***Uniform Billing Public Use***

***Data Dictionary***

**Revised July 2020**

**Table of Contents**

[Uniform Billing Public Use Statistical File 1](#_Toc522609513)

[Data Structure 1](#_Toc522609514)

[Appendix A – Hospital/Facility IDs A-1](#_Toc522609515)

[General Acute Care Facilities A-1](#_Toc522609516)

[Freestanding Facilities A-2](#_Toc522609517)

[Appendix B – County Codes B-1](#_Toc522609518)

[Appendix C – Physician Specialty Codes C-1](#_Toc522609519)

[Appendix D – Major Diagnostic Categories D-1](#_Toc522609520)

[Appendix E – Payor E-1](#_Toc522609521)

[Appendix F – Trauma Levels F-1](#_Toc522609522)

[Appendix G – ED Major/Minor Diagnostic Levels G-1](#_Toc522609523)

[Appendix H – Patient Discharge Status H-1](#_Toc522609524)

[Appendix I – Admit Source I-1](#_Toc522609525)

[(For discharges occurring prior to October 1, 2007) I-1](#_Toc522609526)

[Appendix J – Admit Source J-1](#_Toc522609527)

[(For discharges occurring on or after October 1, 2007) J-1](#_Toc522609528)

[Appendix K – Discipline Type K-1](#_Toc522609529)

**Appendix L – CCS Diagnosis Groupings………………………………………………………………………………………..…..L-1**

# **Uniform Billing Public Use Statistical File**

## Data Structure

(Variables provided differ depending on approval)

