TEXAS DEPARTMENT OF STATE HEALTH SERVICES CENTER FOR HEALTH STATISTICS



Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF) Base Data File

Charges File

2006

TABLE OF CONTENTS 1
BACKGROUND
PUBLIC USE DATA FILE (PUDF)
DATA PROCESSING AND QUALITY 3
PATIENT/PHYSICIAN CONFIDENTIALITY 3
RESTRICTIONS ON DATA USE 4
DATA LIMITATIONS 6 Users are advised to become familiar with the data limitations.
HOSPITAL COMMENTS 7 Users are advised to consider hospital comments in any analysis of the data.
CITATION
DATA DICTIONARY Base Data File
DATA FIELDS
REPORTING STATUS OF TEXAS HOSPITALS

BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD).

The 2006 PUDF is available in two fixed length format text files, the Base Data (logical record length of 1486 bytes) and Charges (logical record length of 80 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 514 hospitals:					
Base data	732,873 records	Fixed field format	1040 MB	Tab-delimited	430 MB
Charges	11,377,458 records	Fixed field format	890 MB	Tab-delimited	493 MB
Second quarter, 515 hospitals:					
Base data	717,374 records	Fixed field format	1019 MB	Tab-delimited	421 MB
Charges	11,088,535 records	Fixed field format	867 MB	Tab-delimited	479 MB
Third quarter, 521 hospitals:					
Base data	733,572 records	Fixed field format	1041 MB	Tab-delimited	430 MB
Charges	11,087,792 records	Fixed field format	868 MB	Tab-delimited	480 MB

The data must be imported into a software package. No software is included with the PUDF. The data file has been tested with several software packages, including Microsoft Access, SAS, and SPSS.

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

BASE DATA FILE	
FAC_LONG_TERM_AC_IND	Added 2004
PAT_COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and
	SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and
	SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM

TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
HCFA_MDC	Added 2004
INBOUND_INDICATOR	Available 2004 only
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (UB-92) format to the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). The THSC also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS

excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

To protect patient identities, DSHS has suppressed these data elements in this release of the PUDF:

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-9-CM code indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The country code is suppressed if a hospital has fewer than five discharges from a particular country.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.
- All facility type indicators are suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to '999999'.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any hospital quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying

information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS Hospital Discharge Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

Users of report generating software to access the PUDF are required to purchase a license to use the data.

DATA LIMITATIONS

(Users are advised to become familiar with the data limitations.)

- The THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly selfpay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.

- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the limited number of diagnoses and procedure codes collected by DSHS and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as casemix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization.
- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

(Users are advised to consider hospital comments in any analysis of the data.)

Included with the PUDF is a separate file containing the unedited comments submitted by hospitals at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

Any statistical reporting or analysis based on the data shall cite the source as the following:

Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



Texas Hospital Inpatient Discharge Public Use Data File

Data Dictionary

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

Coe Data I net The I	showing information is provided.
Field	Unique, abbreviated name of the data element
Description	Brief explanation of the data element. Descriptions of data elements from the UB-92 are
	taken from specifications manuals.
Data Source	Provided by the hospital on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data
	for which the data element will be released is noted following the Data Source.
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Any code provided by a hospital that has been determined to be invalid has been assigned the value '*'. Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

Field 1:	DISCHARGE						
Description:	Discharge Quarter. Year and quarter of discharge. <i>yyyyQn</i> .						
Beginning Position:	1	Data Source:	Assigned				
Length:	6	Туре:	Alphanumeric				
Field 2:	THCIC_ID						
Description:	Provider ID. Unique ide	entifier assigned to t	he provider by DSHS.				
Suppression:	Hospitals with fewer the	an 50 discharges ha	ve been aggregated into the Provider ID '999999'.				
	If a hospital has fewer t	han 5 discharges of	a particular gender, including 'unknown',				
	Provider ID is '999998'.						
Beginning Position:	7	Data Source:	Assigned				
Length:	6	Type:	Alphanumeric				
Field 3:	PROVIDER_NAME						
Description:	Hospital name provided	Hospital name provided by the hospital.					
Suppression:	Hospitals with fewer the	an 50 discharges (Pr	rovider ID equals '999999') are assigned the				
	name 'Low Discharge V	name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a					
	particular gender, inclue	ding 'unknown', Ho	ospital Name is blank.				
Beginning Position:	13	Data Source:	Provider				
Length:	55	Type:	Alphanumeric				
Field 4:	FAC_TEACHING_IN	D					
Description:	Teaching Facility Indica	ator.					
Suppression:	Suppressed for hospital	s with fewer than 50) discharges (Provider ID equals '9999999').				
Coding Scheme:	A Member, Council of	Teaching Hospitals					
	X or Y Teaching facility	у					
Beginning Position:	68	Data Source:	Provider				

