <i>Parent Facility ID: 420491</i> | | | | | | | |
| <i>Parent Facility Name: Lompoc Valley Medical Center</i> | | | | | | | |
| 420552 | LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 190198</i> | | | | | | | |
| <i>Parent Facility Name: Los Angeles Community Hospital</i> | | | | | | | |
| 190570 | Los Angeles Comm Hospital of Norwalk | 08/01/1994 | N | 01/01/1999 | | 04/04/2002 | |
| <i>Parent Facility ID: 190854</i> | | | | | | | |
| <i>Parent Facility Name: Los Angeles Metropolitan Medical Center</i> | | | | | | | |
| 190523 | LOS ANGELES METROPOLITAN MED CTR-HAWTHORNE CAMPU | 04/13/1997 | Y | 04/13/1997 | | 05/01/2002 | |
| <i>Parent Facility ID: 560492</i> | | | | | | | |
| <i>Parent Facility Name: Los Robles Hospital & Medical Center</i> | | | | | | | |
| 564018 | LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS | 12/16/1997 | Y | 12/16/1997 | | 07/05/2002 | |
| <i>Parent Facility ID: 150761</i> | | | | | | | |
| <i>Parent Facility Name: Mercy Hospital - Bakersfield</i> | | | | | | | |
| 154108 | MERCY SOUTHWEST HOSPITAL | 07/15/1992 | Y | 07/15/1992 | | 05/01/2002 | |
| <i>Parent Facility ID: 410852</i> | | | | | | | |
| <i>Parent Facility Name: Mills-Peninsula Medical Center</i> | | | | | | | |
| 410742 | MILLS PENINSULA HEALTH CENTER | 11/19/1997 | Y | 11/19/1997 | | 05/01/2002 | |
| 414081 | MILLS-PENINSULA EXTENDED CARE MPH (D/P SNF) | 06/06/2005 | Y | 06/06/2005 | | 09/08/2010 | |
| <i>Parent Facility ID: 301262</i> | | | | | | | |
| <i>Parent Facility Name: Mission Hospital Regional Medical Center</i> | | | | | | | |
| 301337 | Mission Hospital Laguna Beach | 07/01/2009 | N | 07/01/2009 | | 09/22/2009 | |
| <i>Parent Facility ID: 481357</i> | | | | | | | |
| <i>Parent Facility Name: North Bay Medical Center</i> | | | | | | | |
| 484001 | North Bay Vacavalley Hospital | 02/01/2002 | N | 02/01/2002 | | 10/07/2002 | |
| <i>Parent Facility ID: 500967</i> | | | | | | | |
| <i>Parent Facility Name: Oak Valley District Hospital</i> | | | | | | | |
| 501352 | OAK VALLEY CARE CENTER (D/P SNF) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 560501</i> | | | | | | | |
| <i>Parent Facility Name: Ojai Valley Community Hospital</i> | | | | | | | |
| 560500 | OJAI MANOR CONVALESCENT HOSPITAL (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 190587</i> | | | | | | | |
| <i>Parent Facility Name: Pacific Hospital of Long Beach</i> | | | | | | | |
| 190477 | PACIFIC HOSPITAL - SOUTH CAMPUS D/P APH | 11/21/2002 | Y | 11/21/2002 | | 01/15/2003 | |
| <i>Parent Facility ID: 370755</i> | | | | | | | |
| <i>Parent Facility Name: Palomar Medical Center</i> | | | | | | | |
| 371696 | PALOMAR CONTINUING CARE CENTER (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |

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| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|---|--|--------------------|-------------------------------|------------|----------|------------|----------------------|
| <i>Parent Facility ID: 370759</i> | | | | | | | |
| <i>Parent Facility Name: Paradise Valley Hospital</i> | | | | | | | |
| 370775 | PARADISE VALLEY HSP (D/P APH BAYVIEW BEH HLTH) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 190468</i> | | | | | | | |