| **Variable Name**  **(for non-ASC11)** | **Data**  **Element** | **Type** | **Length** | **Values** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| ADHOUR | Admission Hour | Num | 3 | |  | | --- | | 00 12:00 - 12:59 Midnight | | 01 01:00 - 01:59 AM | | 02 02:00 - 02:59 AM | | 03 03:00 - 03:59 AM | | 04 04:00 - 04:59 AM | | 05 05:00 - 05:59 AM | | 06 06:00 - 06:59 AM | | 07 07:00 - 07:59 AM | | 08 08:00 - 08:59 AM | | 09 09:00 - 09:59 AM | | 10 10:00 - 10:59 AM | | 11 11:00 - 11:59 AM | | 12 12:00 - 12:59 Noon | | 13 01:00 - 01:59 PM | | 14 02:00 - 02:59 PM | | 15 03:00 - 03:59 PM | | 16 04:00 - 04:59 PM | | 17 05:00 - 05:59 PM | | 18 06:00 - 06:59 PM | | 19 07:00 - 07:59 PM | | 20 08:00 - 08:59 PM | | 21 09:00 - 09:59 PM | | 22 10:00 - 10:59 PM | | 23 11:00 - 11:59 PM | | 99 Hour Unknown | | The hour is in military format.  For Quarter 4 2006 data, the ADHOUR variable is missing from approximately 3% of the records. |
| ADMD | Admission Date | Num | 8 | SAS Date | For observation cases, the date the patient is actually admitted is the admission date. |
| ADMDAY | Admission Day of the week | Num | 8 | 1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday |  |
| ADMMTH | Admission Month of the Year | Num | 8 |  |  |
| ADMS | Point of Origin for Admission or Visit (Admission Source) | Char | 1 | Appendix I – discharges occurring prior to October 1, 2007  Appendix J – discharges occurring on or after October 1, 2007 | If determining a person admitted through the ED, use CHG450 greater than zero.  When ADM\_TYPE equals ‘4’, use the Newborn Coding Structure. |
| ADMYEAR | Admission Year | Num | 8 |  |  |
| ADM\_DIAG | Admission Diagnosis | Char | 6 | ICD-9 |  |
| ADM\_DIAG10 | Admission Diagnosis | Char | 6 | Refer to the ICD-10 Coding Manual. | October 1, 2015 Forward Discharges |
| ADM\_TYPE | Admission Type | Char | 1 | 1. Emergency 2. Urgent 3. Elective 4. Newborn 5. Trauma Center Activation   6 – 8 Reserved National Assignment  9 N/A |  |
| AGE | Patient Age | Num | 5 | Integer | Age at date of discharge. |
| AGRP | Patient Age Group | Num | 3 | 1. Age less than 1 2. Age 01-04 3. Age 05-09 4. Age 10-14 5. Age 15-19 6. Age 20-24 7. Age 25-29 8. Age 30-34 9. Age 35-39 10. Age 40-44 11. Age 45-49 12. Age 50-54 13. Age 55-59 14. Age 60-64 15. Age 65-69 16. Age 70-74 17. Age 75-79 18. Age 80-84 19. Age 85+ | Patient Age Group |
| APDRG20 | All Patient Severity adjusted DRG | Num | 4 | Version 20 |  |
| APDRGDSC | APDRG20 Description | Char | 35 |  |  |
| ATTFNAME | 1st Physician  First Name | Char | 16 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| ATTLIC | 1st Physician License # | Char | 6 |  |  |
| ATTLNAME | 1st Physician  Last Name | Char | 23 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| ATTNPI | 1st Physician  NPI # | Char | 10 |  |  |
| CARRCOD1 | 1st Carrier Code | Char | 9 |  | Specific insurance carrier code, this is the code used to determine PAYOR1. |
| CARRCOD2 | 2nd Carrier Code | Char | 9 |  | Specific insurance carrier code, this is the code used to determine PAYOR2. |
| CARRCOD3 | 3rd Carrier Code | Char | 9 |  | Specific insurance carrier code, this is the code used to determine PAYOR3. |
| CHG001 | Total Charges | Num | 5 | Dollar amount | Charges as received on the UB-92 billing file for the covered episode. |
| CHG020 | Health Ins. Prospective Payment System | Num | 5 |  | Dollar amount |
| CHG100 | Room & Board All Inclusive | Num | 5 | Dollar amount |  |
| CHG110 | Room & Board General Medicine | Num | 5 | Dollar amount |  |
| CHG114 | Room & Board  Psych | Num | 5 | Dollar amount |  |
| CHG115 | Room & Board Hospice | Num | 5 | Dollar amount |  |
| CHG116 | Room & Board  Detox | Num | 5 | Dollar amount |  |
| CHG117 | Room & Board Oncology | Num | 5 | Dollar amount |  |
| CHG118 | Room & Board Rehab | Num | 5 | Dollar amount |  |
| CHG119 | Other Room & Board | Num | 5 | Dollar amount |  |
| CHG170 | Nursery Level 1 | Num | 5 | Dollar amount |  |
| CHG172 | Nursery Level 2 | Num | 5 | Dollar amount |  |
| CHG173 | Nursery Level 3 | Num | 5 | Dollar amount |  |
| CHG174 | Nursery Level 4 | Num | 5 | Dollar amount |  |
| CHG200 | ICU | Num | 5 | Dollar amount |  |
| CHG203 | ICU Pediatric | Num | 5 | Dollar amount |  |
| CHG204 | ICU Psych | Num | 5 | Dollar amount |  |
| CHG206 | Intermediate ICU | Num | 5 | Dollar amount |  |
| CHG207 | ICU – Burn Unit | Num | 5 | Dollar amount |  |
| CHG210 | Coronary Care | Num | 5 | Dollar amount |  |
| CHG214 | Coronary Care-Inter. ICU | Num | 5 | Dollar amount |  |
| CHG220 | Special Charges | Num | 5 | Dollar amount |  |
| CHG230 | Nursing Acuity | Num | 5 | Dollar amount |  |
| CHG240 | All Inclusive Ancillary | Num | 5 | Dollar amount |  |
| CHG250 | Pharmacy | Num | 5 | Dollar amount |  |
| CHG260 | IV Therapy | Num | 5 | Dollar amount |  |
| CHG270 | Supplies | Num | 5 | Dollar amount |  |
| CHG280 | Oncology | Num | 5 | Dollar amount |  |
| CHG290 | Equipment | Num | 5 | Dollar amount |  |
| CHG300 | Laboratory | Num | 5 | Dollar amount |  |
| CHG320 | Radiology-Diagnostic | Num | 5 | Dollar amount |  |
| CHG330 | Radiology-Therapeutic | Num | 5 | Dollar amount |  |
| CHG331 | Chemotherapy | Num | 5 | Dollar amount |  |
| CHG333 | Linear Accelerator | Num | 5 | Dollar amount |  |
| CHG340 | Nuclear Medicine | Num | 5 | Dollar amount |  |
| CHG350 | CT Scan | Num | 5 | Dollar amount |  |
| CHG360 | OR | Num | 5 | Dollar amount |  |
| CHG370 | Anesthesia | Num | 5 | Dollar amount |  |
| CHG380 | Blood | Num | 5 | Dollar amount |  |
| CHG400 | Other Imaging | Num | 5 | Dollar amount |  |
| CHG404 | PET Scan | Num | 5 | Dollar amount |  |
| CHG410 | Respiratory | Num | 5 | Dollar amount |  |
| CHG420 | Physical Therapy | Num | 5 | Dollar amount |  |
| CHG430 | Occupational Therapy | Num | 5 | Dollar amount |  |
| CHG440 | Speech and Audiology | Num | 5 | Dollar amount |  |
| CHG450 | ER | Num | 5 | Dollar amount | Charges Related to the Emergency Room. This variable is used to determine which inpatient admissions came through the ED. |
| CHG460 | Pulmonary Function | Num | 5 | Dollar amount |  |
| CHG480 | Cardiology | Num | 5 | Dollar amount |  |
| CHG481 | Cath Lab | Num | 5 | Dollar amount |  |
| CHG490 | Ambulatory Surgical Care | Num | 5 | Dollar amount |  |
| CHG500 | Outpatient Services-General | Num | 5 | Dollar amount |  |
| CHG510 | Outpatient Clinic Services | Num | 5 | Dollar amount |  |
| CHG520 | Outpatient Clinic-Freestanding | Num | 5 | Dollar amount |  |
| CHG530 | Other Inpatient Services | Num | 5 | Dollar amount |  |
| CHG540 | Ambulance Services | Num | 5 | Dollar amount |  |
| CHG550 | Skilled Nursing | Num | 5 | Dollar amount |  |
| CHG570 | Home Health Agency | Num | 5 | Dollar amount |  |
| CHG610 | MRI | Num | 5 | Dollar amount |  |
| CHG650 | Hospice Services | Num | 5 | Dollar amount |  |
| CHG670 | Outpatient Special Resident | Num | 5 | Dollar amount |  |
| CHG681 | Trauma Level I | Num | 5 | Dollar amount |  |
| CHG682 | Trauma Level II | Num | 5 | Dollar amount |  |
| CHG683 | Trauma Level III | Num | 5 | Dollar amount |  |
| CHG684 | Trauma Level IV | Num | 5 | Dollar amount |  |
| CHG689 | Trauma Other | Num | 5 | Dollar amount |  |
| CHG710 | Recovery Room | Num | 5 | Dollar amount |  |
| CHG720 | Labor Room/Delivery | Num | 5 | Dollar amount |  |
| CHG730 | EKG | Num | 5 | Dollar amount |  |
| CHG740 | EEG | Num | 5 | Dollar amount |  |
| CHG750 | Gastro Intestinal | Num | 5 | Dollar amount |  |
| CHG760 | Observation Beds | Num | 5 | Dollar amount |  |
| CHG770 | Preventive Care Services | Num | 5 | Dollar amount |  |
| CHG771 | Vaccine Administration | Num | 5 | Dollar amount |  |
| CHG790 | Lithotripsy | Num | 5 | Dollar amount |  |
| CHG800 | Renal Dialysis-Inpatient | Num | 5 | Dollar amount |  |
| CHG810 | Organ Requisition | Num | 5 | Dollar amount |  |
| CHG820 | Dialysis-Outpatient | Num | 5 | Dollar amount |  |
| CHG900 | Psychiatric Services | Num | 5 | Dollar amount |  |
| CHG930 | Medical Rehabilitation Day Program | Num | 5 | Dollar amount |  |
| CHG940 | Other Therapy Rehab | Num | 5 | Dollar amount |  |
| CHG943 | Cardiac Rehab | Num | 5 | Dollar amount |  |
| CHG944 | Alcohol & Drug  Rehab | Num | 5 | Dollar amount |  |
| CHG950 | Other Therapeutic Services-Extension of 94X | Num | 5 | Dollar amount |  |
| CHG960 | Professional Fees | Num | 5 | Dollar amount |  |
| CHG971 | Professional Fees-Therapies & Lab | Num | 5 | Dollar amount |  |
| CHG981 | Professional Fees-Outpatient | Num | 5 | Dollar amount |  |
| CHG990 | Patient Convenience | Num | 5 | Dollar amount |  |
| CHG1000 | Behavioral Health Accommodations | Num | 5 | Dollar amount |  |
| CHG2100 | Alternative Therapy Services | Num | 5 | Dollar amount |  |
| CHG3100 | Adult Care | Num | 5 | Dollar amount |  |
| COUNTY | County Of Residence | Num | 3 | Appendix B | To format county codes, convert the existing code to a FIPS code FIPS=(county code \* 2)-1. |
| CT | Chemotherapy Flag | Num | 3 | . False  1 True (Chemotherapy Received) |  |
| CPT1-CPT99 | CPT/HCPCS | Char | 5 | CPT or HCPCS |  |
| DIAGCAT | CCS Diagnostic Category | Char | 5 | Appendix L: CCS Diagnosis Categories | This grouping is used for discharges occurring on or after 10/1/2015. DIAGCAT is a subcategory of GENDIAG. |
| DISD | Discharge Date | Num | 8 | SAS Date |  |
| DISDAY | Discharge Day of the week | Num | 8 | 1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday |  |