BASE DATA FILE

Length:	1	Туре:	Alphanumeric	
Field 5:	FAC_PSYCH_IND			
Description:	Psychiatric Facility Indica	ator.		
Suppression:	Suppressed for hospitals v	with fewer than 50	discharges (Provider ID e	quals '999999').
Beginning Position:	69	Data Source:	Provider	-
Length:	1	Type:	Alphanumeric	
Field 6:	FAC_REHAB_IND	*	•	
Description:	Rehabilitation Facility Inc	dicator.		
Suppression:			discharges (Provider ID e	quals '999999').
Beginning Position:	70	Data Source:	Provider	1 ,
Length:	1	Type:	Alphanumeric	
Field 7:	FAC_ACUTE_CARE_I	V A	•	
Description:	Acute Care Facility Indica			
Suppression:			discharges (Provider ID e	quals '999999').
Beginning Position:	71	Data Source:	Provider	1 ,
Length:	1	Type:	Alphanumeric	
Field 8:	FAC_SNF_IND			
Description:		ndicator. Hospital	facility type indicator prov	vided by the hospital.
Suppression:			discharges (Provider ID e	
Beginning Position:	72	Data Source:	Provider	quals <i>, , , , , , , , , , , , , , , , , , ,</i>
Length:	1	Type:	Alphanumeric	
Field 9:	FAC_LONG_TERM_A			
Description:	Long Term Acute Care Fa			
Suppression:			discharges (Provider ID e	auals '999999')
Beginning Position:	73	Data Source:	Provider	quuis <i>yyyyy</i> j.
Length:	1	Type:	Alphanumeric	
Field 10:	FAC_OTHER_LTC_IN		Alphanumerie	
Description:	Other Long Term Care Fa			
Suppression:			discharges (Provider ID e	auals '000000')
			uischarges (110 luci 1D c	
			-	1 ,
Beginning Position:	74	Data Source:	Provider	1 /
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Beginning Position: Length: Field 11:	74 1 FAC_PEDS_IND	Data Source: Type:	Provider	
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Beginning Position: Length: Field 11: Description:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals v C Member, Council of Te	Data Source: Type: or. with fewer than 50	Provider Alphanumeric	
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals v C Member, Council of Te X or Y Teaching facility	Data Source: Type: or. with fewer than 50 eaching Hospitals	Provider Alphanumeric discharges (Provider ID e	
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals v C Member, Council of Te X or Y Teaching facility 75	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source:	Provider Alphanumeric discharges (Provider ID e Provider	
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals w C Member, Council of Te X or Y Teaching facility 75 1	Data Source: Type: or. with fewer than 50 eaching Hospitals	Provider Alphanumeric discharges (Provider ID e	
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 12:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals v C Member, Council of Te X or Y Teaching facility 75 1 SPEC_UNIT	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source: Type:	Provider Alphanumeric discharges (Provider ID e Provider Alphanumeric	quals '999999').
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals w C Member, Council of Te X or Y Teaching facility 75 1 SPEC_UNIT Specialty Units in which the	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source: Type: most days during s	Provider Alphanumeric discharges (Provider ID e Provider Alphanumeric stay occurred based on num	quals '9999999'). nber of days by Type of
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 12:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals w C Member, Council of Te X or Y Teaching facility 75 1 SPEC_UNIT Specialty Units in which n Bill or Revenue Code. In	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source: Type: most days during sorder by number of	Provider Alphanumeric discharges (Provider ID e Provider Alphanumeric stay occurred based on num of days in the unit. SPEC_U	quals '9999999'). nber of days by Type of UNIT_1 through
Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 12:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals w C Member, Council of Te X or Y Teaching facility 75 1 SPEC_UNIT Specialty Units in which the Bill or Revenue Code. In SPEC_UNIT_5 are combined	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source: Type: most days during sorder by number of ined in one field in	Provider Alphanumeric discharges (Provider ID e Provider Alphanumeric stay occurred based on num	quals '9999999'). nber of days by Type of UNIT_1 through
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Beginning Position: Length: Field 11: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 12: Description:	74 1 FAC_PEDS_IND Pediatric Facility Indicato Suppressed for hospitals w C Member, Council of Te X or Y Teaching facility 75 1 SPEC_UNIT Specialty Units in which n Bill or Revenue Code. In SPEC_UNIT_5 are combined individually in the fixed loc C C D D I In H Ha N N B O	Data Source: Type: or. with fewer than 50 eaching Hospitals Data Source: Type: most days during so order by number of ined in one field in ength file. oronary Care Unit etoxification Unit tensive Care Unit ospice Unit ursery bstetric Unit	Provider Alphanumeric discharges (Provider ID e Provider Alphanumeric stay occurred based on num of days in the unit. SPEC_U n the Tab Delimited file an P Y R U	quals '9999999'). nber of days by Type of UNIT_1 through d can be accessed Pediatric Unit Psychiatric Unit Rehabilitation Unit Sub-acute Care Unit
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Length:	1	Туре:	Alphanumeric
Field 12b:	SPEC_UNIT_2 (fixed le	ength file only)	
Description:	of Bill or Revenue Code.		ng stay occurred based on number of days by Type
Coding Scheme:	Same as Field 12.		
Beginning Position:	77	Data Source:	
Length:	1	Туре:	Alphanumeric
Field 12c:	SPEC_UNIT_3 (fixed le	ength file only)	•
Description:		rd most days durir	g stay occurred based on number of days by Type
Coding Scheme:	Same as Field 12.		
Beginning Position:	78	Data Source:	
Length:	1	Type:	Alphanumeric
Field 12d:	SPEC_UNIT_4 (fixed le	V A	*
Description:			g stay occurred based on number of days by Type
Coding Scheme:	Same as Field 12.		
Beginning Position:	79	Data Source:	
Length:	1	Type:	Alphanumeric
Field 12e:	SPEC_UNIT_5 (fixed le		*
Description:			g stay occurred based on number of days by Type
2 toti prioni	of Bill or Revenue Code.	moor aago aam	
Coding Scheme:	Same as Field 12.		
Beginning Position:	80	Data Source:	
Length:	1	Type:	Alphanumeric
Field 13:	ENCOUNTER INDICA		Alphanumene
	Indicates the number of c		to the encounter
Description:			
Beginning Position:	81	Data Source:	Calculated
Length:	2	Туре:	Alphanumeric
Field 14:	SEX_CODE		
Description:			admission or start of care.
Suppression:	If a hospital has fewer that is '999998' and Hospital	an 5 patients of a p	ndicates drug or alcohol use or an HIV diagnosis. Darticular gender, including unknown, Provider ID ZIP Code are blank for those patients.
Coding Scheme:	M Male F Female U Unknown * Invalid		
Beginning Position:	83	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 15:	TYPE_OF_ADMISSIO		•
Description:	Code indicating the type		
Coding Scheme:	1 Emergency 2 Urgent 3 Elective		
	4 Newborn		
	5 Trauma Center 9 Information not availab * Invalid	ble	
Beginning Position: Length:	84 1	Data Source: Type:	Claim Alphanumeric
Field 16:	SOURCE_OF_ADMISS		· aphunumene
Description:	Code indicating source of		
			4, SOURCE_OF_ADMISSION is suppressed.
Suppression: Coding Scheme:	1 Physician referral 2 Clinic referral 3 HMO referral	INCOUDIN , COUC	+, SOURCE_OF_ADMISSION IS Suppressed.
	4 Transfer from a hospita	1	