| <i>Parent Facility Name: Promise Hospital of East LA - East LA Campus</i> | | | | | | | |
| 190599 | PROMISE HOSPITAL OF EAST LA - SUBURBAN CAMPUS | 02/15/2005 | Y | 03/01/2005 | | 05/16/2005 | |
| <i>Parent Facility ID: 190680</i> | | | | | | | |
| <i>Parent Facility Name: Providence Little Company of Mary MC - San Pedro</i> | | | | | | | |
| 190788 | PROVIDENCE LITTLE CO OF MARY SUBACUTE CARE CENTER | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| 190362 | PROVIDENCE LITTLE COMPANY OF MARY SUBACUTE CARE CENTER | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 190470</i> | | | | | | | |
| <i>Parent Facility Name: Providence Little Company of Mary MC - Torrance</i> | | | | | | | |
| 190702 | PROVIDENCE LITTLE CO. OF MARY TRANSITIONAL CARE UNIT (D/P SNF) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 370673</i> | | | | | | | |
| <i>Parent Facility Name: Rady Children's Hospital - San Diego</i> | | | | | | | |
| 370777 | RADY CHILDREN'S CONVALESCENT HOSPITAL (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 580996</i> | | | | | | | |
| <i>Parent Facility Name: Rideout Memorial Hospital</i> | | | | | | | |
| 510882 | Fremont Hospital-Yuba City | 11/01/2003 | Y | 01/01/2010 | | 02/04/2010 | |
| <i>Parent Facility ID: 334487</i> | | | | | | | |
| <i>Parent Facility Name: Riverside Co Regional Medical Center</i> | | | | | | | |
| 331314 | RIVERSIDE COUNTY REGIONAL MEDICAL CENTER - (D/P APH) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 301317</i> | | | | | | | |
| <i>Parent Facility Name: Saddleback Memorial Medical Center</i> | | | | | | | |
| 301325 | SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE | 02/01/2005 | Y | 01/01/2009 | | 04/08/2009 | |
| <i>Parent Facility ID: 374055</i> | | | | | | | |
| <i>Parent Facility Name: San Diego County Psychiatric Hospital</i> | | | | | | | |
| 370696 | EDGEWOOD GERIATRIC HOSPITAL (D/P) | 07/01/2004 | Y | 07/01/2004 | | 03/03/2005 | |
| <i>Parent Facility ID: 410782</i> | | | | | | | |
| <i>Parent Facility Name: San Mateo Medical Center</i> | | | | | | | |
| 413500 | BURLINGAME HEALTH CARE CENTER (D/P SNF) | 08/01/2003 | Y | 08/01/2003 | | 01/27/2006 | |
| <i>Parent Facility ID: 420514</i> | | | | | | | |
| <i>Parent Facility Name: Santa Barbara Cottage Hospital</i> | | | | | | | |
| 424047 | REHAB. INSTITUTE AT SANTA BARBARA | 09/20/2007 | Y | 09/20/2007 | | 12/18/2007 | |
| <i>Parent Facility ID: 491064</i> | | | | | | | |
| <i>Parent Facility Name: Santa Rosa Memorial Hospital</i> | | | | | | | |
| 490907 | SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME | 02/01/1984 | Y | 02/01/1984 | | 05/01/2002 | |

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|---|---|--------------------|-------------------------------|------------|------------|------------|----------------------|
| <i>Parent Facility ID: 370744</i> | | | | | | | |
| <i>Parent Facility Name: Scripps Mercy Hospital</i> | | | | | | | |
| 370658 | SCRIPPS MERCY HOSPITAL CHULA VISTA | 10/01/2004 | Y | 01/01/2009 | | 04/20/2009 | |
| <i>Parent Facility ID: 410817</i> | | | | | | | |
| <i>Parent Facility Name: Seton Medical Center</i> | | | | | | | |