| DISDHR | Discharge Hour | Num | 3 | |  | | --- | | 00 12:00 - 12:59 Midnight | | 01 01:00 - 01:59 AM | | 02 02:00 - 02:59 AM | | 03 03:00 - 03:59 AM | | 04 04:00 - 04:59 AM | | 05 05:00 - 05:59 AM | | 06 06:00 - 06:59 AM | | 07 07:00 - 07:59 AM | | 08 08:00 - 08:59 AM | | 09 09:00 - 09:59 AM | | 10 10:00 - 10:59 AM | | 11 11:00 - 11:59 AM | | 12 12:00 - 12:59 Noon | | 13 01:00 - 01:59 PM | | 14 02:00 - 02:59 PM | | 15 03:00 - 03:59 PM | | 16 04:00 - 04:59 PM | | 17 05:00 - 05:59 PM | | 18 06:00 - 06:59 PM | | 19 07:00 - 07:59 PM | | 20 08:00 - 08:59 PM | | 21 09:00 - 09:59 PM | | 22 10:00 - 10:59 PM | | 23 11:00 - 11:59 PM | | 99 Hour Unknown | | The hour is in military format. |
| DISMTH | Discharge Month of the Year | Num | 8 |  |  |
| DISYEAR | Discharge Year | Num | 8 |  |  |
| DISP | Discharge Status | Num | 3 | Appendix H |  |
| DOB | Patient Date Of Birth | Num | 8 | SAS Date |  |
| DOS | HH Date of Service | Num | 8 | SAS Date | Included in the HH service file. |
| DRG4 | Diagnosis Related Group | Num | 4 | CMS-DRG Version 24 | 100% of Inpatient Records are coded. |
| DTYPE | HH Service Type | Num | 3 | Appendix K | Located in the HH service files. |
| ED\_ADMIT | Admission through ED Flag | Num | 3 |  |  |
| ER | Emergency Room Flag | Num | 3 | . False  1 True (An ED visit) | Non-zero charges in revenue code 0450. |
| GENDIAG | CCS Diagnostic Category | Char | 5 | Appendix L: CCS Diagnosis Category | This grouping is used for discharges occurring on or after 10/1/2015. |
| HID | Hospital ID | Num | 5 | Appendix A |  |
| HID\_ENCRYPT | Encrypted Hospital ID | Num | 5 |  |  |
| HCPCS1-HCPCS99 | CPT/HCPCS Codes | Char | 5 | Standard CPT/HCPCS Codes |  |
| HH | Home Health Flag | Num | 3 | Flag for Home Health Claims |  |
| HH\_LINKER | Link HH Claims w/ Services | Char | 12 |  | Link where HH=1 in UB records. |
| ID | RFA Assigned Tracking # | Num | 8 | Encrypted Individual Tracking # |  |
| IM | Imaging Flag | Num | 3 | . False  1 True (Imaging Services Received) | Only when imaging and outpatient surgery are in same file. |
| INDEX\_AGE | Age at Index Event | Num | 3 |  | Only when an Index record is required for study. |
| INDEX\_DAYS | Days between Current Record and Index Record | Num | 3 |  | Only when an Index record is required for study. |
| INTERVAL | Time in Hours from Admit to Discharge | Num | 2 |  | Inpatient only. |
| IP | Inpatient Flag | Num | 3 | . False  1 True (Inpatient Services Received) |  |
| LBEDGRP | Bed Size based on Licensed Beds | Char | 1 | 1 < 100  2 101-299  3 300+ |  |
| LD | Labor/Delivery Flag | Num | 3 | . False  1 True (Labor/Delivery Services Received) | Non-zero charges in revenue code 0720. |
| LT | Lithotripsy Flag | Num. | 3 | . False  1 True (Lithotripsy Services Received) |  |
| LOSD1 | Length Of Stay | Num | 5 | Integer | Number of Days |
| MAJOR | ED Diagnostic Categories | Num | 8 | Appendix G (Roman Numerals) |  |
| MINOR | ED Diagnostic Categories (Subcat of Major) | Num | 8 | Appendix G |  |
| MDC | Major Diagnostic Category | Num | 8 | Appendix D |  |
| MED\_NO | Medical Record Number | Char | 17 |  |  |
| MSDRG | MS-DRG | Num | 8 | Starts October 2007 w/ Version 25 |  |
| OB | Outpatient Observation Flag | Num | 3 | . False  1 True (ED visit, but was under Observation) | Non-zero charge in revenue code 0760. |
| OBLVL | Level of Perinatal Service | Num | 8 | 1 - 3 (lowest to highest respectively) |  |
| OP | Outpatient Surgery Flag | Num | 3 | . False  1 True (Outpatient Surgery Performed) | Only when imaging and outpatient surgery are in same file. |
| RFA\_ID | RFA Assigned Tracking # | Num | 8 | Encrypted Individual Tracking # |  |
| OTH2FNAM | 2nd Physician  First Name | Char | 16 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| OTH2LIC | 2nd Physician License # | Char | 6 |  | 2nd Physician License # |
| OTH2LNAM | 2nd Physician  Last Name | Char | 23 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| OTH2NPI | 2nd Physician  NPI # | Char | 10 |  |  |
| OTH3FNAM | 3rd Physician  First Name | Char | 16 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| OTH3LIC | 3rd Physician License # | Char | 6 |  | 3rd Physician License # |
| OTH3LNAM | 3rd Physician  Last Name | Char | 23 |  | As Reported on Bill. Not required by law but submitted by some hospitals. Can be used when available. |
| OTH3NPI | 3rd Physician  NPI # | Char | 10 |  |  |
| PAT\_NO | Patient Number | Char | 20 |  | Facility-assigned patient identifier |
| PAYOR1 | Primary Payor | Num | 3 | Appendix E |  |
| PDATE | Primary Day of Surgery | Num | 1 |  | In relation to admission date |
| PDIAG | Primary Diagnosis  ICD-9-CM | Char | 6 | 001 – 999 ; V01 – V829  Refer to the ICD-9-CM Coding Manual. |  |
| PDIAG10 | Primary Diagnosis  ICD-10-CM | Char | 6 | Refer to the ICD-10-CM Coding Manual | Discharges on October 1, 2015 and forward |
| PECODE | External Cause Of Injury Code  ICD-9-CM | Char | 6 | E800 – E869 and E877 – E999  Refer to the ICD-9-CM Coding Manual, Supplementary Classification of Injury and Poisoning. | An E-code is required when the primary diagnosis is an injury (Dx 800 – 959). |
| PECODE10 | External Cause Of Injury Code  ICD-10-CM | Char | 7 | V00.XXXA – Y90.XXXA  Refer to the ICD-10-CM Coding Manual | Discharges on October 1, 2015 and forward |
| PPOA | Primary Present on Admission Indicator | Char | 1 | Y=Yes, N=No, U=No Information,  W=Clinically Undetermined  1,E,(Blank)=Exempt |  |
| PPROC | Primary Procedure  ICD-9 | Char | 7 | 01 - 9999  Refer to the ICD-9-CM Coding Manual, Procedure Tabular. | Approximately 40% of the records do not have a primary procedure. |
| PPROC10 | Primary Procedure  ICD-10-PCS | Char | 6 | Refer to the ICD-10 Coding Manual | Discharges on October 1, 2015 and forward |
| PPROCD | Primary Procedure Date | Num | 8 | SAS date |  |
| RACE | Patient Race | Num | 3 | . Missing  1 White  2 African-American  3 Asian  4 American Indian  5 Other  6 Hispanic  7 Patient Refused to Provide Race |  |
| REPAIR\_DAYS | Days between Index Record and Surgery Repair | Num | 3 |  | Only when surgery of index even is specified. |
| RFA\_ID | RFA Assigned Tracking # | Num | 8 | Encrypted Individual Tracking # |  |
| RFA\_HID | RFA Encrypted Hospital ID | Num | 3 | Encrypted Facility Tracking # |  |
| RFV1-RFV3 | 1st-3rd Reason for Visit | Char | 7 |  | ED Discharges on October 1, 2015 and forward |
| RT | Radiation Therapy Flag | Num | 3 | . False  1 True (Radiation Treatment Received) |  |
| SDATE1-SDATE12 | Secondary Day of Surgery | Num | 3 |  | Day in relation to admission date. |
| SDIAG1-SDIAG14 | Secondary Diagnosis Codes | Char | 6 | 001 – 999 ; V01 – V829  Refer to the ICD-9-CM Coding Manual. |  |
| SDIAG10\_1-SDIAG10\_14 | Secondary Diagnosis Codes | Char | 6 | Refer to the ICD-10 Coding Manual. | Discharges on October 1, 2015 and forward |
| SECODE | Place Of Occurrence Code  ICD-9-CM | Char | 6 | E8490 Home  E8491 Farm  E8492 Mine/Quarry  E8493 Industrial Place and Premises  E8494 Place for Recreation and Sport  E8495 Street and Highway  E8496 Public Building  E8497 Residential Institution  E8498 Other Specified Places | Place of Occurrence Code is not required for all E-Codes. |
| SECODE10 | Place Of Occurrence Code  ICD-10 | Char | 7 | Y92.XXXA  Refer to the ICD-10 Coding Manual. | Discharges on October 1, 2015 and forward |
| SEX | Gender Of Patient | Char | 1 | M = Male  F = Female  U = Unknown |  |
| SPAN\_DAYS | Span in Days Between Visits | Num | 3 |  |  |
| SPC1 | 1st Physician Specialty | Char | 3 | Appendix C |  |
| SPC2 | 2nd Physician Specialty | Char | 3 | Appendix C |  |
| SPC3 | 3rd Physician Specialty | Char | 3 | Appendix C |  |
| SPOA1-SPOA14 | Secondary Present on Admissions | Char | 1 | Y=Yes, N=No, U=No Information,  W=Clinically Undetermined  1,E,(Blank)=Exempt |  |
| SPROC1-SPROC12 | Secondary Procedures | Char | 7 | 01 - 9999  Refer to the ICD-9-CM Coding Manual. | Approximately 66% of the records do not have a 1st secondary procedure. |
| SPROC1D-SPROC12D | Secondary Procedure Dates | Num | 8 |  | Completion of this field is directly related to its corresponding secondary procedure. |
| SPROC10\_1-SPROC10\_12 | Secondary Procedure Codes | Char | 6 | Refer to the ICD-10 Coding Manual. | October 1, 2015 Forward Discharges |
| TRLVL | Trauma level | Num | 3 | Appendix F | Completion of this field is directly related to SPROC12. |
| TSTAT | Teaching Status | Char | 1 | T Teaching Hospital  N Non-Teaching Hospital |  |
| UNIT100 | Room & Board All Inc. Days | Num | 3 | Integer |  |
| UNIT110 | Room & Board Gen. Med. Days | Num | 3 | Integer |  |
| UNIT114 | Room & Board  Psych Days | Num | 3 | Integer |  |
| UNIT115 | Room & Board Hospice Days | Num | 3 | Integer |  |
| UNIT116 | Room & Board  Detox Days | Num | 3 | Integer |  |
| UNIT117 | Room & Board Oncology Days | Num | 3 | Integer |  |
| UNIT118 | Room & Board Rehab Days | Num | 3 | Integer |  |
| UNIT119 | Other Room & Board Days | Num | 3 | Integer |  |
| UNIT170 | Nursery Level 1 Days | Num | 3 | Integer |  |
| UNIT172 | Nursery Level 2 Days | Num | 3 | Integer |  |
| UNIT173 | Nursery Level 3 Days | Num | 3 | Integer |  |
| UNIT174 | Nursery Level 4 Days | Num | 3 | Integer |  |
| UNIT200 | ICU Days | Num | 3 | Integer |  |
| UNIT203 | ICU Pediatric Days | Num | 3 | Integer |  |
| UNIT204 | ICU Psych Days | Num | 3 | Integer |  |
| UNIT206 | Intermediate ICU Days | Num | 3 | Integer |  |
| UNIT207 | ICU-Burn Unit Days | Num | 3 | Integer |  |
| UNIT210 | Coronary Care Days | Num | 3 | Integer |  |
| UNIT214 | Coronary Care-Inter. ICU Days | Num | 3 | Integer |  |
| URSTAT | Urban Rural Status | Char | 1 | U Urban  R Rural | Based on MSA |
| ZIP | Patient Zip Code | Char | 9 | Digits 1-5 | Based on patients mailing address |
| ZIP\_DISTANCE | Distance Between Residence and Facility Zip codes | Num | 5 |  | For Acute Care Facilities only. Freestanding centers not calculated |