5 Transfer from a skilled nursing facility 6 Transfer from another health care facility 7 Emergency Room 8 Court/Law Enforcement 9 Information not available 0 Transfer from a sticilat access hospital D Transfer from psychiatric, substance abuse, rehab hospital A Transfer from psychiatric, substance abuse, rehab hospital A Transfer from A sticilat access hospital D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Data Source: Claim Length: 1 Type: A Louisiana NM NM New Mexico OK Oklahoma TX Texas ZZ All other states and American Territories	effective
6 Transfer from another health care facility 7 Emergency Room 8 Court/Law Enforcement 9 Information not available 0 Transfer from psychiatric, substance abuse, rehab hospital A Transfer from psychiatric, substance abuse, rehab hospital A Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Description: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-cf Postal Service abbreviation. Coding Scheme: AR Arkansas LA Louisiana NM New Mexico OK OK lahoma TX Texas ZZ All other states and American Territories FC Foreign country XX	effective
7 Emergency Room 8 Court/Law Enforcement 9 Information not available 0 Transfer from psychiatric, substance abuse, rehab hospital A Transfer from a critical access hospital D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Length: 1 Type: Alphanumeric Field 17: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-cf Postal Service abbreviation. Arkanasa LA Louisiana NM New Mexico OK OK Alahoma TX Foreign country XX	effective
8 Court/Law Enforcement 9 Information not available 0 Transfer from psychiatric, substance abuse, rehab hospital A Transfer from psychiatric, substance abuse, rehab hospital D Transfer from a critical access hospital D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Data Source: Claim Length: 1 Type: Alphanumeric Field 17: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-ch Postal Service abbreviation. AR Arkansas LA Louisiana NM NM New Mexico OK OK lahoma TX Texas Z All other states and American Territories FC Foreign country XX Foreign country XX For	effective
9 Information not available 0 Transfer from psychiatric, substance abuse, rehab hospital A Transfer from a critical access hospital D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Data Source: Claim Length: 1 Type: Alphanumeric Field 17: PAT_STATE Dostal Service abbreviation. Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-cl Postal Service abbreviation. Postal Service abbreviation. Coding Scheme: AR Arkansas LA Louisiana NM NM New Mexico OK OK Oklahoma TX TX Texas ZZ ZZ All other states and American Territories FC FC Foreign country XX XX Type: Alphanumeric FEidd 18: PAT_ZIP Eagin Suppression: Description: Patient's five-digit ZIP code. Suppression: Last two dig	effective
0 Transfer from psychiatric, substance abuse, rehab hospital A Transfer from a critical access hospital D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 D Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Paye 4-1-2006 * Invalid Beginning Position: 85 Description: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-cl Postal Service abbreviation. Coding Scheme: AR Arkansas LA LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and American Territories FC Foreign country XX Foreign country State Data Source: Claim Claim <	effective
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Field 18:PAT_ZIPDescription:Patient's five-digit ZIP code.Suppression:Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals	
Description:Patient's five-digit ZIP code.Suppression:Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals	
Description:Patient's five-digit ZIP code.Suppression:Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals	
Suppression: Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals	
	77, 71
code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If IC	
	-9-CM
indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospit	has
fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 disc	
	u1503 0
a particular gender, including 'unknown', the ZIP Code is blank.	
Beginning Position: 88 Data Source: Claim	
Length: 5 Type: Alphanumeric	
Field 19: PAT_COUNTRY	
	ution f
Description: Country of patient's residential address. List maintained by the International Organ	ation
Standardization (ISO).	
Suppression: Suppressed if fewer than 5 patients from one country.	
Coding scheme: See www.ISO.org for complete list.	
Beginning Position: 93 Data Source: Claim	
Length:2Type:Alphanumeric	
Field 20: COUNTY	
Description: FIPS code of patient's county	
	r
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real	
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real	
Coding scheme:001Anderson129Donley257Kaufman385Real003Andrews131Duval259Kendall387Red R	
Coding scheme:001Anderson129Donley257Kaufman385Real003Andrews131Duval259Kendall387Red R005Angelina133Eastland261Kenedy389Reever	
Coding scheme:001Anderson129Donley257Kaufman385Real003Andrews131Duval259Kendall387Red R005Angelina133Eastland261Kenedy389Reevet007Aransas135Ector263Kent391Refugi	n
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reeve 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw	
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reeve 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne	