| 410828 | Seton Medical Center - Coastsides | 02/01/2005 | N | 02/01/2005 | | 07/07/2005 | |
| <i>Parent Facility ID: 370689</i> | | | | | | | |
| <i>Parent Facility Name: Sharp Coronado Hospital & Healthcare Ctr</i> | | | | | | | |
| 374321 | VILLA CORONADO CONVALESCENT (D/P SNF) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 370694</i> | | | | | | | |
| <i>Parent Facility Name: Sharp Memorial Hospital</i> | | | | | | | |
| 370695 | Sharp Mary Birch Hospital for Women and Newborns | 11/01/2009 | Y | 11/01/2009 | 12/31/2011 | 01/19/2010 | |
| <i>Parent Facility ID: 190661</i> | | | | | | | |
| <i>Parent Facility Name: Silver Lake Medical Center - Downtown Campus</i> | | | | | | | |
| 190410 | Silver Lake Medical Center - Ingleside Campus | 03/01/2000 | N | 03/01/2000 | | 04/04/2002 | |
| <i>Parent Facility ID: 554011</i> | | | | | | | |
| <i>Parent Facility Name: Sonora Regional Medical Center - Greenley</i> | | | | | | | |
| 552209 | SONORA REGIONAL MEDICAL CENTER - FAIRVIEW | 01/01/2006 | Y | 01/01/2006 | | 01/31/2006 | |
| 551035 | SONORA REGIONAL MEDICAL CENTER D/P SNF (UNIT 6 AND 7) | 01/01/2006 | Y | 01/01/2006 | | 01/31/2006 | |
| <i>Parent Facility ID: 334068</i> | | | | | | | |
| <i>Parent Facility Name: Southwest Healthcare System-Murrieta</i> | | | | | | | |
| 334001 | SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR | 07/01/2002 | Y | 07/01/2002 | | 01/14/2003 | |
| <i>Parent Facility ID: 121080</i> | | | | | | | |
| <i>Parent Facility Name: St. Joseph Hospital - Eureka</i> | | | | | | | |
| 120981 | GENERAL HOSPITAL, THE | 12/22/2000 | Y | 05/01/2002 | | 10/07/2002 | |
| <i>Parent Facility ID: 341051</i> | | | | | | | |
| <i>Parent Facility Name: Sutter General Hospital</i> | | | | | | | |
| 341052 | Sutter Memorial Hospital | 03/01/1996 | N | 01/01/1997 | | 04/04/2002 | |
| 341119 | SUTTER OAKS NURSING CENTER - MIDTOWN (D/P) | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 381154</i> | | | | | | | |
| <i>Parent Facility Name: U.C.S.F. Medical Center</i> | | | | | | | |
| 380895 | UCSF MEDICAL CENTER AT MT ZION | 04/01/2001 | Y | 04/01/2001 | | 05/01/2002 | |
| <i>Parent Facility ID: 370782</i> | | | | | | | |
| <i>Parent Facility Name: UCSD Medical Center</i> | | | | | | | |
| 374141 | UCSD - LA JOLLA, JOHN M. & SALLY B. THORNTON HOSPITAL | 07/20/1993 | Y | 01/01/2004 | | 07/20/2004 | |
| 374047 | UNIVERSITY OF CALIF, SAN DIEGO MEDICAL CTR D/P APH | 01/01/2003 | Y | 01/01/2003 | | 07/10/2003 | |
| <i>Parent Facility ID: 014050</i> | | | | | | | |
| <i>Parent Facility Name: Valleycare Medical Center</i> | | | | | | | |

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| Satellite Facility ID | Satellite Facility Name | Consolidation Date | Combined Report Period Method | Begin Date | End Date | Post Date | Unconsolidation Date |
|---|--|--------------------|-------------------------------|------------|----------|------------|----------------------|
| 010983 | VALLEY MEMORIAL HOSPITAL | 01/01/2008 | Y | 01/01/2008 | | 01/02/2008 | |
| Parent Facility ID: 560481 | | | | | | | |
| Parent Facility Name: Ventura County Medical Center | | | | | | | |
| 560521 | VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSP | 07/12/2006 | Y | 07/12/2006 | | 10/04/2006 | |