\*Y/N - Charges are available Unrestricted when rounded to nearest 100, and Restricted when not rounded.

\*\*N - One of the five Hospital Attributes may be obtained unrestricted

# **Appendix A – Hospital/Facility IDs**

**All Hospital IDs Above 710 Are Freestanding Centers**

**(HID)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 | ABBEVILLE AREA MEDICAL CENTER | 253 | | SPARTANBURG REHABILITATION INSTITUTE | |
| 40 | ALLENDALE COUNTY HOSPITAL | 270 | | EDGEFIELD COUNTY HOSPITAL | |
| 45 | EAST COOPER MEDICAL CENTER | 280 | | MUSC HEALTH LANCASTER MEDICAL CENTER | |
| 50 | ANMED HEALTH MEDICAL CENTER | 290 | | PROVIDENCE HEALTH - FAIRFIELD | |
| 53 | ANMED HEALTH REHAB HOSPITAL | 305 | | BRYAN HOSPITAL FORENSICS | |
| 90 | BAMBERG COUNTY MEMORIAL | 310 | | TIDELANDS GEORGETOWN MEMORIAL HOSPITAL | |
| 100 | PRISMA HEALTH BAPTIST HOSPITAL | 335 | | PRISMA HEALTH GREER MEMORIAL HOSPITAL | |
| 105 | PRISMA HEALTH BAPTIST EASLEY HOSPITAL | 340 | | PRISMA HEALTH GREENVILLE MEMORIAL HOSPITAL | |
| 107 | PRISMA HEALTH BAPTIST PARKRIDGE HOSPITAL | 343 | | GREENWOOD REGIONAL REHAB | |
| 110 | SOUTHERN PALMETTO HOSPITAL | 345 | | AIKEN REGIONAL MEDICAL CENTER | |
| 120 | BEAUFORT MEMORIAL HOSPITAL | 347 | | GRAND STRAND MEDICAL CENTER | |
| 125 | CAROLINA CENTER FOR BEHAVIORAL HLTH | 350 | | HAMPTON REGIONAL MEDICAL CENTER | |
| 140 | CAROLINA PINES REGIONAL MEDICAL CENTER | 353 | | ENCOMPASS HEALTH REHAB - CHARLESTON | |
| 150 | ANMED HEALTH CANNON | 355 | | ENCOMPASS HEALTH REHAB - COLUMBIA | |
| 155 | MUSC HEALTH FLORENCE MEDICAL CENTER | 357 | | ENCOMPASS HEALTH REHAB - FLORENCE | |
| 165 | THREE RIVERS CTR FOR BEHAVIORAL HLTH | 358 | | ENCOMPASS HEALTH REHAB - BLUFFTON | |
| 180 | MUSC HEALTH CHESTER MEDICAL CENTER | 359 | | ENCOMPASS HEALTH REHAB - ROCKHILL | |
| 190 | CHESTERFIELD GENERAL | 360 | | PRISMA HEALTH HILLCREST HOSPITAL | |
| 195 | SPRINGBROOK BEHAVIORAL HEALTH | 361 | | ENCOMPASS HEALTH REHAB - TIDELANDS | |
| 198 | COASTAL CAROLINA HOSPITAL | 370 | | HILTON HEAD HOSPITAL | |
| 200 | MCLEOD HEALTH CLARENDON | 378 | | CONTINUECARE HOSPITAL | |
| 210 | COLLETON MEDICAL CENTER | 390 | | KERSHAWHEALTH | |
| 220 | CONWAY MEDICAL CENTER | 405 | | PRISMA HEALTH LAURENS COUNTY HOSPITAL | |
| 252 | SPARTANBURG HOSP FOR RESTOR CARE | 420 | | LEXINGTON MEDICAL CENTER | |
| 424 | LIGHTHOUSE OF CONWAY | 615 | ST. FRANCIS - EASTSIDE | |
| 430 | MCLEOD HEALTH LORIS | 620 | BON SECOURS ST FRANCIS HOSPITAL | |
| 440 | LAKE CITY COMMUNITY HOSPITAL | 628 | MCLEOD HEALTH SEACOAST | |
| 450 | MCLEOD REGIONAL MEDICAL CENTER | 630 | SELF REGIONAL HEALTHCARE | |
| 460 | MUSC HEALTH MARION MEDICAL CENTER | 631 | SHRINERS HOSPITAL FOR CHILDREN | |
| 470 | MARLBORO PARK | 633 | PALMETTO LOWCOUNTRY BEHAV HLTH | |
| 475 | MARSHALL I. PICKENS | 640 | SPARTANBURG MEDICAL CENTER | |
| 480 | SPARTANBURG MEDICAL CENTER - MARY BLACK CAMPUS | 642 | VIBRA HOSPITAL OF CHARLESTON | |
| 485 | MCLEOD HEALTH CHERAW | 644 | THE WILLIAM J MCCORD CENTER | |
| 490 | MUSC MEDICAL CENTER | 645 | TRIDENT MEDICAL CENTER | |
| 495 | ROPER ST FRANCIS MOUNT PLEASANT HOSPITAL | 646 | CENTRE POINTE EMERGENCY | |
| 497 | MORRIS ALCOHOL & DRUG ADDICTION | 647 | MONCKS CORNER MEDICAL CENTER | |
| 510 | NEWBERRY COUNTY MEMORIAL HOSPITAL | 648 | SUMMERVILLE MEDICAL CENTER | |
| 515 | REGENCY HOSPITAL OF FLORENCE | 650 | PRISMA HEALTH TUOMEY HOSPITAL | |
| 520 | PRISMA HEALTH NORTH GREENVILLE HOSPITAL | 651 | CHEROKEE MEDICAL CENTER | |
| 540 | PRISMA HEALTH OCONEE MEMORIAL HOSPITAL | 655 | PELHAM MEDICAL CENTER | |
| 545 | PRISMA HEALTH PATEWOOD HOSPITAL | 668 | TIDELANDS WACCAMAW COMMUNITY HOSPITAL | |
| 562 | PATRICK B. HARRIS PSYCHIATRIC | 670 | UNION MEDICAL CENTER | |
| 565 | PIEDMONT MEDICAL CENTER | 685 | WILLIAM S HALL PSYCHIATRIC | |
| 570 | PROVIDENCE HEALTH | 690 | WILLIAMSBURG REGIONAL HOSPITAL | |
| 573 | PROVIDENCE HEALTH - NORTHEAST | 710 | MCLEOD HEALTH DARLINGTON | |
| 574 | ROGER C. PEACE | 711 | MCLEOD BEHAVIORAL HEALTH SERVICES | |
| 575 | REGIONAL MEDICAL CENTER | 1020 | BAY MICROSURGICAL UNIT | |
| 577 | REBOUND BEHAVIORAL HEALTH | 1025 | BEARWOOD AMBULATORY SURGERY CTR | |
| 580 | PRISMA HEALTH RICHLAND HOSPITAL | 1030 | BEAUFORT-HILTON HEAD RAD THERAPY CTR | |
| 590 | ROPER HOSPITAL | 1035 | CAROLINA AMBULATORY SURGERY CTR | |
| 595 | ROPER ST FRANCIS - BERKELEY HOSPITAL | 1040 | CAROLINA SURGICAL CTR | |
| 600 | MCLEOD HEALTH DILLON | 1050 | CHARLESTON PLASTIC SURGERY CTR | |
| 610 | ST. FRANCIS - DOWNTOWN | 1055 | CHARLESTON SURGERY CTR | |
| 613 | REGENCY HOSPITAL OF GREENVILLE | 1065 | COLUMBIA EYE SURGERY CTR | |
| 1070 | COLUMBIA GASTROINTESTINAL ENDOSCOPY CTR | 1240 | PALMETTO IMAGING-WEST COLUMBIA | |
| 1080 | GRANDE DUNES SURGERY CTR | 1245 | PIEDMONT IMAGING | |
| 1085 | GREENVILLE ENDOSCOPY CTR | 1250 | AIKEN NEUROSCIENCES, PC | |
| 1087 | GREENVILLE ENDOSCOPY CTR AT PATEWOOD | 1265 | JERVEY EYE CTR | |
| 1090 | CANCER CENTER OF THE CAROLINAS | 1270 | PALMETTO SURGERY CTR | |
| 1095 | PIEDMONT SURGERY CTR | 1275 | SOUTH CAROLINA ENDOSCOPY CTR | |
| 1098 | GREENWOOD ENDOSCOPY CTR | 1280 | CAROLINA COLONOSCOPY CTR | |
| 1105 | INMED DIAGNOSTIC-COLUMBIA | 1285 | TRIDENT EYE SURGERY CTR | |
| 1107 | INMED DIAGNOSTIC-FLORENCE | 1290 | CAROLINA MUSCULOSKELETAL INST, PA | |
| 1110 | ANMED HEALTH MEDICUS SURGERY CTR,LLC | 1295 | COMPREHENSIVE NEUROLOGICAL SVCS | |
| 1120 | CAROLINA REGIONAL CANCER CTR | 1305 | LAKELANDS ORTHOPAEDIC CLINIC | |
| 1125 | INNERVISION AT GROVE | 1310 | PALMETTO BONE & JOINT, PA | |
| 1130 | PALMETTO IMAGING-DOWNTOWN | 1315 | MOUNTAINVIEW RADIOLOGY | |
| 1131 | PALMETTO IMAGING-IRMO | 1330 | METROLINA NEURODIAGNOSTICS CTR, LLC | |
| 1135 | MCLEOD AMBULATORY SURGERY CTR | 1335 | PIEDMONT ORTHOPAEDICS | |
| 1140 | ROCK HILL RADIATION THERAPY | 1340 | SOUTHERN MRI-BLUFFTON | |
| 1150 | PROVIDENCE HEART | 1350 | DARLINGTON ENDOSCOPY CTR | |
| 1160 | SPARTANBURG SURGERY CENTER | 1355 | STRAND REG SPECIALTY ASSOC. | |
| 1165 | TRIDENT SURGERY CTR | 1360 | INMED DIAGNOSTIC-MYRTLE BEACH | |
| 1180 | ADVANCED DIAGNOSTIC IMAGING CTR | 1370 | SURGERY CTR OF BEAUFORT, LLC | |
| 1185 | ANDERSON DIAGNOSTIC IMAGING, INC. | 1375 | UROLOGY SURGERY CTR | |
| 1190 | CHARLESTON PHYSICIANS IMAGING CTR | 1380 | GREENVILLE RADIOLOGY | |
| 1195 | GREENVILLE PHYSICIANS IMAGING CTR | 1385 | CHARLESTON ENDOSCOPY CTR | |
| 1200 | LOWCOUNTRY MEDICAL GROUP | 1390 | OPEN MRI OF SIMPSONVILLE | |
| 1205 | MIDLANDS ORTHOPAEDICS AND NEUROSURGERY | 1395 | ORTHOPEDIC SPECIALTIES OF SPTBG | |
| 1215 | CAROLINAS DIAGNOSTIC IMAGING | 1400 | SURGERY CTR OF THE LAKELANDS | |
| 1220 | FLORENCE MRI & IMAGING | 1405 | OUTPATIENT SURG CTR OF LMC-LEXINGTON | |
| 1225 | LONG BAY DIAGNOSTIC IMAGING | 1410 | BEAUFORT OPEN MRI | |
| 1230 | OUTPATIENT SURGERY CTR OF LMC IN IRMO | 1415 | IMAGECARE, LLC | |
| 1235 | COLLETON AMBULATORY SURGERY CTR | 1420 | NEUROLOGY ASSOC OF GREENVILLE | |
| 1425 | LASER AND SKIN SURGERY CTR | 1590 | PALMETTO ENDOSCOPY CTR | |
| 1430 | OCEAN AMBULATORY SURGERY CTR | 1595 | WESMARK AMBULATORY SURGERY CTR | |
| 1435 | PARKWAY SURGERY CTR | 1605 | TRICOUNTY RADIOLOGY NORTH CHARLESTON | |
| 1440 | STRAND GASTRO. ENDOSCOPY CTR | 1610 | TRICOUNTY RADIOLOGY WEST ASHLEY | |
| 1445 | COASTAL ORTHOPAEDIC ASSOC | 1615 | ATLANTIC SURGERY CTR, LLC | |
| 1450 | COLUMBIA NEUROSURGICAL ASSOC, P.A. | 1620 | ENDOSCOPY CTR OF THE UPSTATE | |
| 1455 | SYNERGY SPINE CTR | 1625 | UPSTATE ENDOSCOPY CTR | |
| 1460 | CAROLINA ORTHOPEDIC SURGERY ASSOC | 1630 | BLUE RIDGE ORTHOPEDIC ASSOC-ANDERSON | |
| 1465 | BLUE RIDGE ORTHOPEDIC ASSOC | 1635 | DIAGNOSTIC CTRS OF THE CAROLINAS, LLC | |
| 1470 | CAROLINA MUSCULOSKELETAL INST, PA #2 | 1640 | LANCASTER IMAGING CTR | |
| 1475 | AMBULATORY SURGERY CTR OF SPTBG | 1645 | MANNING DIAGNOSTICS | |
| 1480 | MRI at BELFAIR, LLC | 1660 | LOWCOUNTRY OUTPATIENT SURGERY CTR | |
| 1495 | ORTHOPAEDIC ASSOCIATES, P.A. | 1665 | WESTSIDE EYE CTR, LLC | |
| 1500 | INMED DIAGNOSTIC-DUNCAN | 1680 | MIDLANDS ENDOSCOPY CTR | |
| 1505 | BLUE RIDGE SURGERY CTR | 1685 | OUTPATIENT SURGERY CTR OF HILTON HEAD | |
| 1507 | BLUFFTON OKATIE SURGERY CTR | 1695 | SURGERY CTR AT PELHAM, LLC | |
| 1510 | CENTER FOR SPECIAL SURGERY | 1700 | MOORE ORTHOPAEDIC CLINIC | |
| 1515 | CAROLINA ORTHOPAEDIC CTR | 1702 | MOORE ORTHOPAEDIC CLINIC OSC, LLC | |
| 1520 | CAROLINA BONE AND JOINT SURGERY CTR | 1715 | CHARLESTON NEUROSCIENCE INST IMAGING | |
| 1525 | DISC RADIOLOGISTS | 1720 | COLONIAL FAMILY PRACTICE | |
| 1535 | FLORENCE SURGERY AND LASER CTR, LLC | 1725 | SC ONCOLOGY ASSOC | |
| 1540 | RIVERTOWN SURGERY CTR | 1735 | ELMS ENDOSCOPY CTR | |
| 1545 | SOUTH CAROLINA ENDOSCOPY CTR, NORTHEAST | 1740 | PHYSICIANS EYE SURGERY CTR | |
| 1550 | SURGERY CTR OF CHARLESTON | 1745 | AMBULATORY SURGICAL CTR OF AIKEN | |
| 1555 | LAKE MURRAY ENDOSCOPY CTR | 1755 | NOVANT HEALTH IMAGING ROCK HILL | |
| 1560 | SOUTHEASTERN SPINE INST | 1760 | YORK COUNTY ENDOSCOPY CTR | |
| 1562 | SOUTHEASTERN SPINE INST ASC | 1765 | CAMDEN OPEN MRI | |
| 1564 | LOW COUNTRY HEALTH CARE NETWORK | 1775 | CAROLINA PODIATRIC MEDICAL ASSO. | |
| 1565 | PARKRIDGE SURGERY CTR | 1780 | SENECA DIAGNOSTIC IMAGING | |
| 1585 | UNIVERSITY MEDICAL ASSOC | 1785 | CAROLINA ORTHOPEDIC SPECIALISTS | |
| 1790 | MOUNTAINVIEW MEDICAL IMAGING | 1892 | SUMMERVILLE ENDOSCOPY CTR | |
| 1795 | PIEDMONT HEALTH GROUP | 1894 | CAROLINA COAST SURGERY CTR | |
| 1800 | UPSTATE SURGERY CTR | 1895 | TIDELANDS HEALTH ONCOLOGY CANCER SERVICES | |
| 1805 | MIDLANDS ORTHOPAEDICS AND NEUROSURGERY | 1896 | LEXINGTON BRAIN AND SPINE INSTITUTE | |
| 1810 | SURGERY AND LASER CTR AT PROFESSIONAL PARK | 1897 | CHAPIN ORTHOPEDIC SURGERY CTR | |
| 1825 | PALMETTO ORTHOPAEDIC AND SPORTS MEDICINE CTR | 1898 | CENTER FOR ADVANCED SURGERY, LLC | |
| 1830 | BERKELEY ENDOSCOPY CTR | 1899 | CAROLINA INTERVENTIONAL PAIN INST | |
| 1840 | CAROLINA FOREST IMAGING CTR |
| 1846 | CENTER FOR ORTHOPAEDIC SURGERY, LLC |
| 1848 | WACCAMAW ENDOSCOPY CTR, LLC |
| 1850 | CHARLESTON BREAST CTR |
| 1852 | THE COLUMBIA MEDICAL GROUP |
| 1854 | LOWCOUNTRY IMAGING ASSOCIATES |
| 1856 | LOWCOUNTRY ORTHOPAEDICS AND SPORTS MEDICINE |
| 1858 | PIEDMONT ARTHRITIS CLINIC |
| 1862 | LMC-MRI |
| 1864 | SURGERY CTR AT EDGEWATER |
| 1866 | PHYSICIAN SURGERY CTR AT ANMED HEALTH LLC |
| 1868 | UPSTATE SPINE AND NEUROSURGERY CTR, PC |
| 1870 | FLORENCE NEURO AND SPINE, PC |
| 1874 | LAKE CITY DIAGNOSTIC IMAGING |
| 1876 | PALMETTO ENDOSCOPY SUITE |
| 1878 | ROPER ST FRANCIS EYE CTR |
| 1882 | THE FOOT INSTITUTE |
| 1884 | PALMETTO PRIMARY CARE PHYSICIANS, LLC |
| 1886 | COLORECTAL ENDOSURGERY OF THE CAROLINAS |
| 1888 | LOWCOUNTRY AMBULATORY CTR |
| 1889 | SURGERY CENTER OF CONWAY |
| 1890 | CENTER FOR COLON AND DIGESTIVE DISEASES |
| 1891 | COLUMBIA NEPHROLOGY ASSOCIATES |

# **Appendix B – County Codes**

(COUNTY, HCTY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Code** |  | **County** | **Code** |  |
| Abbeville | 1 |  | Greenwood | 24 |  |
| Aiken | 2 |  | Hampton | 25 |  |
| Allendale | 3 |  | Horry | 26 |  |
| Anderson | 4 |  | Jasper | 27 |  |
| Bamberg | 5 |  | Kershaw | 28 |  |
| Barnwell | 6 |  | Lancaster | 29 |  |
| Beaufort | 7 |  | Laurens | 30 |  |
| Berkeley | 8 |  | Lee | 31 |  |
| Calhoun | 9 |  | Lexington | 32 |  |
| Charleston | 10 |  | McCormick | 33 |  |
| Cherokee | 11 |  | Marion | 34 |  |
| Chester | 12 |  | Marlboro | 35 |  |
| Chesterfield | 13 |  | Newberry | 36 |  |
| Clarendon | 14 |  | Oconee | 37 |  |
| Colleton | 15 |  | Orangeburg | 38 |  |
| Darlington | 16 |  | Pickens | 39 |  |
| Dillon | 17 |  | Richland | 40 |  |
| Dorchester | 18 |  | Saluda | 41 |  |
| Edgefield | 19 |  | Spartanburg | 42 |  |
| Fairfield | 20 |  | Sumter | 43 |  |
| Florence | 21 |  | Union | 44 |  |
| Georgetown | 22 |  | Williamsburg | 45 |  |
| Greenville | 23 |  | York | 46 |  |
| *For patients whose South Carolina county of residence cannot be identified, use 00.* | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Georgia County** | **Code** |  | **North Carolina County** | **Code** |  |
| Banks | 47 |  | Anson | 73 |  |
| Bryan | 48 |  | Bladen | 74 |  |
| Bulloch | 49 |  | Brunswick | 75 |  |
| Burke | 51 |  | Buncombe | 76 |  |
| Chatham | 52 |  | Burke | 77 |  |
| Columbia | 53 |  | Cabarrus | 78 |  |
| Effingham | 54 |  | Cleveland | 79 |  |
| Elbert | 55 |  | Columbus | 80 |  |
| Emanuel | 56 |  | Gaston | 81 |  |
| Franklin | 57 |  | Hoke | 82 |  |
| Habersham | 58 |  | Haywood | 83 |  |
| Hart | 59 |  | Henderson | 84 |  |
| Jefferson | 60 |  | Jackson | 85 |  |
| Jenkins | 61 |  | Lincoln | 86 |  |
| Lincoln | 62 |  | Macon | 87 |  |
| Madison | 63 |  | Mecklenburg | 88 |  |
| McDuffie | 64 |  | Montgomery | 89 |  |
| Rabun | 65 |  | New Hanover | 90 |  |
| Richmond | 66 |  | Polk | 91 |  |
| Screven | 67 |  | Richmond | 92 |  |
| Stephens | 68 |  | Robeson | 93 |  |
| Towns | 69 |  | Rutherford | 94 |  |
| White | 70 |  | Scotland | 95 |  |
| Wilkins | 71 |  | Stanly | 96 |  |
| Other GA County | 72 |  | Transylvania | 97 |  |
|  |  |  | Union | 98 |  |
|  |  |  | Other NC County | 99 |  |

# **Appendix C – Physician Specialty Codes**

(FLAGSPC1, FLAGSPC2, FLAGSPC3)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 89 | A | Allergy |  | HS | Hand Surgery | 40 | PDC | Pediatric Cardiology |
| 80 | AD | Administrative Medicine | 0XX | HSO | Hand Surgery (Orthopedic Surgery) |  | PDD | Pediatric Dermatology |
| 90 | ADL | Adolescent Medicine | 0YY | HSP | Surgery of the Hand (Plastic Surgery) | 0AA | PDE | Pediatric Endocrinology |
| 0AV | ADM | Addiction Medicine | 60 | HSS | Surgery Of The Hand (Surgery) |  | PDI | Pediatric Infectious Disease |
| 0BA | ADP | Addiction Psychiatry |  | IC | Interventional Cardiology | 0BJ | PDO | Pediatric Otolaryncology |
| 2 | AI | Allergy And Immunology |  | ICE | Cardiac Electrophysiology | 0FF | PDP | Pediatric Pulmonology |
| 0LL | ALI | Allergy & Immunology (Clin. & Lab.) | 18 | ID | Infectious Disease | 51 | PDR | Pediatric Radiology |
| 1 | AM | Aerospace Medicine | 71 | IG | Immunology | 64 | PDS | Pediatric Surgery |
|  | AMF | Adolescent Medicine | 0AB | ILI | Clin. & Lab. Immunology (Internal Medicine) | 0BK | PDT | Medical Toxicology(Pediatrics) |
|  | AMI | Adolescent Medicine | 19 | IM | Internal Medicine |  | PE | Pediatric Emergency Medicine |
| 3 | AN | Anesthesiology | 0AC | IMG | Geriatric Medicine (Internal Medicine) | 0HH | PEM | Pediatric Emergency Medicine |
| 0MM | APM | Pain Management (Anesthesiology) | 0BI | ISM | Sports Medicine (Internal Medicine) |  | PFP | Forensic Psychiatry |
|  | AR | Abdominal Radiology | 21 | LM | Legal Medicine | 0AO | PG | Pediatric Gastroenterology |
| 56 | AS | Abdominal Surgery |  | MDM | Medical Management | 47 | PH | Public Health and General Prevention Medicine |
| 85 | ATP | Anatomic Pathology | 87 | MFM | Maternal & Fetal Medicine |  | PHM | Pharmaceutical Medicine |
| 0 | BBK | Blood Banking/Transfusion Medicine | 0II | MG | Medical Genetics |  | PHP | Public Health & General Prev. Med. |
| 0BC | CBG | Clinical Biochemical Genetics |  | MGG | Molecular Genetic Pathology | 82 | PHO | Pediatric Hematology/Oncology |
| 0PP | CCA | Critical Care Anesthesiology |  | MGP | Molecular Genetic Pathology | 0AP | PIP | Immunopathology |
| 0BD | CCG | Clinical Cytogenetics | 98 | MM | Medical Microbiology | 0AQ | PLI | Clinical And Laboratory Immunology (Pediatrics) |
| 92 | CCM | Critical Care Medicine (Int. Med.) |  | MPD | IM/Pediatrics |  | PLM | Palliative Medicine |
| 0QQ | CCP | Pediatric Critical Care Medicine |  | MSR | Musculoskeletal Radiology | 42 | PM | Physical Medicine and Rehabilitation |
| 0GG | CCS | Surgical Critical Care (Surger) | 24 | N | Neurology | 0BL | PMD | Pain Medicine |
| 5 | CD | Cardiovascular Disease |  | NC | Nuclear Cardiology |  | PMM | Sports Medicine (PM & R) |
| 57 | CDS | Cardiovascular Surgery | 0AD | NCC | Critical Care Medicine (Neurological Surgery) | 83 | PN | Pediatric Nephrology |
| 0CE | CE | Cardiac Electrophysiology |  | NDN | Neurodevelopmental Disabilities | 0BM | PO | Pediatric Ophthalmology |
|  | CFS | Craniofacial Surgery |  | NDP | Neurodevelopmental Disabilities | 0BU | PP | Pediatric Pathology |
| 0BE | CG | Clinical Genetics | 0DD | NEO | Neo‑Natal | 0BN | PPR | Pediatric Rheumatology |
| 25 | CHN | Child Neurology | 23 | NEP | Nephrology |  | PRM | Pediatric Rehabilitation Medicine |
| 44 | CHP | Child & Adolescent Psychiatry | 27 | NM | Nuclear Medicine |  | PRO | Proctology |
| 36 | CLP | Clinical Pathology |  | NO | Otology/Neurotology | 65 | PS | Plastic Surgery |
| 0BF | CMG | Clinical Molecular Genetics | 26 | NP | Neuropathology |  | PSH | Plastic Surgery Within Head/Neck |
| 0SS | CN | Clinical Neurophysiology | 84 | NPM | Neonatal‑Perinatal Medicine | 0BO | PSM | Sports Medicine (Pediatrics) |
| 58 | CRS | Colon & Rectal Surgery | 99 | NR | Nuclear Radiology | 35 | PTH | Anatomic/Clinical Pathology |
|  | CS | Cosmetic Surgery |  | NRN | Neurology/DiagRad/Neuroradiology | 0BP | PTX | Medical Toxicology (Preventive Medicine) |
|  | CTR | Cardiothoracic Radiology | 62 | NS | Neurological Surgery | 48 | PUD | Pulmonary Diseases |
| 6 | D | Dermatology | 0AF | NSP | Pediatric Surgery (Neurology) | 45 | PYA | Psychoanalysis |
|  | DBP | Developmental-Behaviorial Pediatrics | 28 | NTR | Nutrition | 0JJ | PYG | Geriatric Psychiatry |
| 0TT | DDL | Dermatological Immunology (Clin. & Lab.) | 0AG | OAR | Adult Reconstructive Orthopedics | 49 | R | Radiology |
| 7 | DIA | Diabetes | 30 | OBG | Obstetrics & Gynecology | 88 | REN | Reproductive Endocrinology |
| 94 | DLI | Diagnostic Laboratory/Immunology | 29 | OBS | Obstetrics | 53 | RHU | Rheumatology |
| 95 | DMP | Dermatopathology | 0AH | OCC | Critical Care Medicine (Obstetrics & Gynecology) | 0BB | RIP | Radioisotopic Pathology |
| 50 | DR | Diagnostic Radiology |  | OFA | Food and Ankle Orthopedics | 0BQ | RNR | Neuroradiology |
|  | DS | Dermatologic Surgery |  | OFS | Oral & Maxillofacial Surgery | 0EE | RO | Radiation Oncology |
| 8 | EM | Emergency Medicine | 31 | OM | Occupational Medicine | 0BR | RP | Radiological Physics |
| 9 | END | Endocrinology, Diab., Meta. |  | OMM | Osteopathic Manipulative Medicine |  | SCI | Spinal Cord Injury |
|  | EP | Epidemiology | 0AI | OMO | Musculoskeletal Oncology | 81 | SH | Student Health |
| 0LG | ESM | Sports Medicine (Emergency Med.) | 73 | ON | Medical Oncology |  | SM | Sleep Medicine |
| 0BH | ETX | Medical Toxicology (Emergency Med.) | 0AJ | OP | Pediatric Orthopedics |  | SO | Surgical Oncology |
| 37 | FOP | Forensic Pathology | 32 | OPH | Ophthalmology |  | SP | Selective Pathology |
| 10 | FP | Family Practice | 63 | ORS | Orthopedic Surgery | 52 | TR | Therapeutic Radiation |
| 0UU | FPG | Geriatric Medicine (Family Practice) | 69 | OS | Other Specialty (Physician designated a specialty not appearing here) | 67 | TRS | Traumatic Surgery |
| 96 | FPS | Facial Plastic Surgery | 0AK | OSM | Sports Medicine (Orthopedic Surgery) | 66 | TS | Thoracic Surgery |
| 0VV | FSM | Sports Medicine (Family Practice) | 0KK | OSS | Orthopedic Surgery of the Spine |  | TTS | Transplant Surgery |
| 11 | GE | Gastroenterology |  | OST | Osteopathy | 68 | U | Urology |
| 14 | GER | Geriatrics | 33 | OT | Otology | 0AT | UM | Undersea Medicine |
| 86 | GO | Gynecological Oncology | 74 | OTO | Otolaryngology | 0BS | UP | Pediatric Urology |
| 12 | GP | General Practice | 0AL | OTR | Orthopedic Trauma |  | US | Unspecified Specialty |
| 13 | GPM | General Preventive Medicine | 43 | P | Psychiatry | 0AU | VIR | Vascular And Interventional Radiology |
| 59 | GS | General Surgery | 41 | PA | Clinical Pharmacology |  | VM | Vascular Medicine |
| 15 | GYN | Gynecology |  | PAN | Pediatric Anesthesiology |  | VN | Vascular Neurology |
| 16 | HEM | Hematology (Internal Medicine) |  | PCC | Pulmonary Critical Care Medicine | 0CC | VS | General Vascular Surgery |
| 0BT | HEP | Hepatology | 0AM | PCH | Chemical Pathology |  | USA | US Army |
| 0WW | HMP | Hematology (Pathology) |  | PCS | Pediatric Cardiothoracic Surgery |  | AF | US Air Force |
| 61 | HNS | Head & Neck Surgery | 0AN | PCP | Cytopathology |  | USN | US Navy |
|  | HO | Hematology/Oncology | 38 | PD | Pediatrics |  | PHS | US Public Health Service |
|  | HOS | Hospitalist | 39 | PDA | Pediatric Allergy |  |  |  |

Note: No code appears for those physicians who have not designated a practice specialty. The code fix appears for those physicians in a transitional year of accredited graduate medical education.

An asterisk (\*) preceding a Type of Practice indicates the physician is currently in a residency training program.

An asterisk (\*) following a Type of Practice indicates the physician has been certified by one of the American Board of Medical Specialties. Current certification information should be obtained directly from the physician.

The information supplied by each physician on the type of practice is interpreted from the physician’s annual re-registration application. The Board has not verified the specific amount of post-graduate training in this area of practice. The information on the type of practice is not to be used by any third party to determine specialty status. This information should be obtained from the physician.

# **Appendix D – Major Diagnostic Categories**

(MDC*)*

|  |  |  |  |
| --- | --- | --- | --- |
| 01 | Diseases of the Nervous System | 14 | Pregnancy, Childbirth, Puerperium |
| 02 | Diseases and Disorders of the Eye | 15 | Newborns, Other Neonates |
| 03 | Ear, Nose, Mouth, and Throat | 16 | Blood and Blood Forming Organs |
| 04 | Respiratory System | 17 | Myeloproliferative Diseases |
| 05 | Circulatory System | 18 | Infectious and Paras. Diseases |
| 06 | Diseases of the Digestive System | 19 | Mental Diseases and Disorders |
| 07 | Hepatobiliary System and Pancrease | 20 | Alcohol/Drug Use, Induc. Organ. |
| 08 | Musculoskeletal System | 21 | Injuries, Poisonings, Toxic |
| 09 | Skin, Subcutaneous Tissue, Breast | 22 | Burns |
| 10 | Endocrine, Nutritional, Metabolic | 23 | Factors Infl. Health Status |
| 11 | Kidney and Urinary Tract | 24 | Multiple Significant Trauma |
| 12 | Male Reproductive System | 25 | Human Immunodeficiency Virus |
| 13 | Female Reproductive System | Other | Unknown Diagnosis Code |

# **Appendix E – Payor**

(PAYOR*)*

|  |  |
| --- | --- |
| 1 | Self-Pay |
| 2 | Medicare |
| 3 | Medicaid |
| 4 | Commercial Ins. |
| 5 | Worker's Compensation |
| 6 | Indigent/Charitable Organization |
| 7 | Other Government(Champus,State,County) |
| 8 | HMO |
| 9 | Not Stated |

# **Appendix F – Trauma Levels**

Taken from the “2005 South Carolina Health Plan”

South Carolina Sate Health Planning Committee & SC Department of Health and Environmental Control

Level I:

The highest level of capability available. Generally speaking, this hospital has to have general surgery capability in-house at all times. Anesthesia capabilities are required to be in-house at all times, but this requirement may be met with CRNA’s or anesthesiology chief residents. Orthopedic surgery, neurological surgery, and other surgical and medical specialties must be immediately available. Generally, these trauma centers will be attached to medical schools or will have residency programs because of the in-house requirements, since fourth year and senior trauma residents can help meet the requirements of the level I criteria. The Level I Trauma Center also has the responsibility of providing education and outreach programs to other area hospitals and the public and must also conduct trauma-related research.

Level II:

This trauma center has extensive capability and meets the needs of most trauma victims. It is required to have general, neurologic, and orthopedic surgery available when the patient arrives. Anesthesia capabilities are required to be in-house at all times, but this requirement may be met with CRNA’s. Other surgical and medical specialties are required to be on-call and promptly available. These hospitals may develop local procedures for the surgeon being available in the Emergency Department when the patient arrives. The major difference between Level I and Level II facilities is that the major surgical specialties are allowed to be on-call but with the clear commitment to be in the Emergency Department when the patient arrives. Level II hospitals do not have the research requirements of a Level I trauma Center.

Level III:

These Hospitals are committed to caring for the trauma patient. Level III trauma centers can provide prompt assessment, resuscitation, emergency operations, and stabilization, and also arrange for possible transfer to a facility that can provide definitive trauma care. These hospitals are required to have general surgery, anesthesia, and internal medicine on-call and promptly available. The general surgeon is required to be on-call and promptly available in the Emergency Department as the trauma team leader.

# **Appendix G – ED Major/Minor Diagnostic Levels**

1=" I. INFECTIOUS & PARASITIC DISEASES"

2=" 1. STREPTOCOCCAL SORE THROAT"

3=" 2. HIV INFECTION"

4=" 3. VIRAL WARTS"

5=" 4. UNSPECIFIED VIRAL & CHLAMYDIAL INFECTIONS"

6=" 5. DERMATOPHYTOSIS"

7=" 6. CANDIDIASIS"

8=" 7. OTHER INFECTIOUS & PARASITIC DISEASES"

9=" II. NEOPLASMS"

10=" 1. MALIGNANT NEOPLASM OF COLON & RECTUM"

11=" 2. MALIGNANT NEOPLASM OF SKIN"

12=" 3. MALIGNANT NEOPLASM OF BREAST"

13=" 4. MALIGNANT NEOPLASM OF PROSTATE"

14=" 5. MALIGNANT NEOPLASM OF LYMPHATIC & HEMATOPOIETIC

TISSUE"

15=" 6. OTHER MALIGNANT NEOPLASMS"

16=" 7. BENIGN NEOPLASM OF SKIN"

17=" 8. OTHER BENIGN NEOPLASM"

18=" 9. NEOPLASM OF UNCERTAIN BEHAVIOR & UNSPECIFIED NATURE"

19=" III. ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES, &

IMMUNITY DISORDERS"

20=" 1. ACQUIRED HYPOTHYROIDISM"

21=" 2. OTHER DISORDERS OF THE THYROID GLAND"

22=" 3. DIABETES MELLITUS"

23=" 4. DISORDERS OF LIPOID METABOLISM"

24=" 5. OBESITY"

25=" 6. OTHER ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES

IMMUNITY DISORDERS"

26=" IV. DISEASES OF THE BLOOD & BLOOD-FORMING ORGANS"

27=" 1. ANEMIAS"

28=" 2. OTHER DISEASES OF THE BLOOD & BLOOD-FORMING ORGANS"

29=" V. MENTAL DISORDERS"

30=" 1. SCHIZOPHRENIC DISORDERS"

31=" 2. MAJOR DEPRESSIVE DISORDER"

32=" 3. OTHER PSYCHOSES"

33=" 4. ANXIETY STATES"

34=" 5. NEUROTIC DEPRESSION"

35=" 6. ALCOHOL DEPENDENCE SYNDROME"

36=" 7. DRUG DEPENDENCE & NONDEPENDENT USE OF DRUGS"

37=" 8. ACUTE REACTION TO STRESS & ADJUSTMENT REACTION"

38=" 9. DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED"

39=" 10. ATTENTION DEFICIT DISORDER"

40=" 11. OTHER MENTAL DISORDERS"

41=" VI. DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS"

42=" 1. MIGRAINE"

43=" 2. OTHER DISORDERS OF THE CENTRAL NERVOUS SYSTEM"

44=" 3. CARPAL TUNNEL SYNDROME"

45=" 4. OTHER DISORDERS OF THE NERVOUS SYSTEM"

46=" 5. RETINAL DETACHMENT & OTHER RETINAL DISORDERS"

47=" 6. GLAUCOMA"

48=" 7. CATARACT"

49=" 8. DISORDERS OF REFRACTION & ACCOMMODATION"

50=" 9. CONJUNCTIVITIS"

51=" 10. DISORDERS OF EYELIDS"

52=" 11. OTHER DISORDERS OF THE EYE & ADNEXA"

53=" 12. DISORDERS OF EXTERNAL EAR"

54=" 13. OTITIS MEDIA & EUSTACHIAN TUBE DISORDERS"

55=" 14. OTHER DISEASES OF THE EAR & MASTOID PROCESS"

56=" VII. DISEASES OF THE CIRCULATORY SYSTEM"

57=" 1. ANGINA PECTORIS"

58=" 2. CORONARY ATHEROSCLEROSIS"

59=" 3. OTHER ISCHEMIC HEART DISEASE"

60=" 4. CARDIAC DYSRHYTHMIAS"

61=" 5. CONGESTIVE HEART FAILURE"

62=" 6. OTHER HEART DISEASE"

63=" 7. ESSENTIAL HYPERTENSION"

64=" 8. CEREBROVASCULAR DISEASE"

65=" 9. DISEASES OF THE ARTERIES, ARTERIOLES, & CAPILLARIES"

66=" 10. HEMORRHOIDS"

67=" 11. OTHER DISEASES OF THE CIRCULATORY SYSTEM"

68=" VIII. DISEASES OF THE RESPIRATORY SYSTEM"

69=" 1. ACUTE SINUSITIS"

70=" 2. ACUTE PHARYNGITIS"

71=" 3. ACUTE TONSILLITIS"

72=" 4. ACUTE BRONCHITIS & BRONCHIOLITIS"

73=" 5. OTHER ACUTE RESPIRATORY INFECTIONS"

74=" 6. CHRONIC SINUSITIS"

75=" 7. ALLERGIC RHINITIS"

76=" 8. PNEUMONIA"

77=" 9. CHRONIC & UNSPECIFIED BRONCHITIS"

78=" 10. ASTHMA"

79=" 11. OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE &

ALLIED CONDITIONS"

80=" 12. OTHER DISEASES OF THE RESPIRATORY SYSTEM"

81=" IX. DISEASES OF THE DIGESTIVE SYSTEM"

82=" 1. DISEASES OF THE TEETH & SUPPORTING STRUCTURES"

83=" 2. GASTRITIS & DUODENITIS"

84=" 3. ESOPHAGITIS"

85=" 4. ULCER OF STOMACH & SMALL INTESTINE"

86=" 5. HERNIA OF ABDOMINAL CAVITY"

87=" 6. NONINFECTIOUS ENTERITIS & COLITIS"

88=" 7. DIVERTICULA OF INTESTINE"

89=" 8. CONSTIPATION"

90=" 9. IRRITABLE COLON"

91=" 10. ANAL & RECTAL DISEASES"

92=" 11. DISORDERS OF THE GALLBLADDER & BILIARY TRACT"

93=" 12. GASTROINTESTINAL HEMORRHAGE"

94=" 13. OTHER DISEASES OF THE DIGESTIVE SYSTEM"

95=" X. DISEASES OF THE GENITOURINARY SYSTEM"

96=" 1. CALCULUS OF KIDNEY & URETER"

97=" 2. CYSTITIS & OTHER DISORDERS OF THE BLADDER"

98=" 3. URINARY TRACT INFECTION, SITE NOT SPECIFIED"

99=" 4. OTHER DISEASES OF THE URINARY SYSTEM"

100=" 5. HYPERPLASIA OF PROSTATE"

101=" 6. OTHER DISORDERS OF MALE GENITAL ORGANS"

102=" 7. DISORDERS OF BREAST"

103=" 8. INFLAMMATORY DISORDERS OF FEMALE PELVIC ORGANS"

104=" 9. NONINFLAMMATORY DISORDERS OF FEMALE GENITAL

ORGANS"

105=" 10. DISORDERS OF MENSTRUATION & ABNORMAL BLEEDING"

106=" 11. MENOPAUSAL & POSTMENOPAUSAL DISORDERS"

107=" 12. OTHER DISORDERS OF THE FEMALE GENITAL TRACT"

108=" XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, & THE

PUERPERIUM"

109=" XII. DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE"

110=" 1. CELLULITIS & ABSCESS"

111=" 2. OTHER INFECTION OF THE SKIN & SUBCUTANEOUS TISSUE"

112=" 3. CONTACT DERMATITIS & OTHER ECZEMA"

113=" 4. PSORIASIS & SIMILAR DISORDERS"

114=" 5. OTHER INFLAMMATORY CONDITIONS OF SKIN &

SUBCUTANEOUS TISSUE"

115=" 6. CORNS, CALLOSITIES, & OTHER HYPERTROPHIC & ATROPHIC

SKIN CONDITIONS"

116=" 7. ACTINIC & SEBORRHEIC KERATOSIS"

117=" 8. ACNE"

118=" 9. SEBACEOUS CYST"

119=" 10. URTICARIA"

120=" 11. OTHER DISORDERS OF THE SKIN & SUBCUTANEOUS TISSUE"

121=" XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM &

CONNECTIVE TISSUE"

122=" 1. RHEUMATOID ARTHRITIS"

123=" 2. OSTEOARTHROSIS & ALLIED DISORDERS"

124=" 3. OTHER ARTHROPATHIES & RELATED DISORDERS"

125=" 4. DERANGEMENTS & OTHER & UNSPECIFIED JOINT DISORDERS"

126=" 5. INTERVERTEBRAL DISC DISORDERS"

127=" 6. LUMBAGO"

128=" 7. OTHER DORSOPATHIES"

129=" 8. PERIPHERAL ENTHESOPATHIES & ALLIED DISORDERS"

130=" 9. SYNOVITIS & TENOSYNOVITIS"

131=" 10. MYALGIA & MYOSITIS, UNSPECIFIED"

132=" 11. OTHER RHEUMATISM, EXCLUDING BACK"

133=" 12. DISORDERS OF BONE & CARTILAGE"

134=" 13. OTHER DISEASES OF THE MUSCULOSKELETAL SYSTEM &

CONNECTIVE TISSUE"

135=" XIV. CONGENITAL ANOMALIES"

136=" XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL

PERIOD"

137=" XVI. SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS"

138=" 1. SYNCOPE & COLLAPSE"

139=" 2. CONVULSIONS"

140=" 3. DIZZINESS & GIDDINESS"

141=" 4. PYREXIA OF UNKNOWN ORIGIN"

142=" 5. SYMPTOMS INVOLVING SKIN & OTHER INTEGUMENTARY

TISSUE"

143=" 6. HEADACHE"

144=" 7. EPISTAXIS"

145=" 8. ABNORMAL HEART SOUNDS"

146=" 9. DYSPNEA & RESPIRATORY ABNORMALITIES"

147=" 10. COUGH"

148=" 11. CHEST PAIN"

149=" 12. SYMPTOMS INVOLVING URINARY SYSTEM"

150=" 13. ABDOMINAL PAIN"

151=" 14. OTHER SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS"

152=" XVII. INJURY & POISONING"

153=" 1. FRACTURE OF RADIUS & ULNA"

154=" 2. FRACTURE OF HAND & FINGERS"

155=" 3. FRACTURE OF LOWER LIMB"

156=" 4. OTHER FRACTURES"

157=" 5. SPRAINS & STRAINS OF WRIST & HAND"

158=" 6. SPRAINS & STRAINS OF KNEE & LEG"

159=" 7. SPRAINS & STRAINS OF ANKLE"

160=" 8. SPRAINS & STRAINS OF NECK"

161=" 9. OTHER SPRAINS & STRAINS OF BACK"

162=" 10. OTHER SPRAINS & STRAINS"

163=" 11. INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL

FRACTURE"

164=" 12. OPEN WOUND OF HEAD"

165=" 13. OPEN WOUND OF HAND & FINGERS"

166=" 14. OTHER OPEN WOUND"

167=" 15. SUPERFICIAL INJURY OF CORNEA"

168=" 16. OTHER SUPERFICIAL INJURY"

169=" 17. CONTUSIONS WITH INTACT SKIN SURFACES"

170=" 18. OTHER INJURIES"

171=" 19. POISONINGS"

172=" 20. OTHER & UNSPECIFIED EFFECTS OF EXTERNAL CAUSES"

173=" 21. COMPLICATIONS OF SURGICAL & MEDICAL CARE, NOT

ELSEWHERE CLASSIFIED"

174="XVIII. SUPPLEMENTARY CLASSIFICATION OF FACTORS

INFLUENCING HEALTH STATUS & CONTACT WITH HEALTH

SERVICES"

175=" 1. POTENTIAL HEALTH HAZARDS RELATED TO COMMUNICABLE

DISEASES"

176=" 2. POTENTIAL HEALTH HAZARDS RELATED TO PERSONAL &

FAMILY HISTORY"

177=" 3. ROUTINE INFANT OR CHILD HEALTH CHECK"

178=" 4. NORMAL PREGNANCY"

179=" 5. POSTPARTUM CARE & EXAMINATION"

180=" 6. ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT"

181=" 7. OTHER ENCOUNTER RELATED TO REPRODUCTION"

182=" 8. LENS REPLACED BY PSEUDOPHAKOS"

183=" 9. ARTIFICIAL OPENING STATUS & OTHER POSTSURGICAL

STATES"

184=" 10. ATTENTION TO SURGICAL DRESSING & SUTURES"

185=" 11. FOLLOW-UP EXAMINATION"

186=" 12. GENERAL MEDICAL EXAMINATION"

187=" 13. OBSERVATION & EVALUATION FOR SUSPECTED CONDITIONS

NOT FOUND"

188=" 14. GYNECOLOGICAL EXAMINATION"

189=" 15. OTHER FACTORS INFLUENCING HEALTH STATUS & CONTACT

WITH HEALTH SERVICES"

190=" XIX. OTHER UNCATEGORIZED DIAGNOSES";

# **Appendix H – Patient Discharge Status**

(DISP)

1. Discharged to home or self care (routine discharge)
2. Discharged/transferred to a short term general hospital for inpatient care
3. Discharged/transferred to skilled nursing facility (SNF) w/ Medicare certification
4. Discharged/transferred to an intermediate care facility (ICF)
5. Discharged/transferred to a non-Medicare PPS children’s hospital or non –Medicare PPS cancer hospital for inpatient care
6. Discharged/transferred to home under care of organized home health service organization
7. Left against medical advice or discontinued care
8. Discharged/transferred to home under care of a Home IV provider
9. Admitted as an inpatient to this hospital

10 – 19 Reserved for National Assignment

20 Expired

21 Effective 10/1/2009 – Discharged/transferred to court/law enforcement

22 – 29 Reserved for National Assignment

30 Still patient

31 – 39 Reserved for National Assignment

40 Expired at home

41 Expired in a medical facility, e.g. hospital, SNF, ICF, or free standing Hospice

42 Expired – place unknown

43 Discharged/transferred to a federal health care facility

44 – 49 Reserved for National Assignment

50 Hospice – home

51 Hospice – medical facility

52 – 60 Reserved for National Assignment

61 Discharged/transferred to hospital based Medicare approved swing bed w/in the hospital’s approved swing bed arrangement

62 Discharge/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital

63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)

64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare

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

66 Discharged/transferred to a Critical Access Hospital (CAH)

67-68 Reserved for assignment by the NUBC

69 Discharged/transferred to a Designated Disaster Alternative Care Site (Effective 10/1/2013)

70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list (see code 05)

71-80 Reserved for assignment by the NUBC

81 Discharge/transferred to Home or Self Care with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

82 Discharge/transferred to Short Term Hospital with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

83 Discharge/transferred to SNF with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

84 Discharge/transferred to facility w/ support care with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

85 Discharge/transferred to Cancer Center or Children’s hospital with a Panned Acute Care Hospital IP Readmission

(Effective 10/1/2013)

86 Discharge/transferred to Home w/ home health with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

87 Discharge/transferred to Court/Law Enforc. with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

88 Discharge/transferred to Federal Healthcare Fac. with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

89 Discharge/transferred to Hospital Medicare Swing Bed with a Panned Acute Care Hospital IP Readmission

(Effective 10/1/2013)

90 Discharge/transferred to Inpatient Rehab Fac. with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

91 Discharge/transferred to Medicare Long Term Care Hospital (LTCH) with a Panned Acute Care Hospital IP Readmission

(Effective 10/1/2013)

92 Discharge/transferred to Nursing Facility certified by Medicaid no Medicare with a Panned Acute Care Hospital IP

Readmission (Effective 10/1/2013)

93 Discharge/transferred to Psychiatric Hospital or Unit with a Panned Acute Care Hospital IP Readmission

(Effective 10/1/2013)

94 Discharge/transferred to Critical Access Hospital with a Panned Acute Care Hospital IP Readmission (Effective 10/1/2013)

95 Discharge/transferred to Another Healthcare Facility not Defined Elsewhere with a Panned Acute Care Hospital IP

Readmission (Effective 10/1/2013)

96-99 Reserved for assignment by the NUBC

# **Appendix I – Admit Source**

## (For discharges occurring prior to October 1, 2007)

(ADMS)

ADMIT SOURCE VALUES

1. Physician Referral
2. Clinic Referral
3. HMO Referral
4. Transfer from Hospital
5. Transfer from Hospital
6. Transfer from another Health Care Facility
7. Emergency Room
8. Court/Law Enforcement
9. Info. not available

A Transfer from Critical Access Hospital

B Transfer from Home Health Agency

C Readmission to Same Home Health Agency

D Transfer from Hospital Inpatient in Same Facility

E Transfer from Ambulatory Surgery Center

F Transfer from Hospice

NEWBORN ADMIT SOURCE VALUES

* For use when admit type indicates a newborn. When ADM\_TYPE equals ‘4’, use the Newborn Coding Structure:

1. Normal Delivery
2. Premature Delivery
3. Sick Baby
4. Extramural Birth
5. Info. Not Available

# **Appendix J – Admit Source**

## (For discharges occurring on or after October 1, 2007)

(ADMS)

ADMIT SOURCE VALUES

1 = Non-Health Care Facility Point of Origin

2 = Clinic/Physician’s Office

3 = ~~HMO Referral~~ (Discontinued 10/1/07) Reserved for assignment by NUBC

4 = Transfer from Hospital

5 = Transfer from SNF

6 = Transfer from another Health Care Facility

7 = ~~Emergency Room~~ (Discontinued 7/1/10) Reserved for assignment by NUBC

8 = Court/Law Enforcement

9 = Information Not Available

A = ~~Transfer from a CAH~~ (Reserved for assignment by the NUBC; Discontinued 10/1/07)

B = ~~Transfer from another HH agency~~ (Discontinued 7/1/10)

C = ~~Readmission to same HH agency~~ (Discontinued 7/1/10)

D = Transfer to another Unit (Same Hospital)

E = Transfer from an ASC

F = Transfer from Hospice

G – Z = Reserved for assignment by the NUBC

NEWBORN ADMIT SOURCE VALUES

* For use when admit type indicates a newborn. When ADM\_TYPE equals ‘4’, use the Newborn Coding Structure:

5 = Born inside this hospital

6 = Born outside this hospital

# **Appendix K – Discipline Type**

(DYPE)

|  |  |
| --- | --- |
| 200 = Intensive Care | 520 = Free-standing Clinic |
| 220 = Special Charges | 550 = Skilled Nursing |
| 240 = All Inclusive Ancillary | 551 = Skilled Nursing Visit Charge |
| 250 = Pharmacy | 552 = Skilled Nursing Hourly Charge |
| 262 = IV Therapy/Pharmacy Svcs | 559 = Other Skilled Nursing |
| 264 = IV Therapy Supplies | 560 = Medical Social Services |
| 402 = Ultrasound | 561 = Med. Social Services Visit Charge |
| 420 = Physical Therapy | 569 = Other Med. Social Services |
| 421 = Physical Therapy Visit Charge | 570 = Home Health Aide (HHA) |
| 423 = Physical Therapy Group Rate | 571 = HHA Visit Charge |
| 424 = Physical Therapy Evaluation | 572 = HHA Hourly Charge |
| 429 = Other Physical Therapy | 579 = Other Home Health Aide |
| 430 = Occupational Therapy | 580 = Other Visits (HHA) |
| 431 = Occupational Therapy Visit Charge | 581 = Other Visits (HHA) Visit Charge |
| 434 = Occupational Therapy Evaluation | 640 = Home IV Therapy Services |
| 439 = Restorative Therapy | 649 = Other IV Therapy Services |
| 440 = Speech-Language Pathology | 655 = Hospice Services Inpatient Respite Care |
| 441 = Speech-Language Pathology Visit Charge | 657 = Hospice Services Physician Services |
| 444 = Speech-Language Pathology Evaluation | 800 = Inpatient Renal Dialysis |
| 449 = Other Speech-Language Pathology | 810 = Organ Acquisition |
| 450 = Emergency Room | 929 = Other Diagnostic Services |
| 452 = ER Beyond EMTALA Screening | 949 = Other Therapeutic Services |
| 500 = Outpatient Services | 975 = Professional Fees - Operating Room |
| 512 = Clinic - Chronic Pain Center | 999 = (Used for Attempted visit with Patient Unavailable) |

# **Appendix L – CCS Diagnosis Categories**

(GENDIAG, DIAGCAT)

Roman Numerals Represent Variable GENDIAG; Others Are DIAGCAT

|  |  |  |
| --- | --- | --- |
|  |  | ALL CONDITIONS |
| 1 | I. | INFECTIOUS AND PARASITIC DISEASES |
| 1.1 |  | BACTERIAL INFECTION |
| 1.2 |  | MYCOSES |
| 1.3 |  | VIRAL INFECTION |
| 1.4 |  | OTHER INFECTIONS, INCLUDING PARASITIC |
| 1.5 |  | IMMUNIZATIONS AND SCREENING FOR INFECTIOUS DISEASE |
| 2 | II. | NEOPLASMS |
| 2.1 |  | COLORECTAL CANCER |
| 2.2 |  | OTHER GASTROINTESTINAL CANCER |
| 2.3 |  | CANCER OF BRONCHUS, LUNG |
| 2.4 |  | CANCER OF SKIN |
| 2.5 |  | CANCER OF BREAST |
| 2.6 |  | CANCER OF UTERUS AND CERVIX |
| 2.7 |  | CANCER OF OVARY AND OTHER FEMALE GENITAL ORGANS |
| 2.8 |  | CANCER OF MALE GENITAL ORGANS |
| 2.9 |  | CANCER OF URINARY ORGANS |
| 2.90 |  | CANCER OF LYMPHATIC AND HEMATOPOIETIC TISSUE |
| 2.91 |  | CANCER, OTHER PRIMARY |
| 2.92 |  | SECONDARY MALIGNANCIES |
| 2.93 |  | MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE |
| 2.94 |  | NEOPLASMS OF UNSPECIFIED NATURE OR UNCERTAIN BEHAVIOR |
| 2.95 |  | MAINTENANCE CHEMOTHERAPY, RADIOTHERAPY |
| 2.96 |  | BENIGN NEOPLASMS |
| 3 | III. | ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES AND IMMUNITY DISORDERS |
| 3.1 |  | THYROID DISORDERS |
| 3.2 |  | DIABETES MELLITUS WITHOUT COMPLICATION |
| 3.3 |  | DIABETES MELLITUS WITH COMPLICATIONS |
| 3.4 |  | OTHER ENDOCRINE DISORDERS |
| 3.5 |  | NUTRITIONAL DEFICIENCIES |
| 3.6 |  | DISORDERS OF LIPID METABOLISM |
| 3.7 |  | GOUT AND OTHER CRYSTAL ARTHROPATHIES |
| 3.8 |  | FLUID AND ELECTROLYTE DISORDERS |
| 3.9 |  | CYSTIC FIBROSIS |
| 3.90 |  | IMMUNITY DISORDERS |
| 3.91 |  | OTHER NUTRITIONAL, ENDOCRINE, AND METABOLIC DISORDERS |
| 4 | IV. | DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS |
| 4.1 |  | ANEMIA |
| 4.2 |  | COAGULATION AND HEMORRHAGIC DISORDERS |
| 4.3 |  | DISEASES OF WHITE BLOOD CELLS |
| 4.4 |  | OTHER HEMATOLOGIC CONDITIONS |
| 5 | V. | MENTAL ILLNESS |
| 5.1 |  | ADJUSTMENT DISORDERS |
| 5.2 |  | ANXIETY DISORDERS |
| 5.3 |  | ATTENTION DEFICIT DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER |
| 5.4 |  | DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS |
| 5.5 |  | DEVELOPMENTAL DISORDERS |
| 5.6 |  | DISORDERS USUALLY DIAGNOSED IN INFANCY, CHILDHOOD OR ADOLESCENCE |
| 5.7 |  | IMPULSE CONTROL DISORDERS NOT ELSEWHERE CLASSIFIED |
| 5.8 |  | MOOD DISORDERS |
| 5.9 |  | PERSONALITY DISORDERS |
| 5.90 |  | SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS |
| 5.91 |  | ALCOHOL-RELATED DISORDERS |
| 5.92 |  | SUBSTANCE-RELATED DISORDERS |
| 5.93 |  | SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY |
| 5.94 |  | SCREENING AND HISTORY OF MENTAL HEALTH AND SUBSTANCE ABUSE CODES |
| 5.95 |  | MISCELLANEOUS MENTAL DISORDERS |
| 6 | VI. | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS |
| 6.1 |  | CENTRAL NERVOUS SYSTEM INFECTION |
| 6.2 |  | HEREDITARY AND DEGENERATIVE NERVOUS SYSTEM CONDITIONS |
| 6.3 |  | PARALYSIS |
| 6.4 |  | EPILEPSY, CONVULSIONS |
| 6.5 |  | HEADACHE, INCLUDING MIGRAINE |
| 6.6 |  | COMA, STUPOR, AND BRAIN DAMAGE |
| 6.7 |  | EYE DISORDERS |
| 6.8 |  | EAR CONDITIONS |
| 6.9 |  | OTHER NERVOUS SYSTEM DISORDERS |
| 7 | VII. | DISEASES OF THE CIRCULATORY SYSTEM |
| 7.1 |  | HYPERTENSION |
| 7.2 |  | DISEASES OF THE HEART |
| 7.3 |  | CEREBROVASCULAR DISEASE |
| 7.4 |  | DISEASES OF ARTERIES, ARTERIOLES, AND CAPILLARIES |
| 7.5 |  | DISEASES OF VEINS AND LYMPHATICS |
| 8 | VIII. | DISEASES OF THE RESPIRATORY SYSTEM |
| 8.1 |  | RESPIRATORY INFECTIONS |
| 8.2 |  | CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BRONCHIECTASIS |
| 8.3 |  | ASTHMA |
| 8.4 |  | ASPIRATION PNEUMONITIS, FOOD/VOMITUS |
| 8.5 |  | PLEURISY, PNEUMOTHORAX, PULMONARY COLLAPSE |
| 8.6 |  | RESPIRATORY FAILURE, INSUFFICIENCY, ARREST (ADULT) |
| 8.7 |  | LUNG DISEASE DUE TO EXTERNAL AGENTS |
| 8.8 |  | OTHER LOWER RESPIRATORY DISEASE |
| 8.9 |  | OTHER UPPER RESPIRATORY DISEASE |
| 9 | IX. | DISEASES OF THE DIGESTIVE SYSTEM |
| 9.1 |  | INTESTINAL INFECTION |
| 9.2 |  | DISORDERS OF TEETH AND JAW |
| 9.3 |  | DISEASES OF MOUTH, EXCLUDING DENTAL |
| 9.4 |  | UPPER GASTROINTESTINAL DISORDERS |
| 9.5 |  | ABDOMINAL HERNIA |
| 9.6 |  | LOWER GASTROINTESTINAL DISORDERS |
| 9.7 |  | BILIARY TRACT DISEASE |
| 9.8 |  | LIVER DISEASE |
| 9.9 |  | PANCREATIC DISORDERS (NOT DIABETES) |
| 9.90 |  | GASTROINTESTINAL HEMORRHAGE |
| 9.91 |  | NONINFECTIOUS GASTROENTERITIS |
| 9.92 |  | OTHER GASTROINTESTINAL DISORDERS |
| 90 | X. | DISEASES OF THE GENITOURINARY SYSTEM |
| 90.1 |  | DISEASES OF THE URINARY SYSTEM |
| 90.2 |  | DISEASES OF MALE GENITAL ORGANS |
| 90.3 |  | DISEASES OF FEMALE GENITAL ORGANS |
| 91 | XI. | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM |
| 91.1 |  | CONTRACEPTIVE AND PROCREATIVE MANAGEMENT |
| 91.2 |  | ABORTION-RELATED DISORDERS |
| 91.3 |  | COMPLICATIONS MAINLY RELATED TO PREGNANCY |
| 91.4 |  | INDICATIONS FOR CARE IN PREGNANCY, LABOR, AND DELIVERY |
| 91.5 |  | COMPLICATIONS DURING LABOR |
| 91.6 |  | OTHER COMPLICATIONS OF BIRTH, PUERPERIUM AFFECTING MANAGEMENT OF MOTHER |
| 91.7 |  | NORMAL PREGNANCY AND/OR DELIVERY |
| 92 | XII. | DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE |
| 92.1 |  | SKIN AND SUBCUTANEOUS TISSUE INFECTIONS |
| 92.2 |  | OTHER INFLAMMATORY CONDITION OF SKIN |
| 92.3 |  | CHRONIC ULCER OF SKIN |
| 92.4 |  | OTHER SKIN DISORDERS |
| 93 | XIII. | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE |
| 93.1 |  | INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT THAT CAUSED BY TB OR STD) |
| 93.2 |  | NON-TRAUMATIC JOINT DISORDERS |
| 93.3 |  | SPONDYLOSIS, INTERVERTEBRAL DISC DISORDERS, OTHER BACK PROBLEMS |
| 93.4 |  | OSTEOPOROSIS |
| 93.5 |  | PATHOLOGICAL FRACTURE |
| 93.6 |  | ACQUIRED DEFORMITIES |
| 93.7 |  | SYSTEMIC LUPUS ERYTHEMATOSUS AND CONNECTIVE TISSUE DISORDERS |
| 93.8 |  | OTHER CONNECTIVE TISSUE DISEASE |
| 93.9 |  | OTHER BONE DISEASE AND MUSCULOSKELETAL DEFORMITIES |
| 94 | XIV. | CONGENITAL ANOMALIES |
| 94.1 |  | CARDIAC AND CIRCULATORY CONGENITAL ANOMALIES |
| 94.2 |  | DIGESTIVE CONGENITAL ANOMALIES |
| 94.3 |  | GENITOURINARY CONGENITAL ANOMALIES |
| 94.4 |  | NERVOUS SYSTEM CONGENITAL ANOMALIES |
| 94.5 |  | OTHER CONGENITAL ANOMALIES |
| 95 | XV. | CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD |
| 95.1 |  | LIVEBORN |
| 95.2 |  | SHORT GESTATION, LOW BIRTH WEIGHT, AND FETAL GROWTH RETARDATION |
| 95.3 |  | INTRAUTERINE HYPOXIA AND BIRTH ASPHYXIA |
| 95.4 |  | RESPIRATORY DISTRESS SYNDROME |
| 95.5 |  | HEMOLYTIC JAUNDICE AND PERINATAL JAUNDICE |
| 95.6 |  | BIRTH TRAUMA |
| 95.7 |  | OTHER PERINATAL CONDITIONS |
| 96 | XVI. | INJURY AND POISONING |
| 96.1 |  | JOINT DISORDERS AND DISLOCATIONS, TRAUMA-RELATED |
| 96.2 |  | FRACTURES |
| 96.3 |  | SPINAL CORD INJURY |
| 96.4 |  | INTRACRANIAL INJURY |
| 96.5 |  | CRUSHING INJURY OR INTERNAL INJURY |
| 96.6 |  | OPEN WOUNDS |
| 96.7 |  | SPRAINS AND STRAINS |
| 96.8 |  | SUPERFICIAL INJURY, CONTUSION |
| 96.9 |  | BURNS |
| 96.90 |  | COMPLICATIONS |
| 96.91 |  | POISONING |
| 96.92 |  | OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CAUSES |
| 97 | XVII. | SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS AND FACTORS INFLUENCING HEALTH STATUS |
| 97.1 |  | SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS |
| 97.2 |  | FACTORS INFLUENCING HEALTH CARE |
| 98 | XVIII. | RESIDUAL CODES, UNCLASSIFIED, ALL E CODES |