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk	
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine	1
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine 02	l ustine
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bastrop 149 Fayette 283 La Salle 405 San Ar <	l ustine nto
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabin 021	l ustine nto cio
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reeve 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabino 021	l ustine nto cio
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reeve 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine 021	l ustine nto cio
Coding scheme: 001 Anderson 129 Donley 257 Kaufman 385 Real 003 Andrews 131 Duval 259 Kendall 387 Red R 005 Angelina 133 Eastland 261 Kenedy 389 Reever 007 Aransas 135 Ector 263 Kent 391 Refugi 009 Archer 137 Edwards 265 Kerr 393 Robert 011 Armstrong 139 Ellis 267 Kimble 395 Robert 013 Atascosa 141 El Paso 269 King 397 Rockw 015 Austin 143 Erath 271 Kinney 399 Runne 017 Bailey 145 Falls 273 Kleberg 401 Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine 02	l ustine nto cio l er
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	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075	Childress	203	Harrison	331	Milam	459	Upshur
	077	Clay	205	Hartley	333	Mills	461	Upton
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin	213	Henderson	341	Moore	469	Victoria
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
			245	lattorcon	272	Polk	501	Yoakum
	117	Deaf Smith		Jefferson	373			
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	119 121	Delta Denton	247 249	Jim Hogg Jim Wells	375 377	Potter Presidio	503 505	Zapata
	119 121 123	Delta Denton Dewitt	247 249 251	Jim Hogg Jim Wells Johnson	375 377 379	Potter Presidio Rains	503	ç
	119 121 123 125	Delta Denton Dewitt Dickens	247 249 251 253	Jim Hogg Jim Wells Johnson Jones	375 377 379 381	Potter Presidio Rains Randall	503 505 507	Zapata Zavala
	119 121 123 125 127	Delta Denton Dewitt	247 249 251	Jim Hogg Jim Wells Johnson Jones Karnes	375 377 379 381 383	Potter Presidio Rains Randall Reagan	503 505 507 *	Zapata Zavala Invalid
Beginning Position:	119 121 123 125	Delta Denton Dewitt Dickens	247 249 251 253	Jim Hogg Jim Wells Johnson Jones	375 377 379 381 383	Potter Presidio Rains Randall	503 505 507 *	Zapata Zavala Invalid
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Beginning Position: <u>Length:</u> Field 21: Description:	119 121 123 125 95 3 PUBL Public 1 2 3 4 5 6 7	Delta Denton Dewitt Dickens Dimmit LIC_HEALTH_ c Health Region of Armstrong, Bailey, Dickens, Donley, Fl Lamb, Lipscomb, L Sherman, Swisher, ' Archer, Baylor, Bro Haskell, Jack, Jones Stonewall, Taylor, ' Collin, Cooke, Dall Pinto, Parker, Rock Anderson, Bowie, C Marion, Morris, Pan Angelina, Hardin, F San Jacinto, Shelby Austin, Brazoria, C' Walker, Waller, Wi Bastrop, Bell, Bland Hamilton, Hays, Hi San Saba, Travis, W	247 249 251 253 255 REGIC of patier Briscoe, C loyd, Garz ubbock, I Terry, Wh wn, Callada, Kent, K Fhrockmo as, Dentor wall, Som amp, Cass ola, Rains Iouston, J , Trinity, ' hambers, ' hambers, ' narton cou zo, Bosquu I, Lampa'	Jim Hogg Jim Wells Johnson Jones Karnes Data Source: Type: DN nt's address. Carson, Castro, Chil- za, Gray, Hale, Hall, Jynn, Moore, Motley neeler, Yoakum cour heaeler, Yoakum cour han, Clay, Coleman nox, Mitchell, Mont orton, Wichita, Wilba n, Ellis, Erath, Fanni hervell, Tarrant, Wis s, Cherokee, Delta, J s, Red River, Rusk, S asper, Jefferson, Na Tyler counties Colorado, Fort Bend unties e, Brazos, Burleson, sas, Lee, Leon, Limo n, Williamson count	375 377 379 381 383 Assign Alphan dress, Coch Hansford, y, Ochiltree thies , Comanch ague, Nola arger, Youn in, Graysor e counties Franklin, G Smith, Titu cogdoches, I, Galvestor Burnet, Ca estone, Llar ies	Potter Presidio Rains Randall Reagan ed; based on pa <u>umeric</u> aran, Collingsworth Hartley, Hemphill. e, Oldham, Parmer, e, Cottle, Eastland, n, Runnels, Scurry, ig counties h, Hood, Hunt, Johr regg, Harrison, He s, Upshur, Van Zar Newton, Orange, J n, Harris, Liberty, J uldwell, Coryell, Fa no, McLennan, Ma	503 505 507 * ttient ZIP A, Crosby, I , Hockley, J Potter, Rai Fisher, Fo , Shacklefo nson, Kaufr nderson, H ndt, Wood o Polk, Sabin Matagorda, tils, Fayette dison, Mila	Zapata Zavala Invalid Code Dallam, Deaf Smith Hutchinson, King, ndall, Roberts, ard, Hardeman, rd, Stephens, nan, Navarro, Palo opkins, Lamar, counties e, San Augustine, Montgomery, c, Freestone, Grime un, Mills, Robertso
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Length: Field 21:	119 121 123 125 95 3 PUBL Public 1 2 3 4 5 6 7	Delta Denton Dewitt Dickens Dimmit LIC_HEALTH_ : Health Region of Armstrong, Bailey, Dickens, Donley, Fl Lamb, Lipscomb, L Sherman, Swisher, ' Archer, Baylor, Broc Haskell, Jack, Jones Stonewall, Taylor, ' Collin, Cooke, Dall Pinto, Parker, Rock Anderson, Bowie, C Marion, Morris, Pan Angelina, Hardin, F San Jacinto, Shelby Austin, Brazoria, C' Walker, Waller, WH Bastrop, Bell, Bland Hamilton, Hays, Hi San Saba, Travis, W	247 249 251 253 255 REGIC of patien Briscoe, C loyd, Garz ubbock, I Terry, Wh wn, Calla s, Kent, K Throckmo as, Dentoi wall, Som amp, Cass ola, Rains Jouston, J , Trinity, ' hambers, 1 aarton cou co, Bosquu I, Lampa- Yashington Bexar, Ca , Karnes,	Jim Hogg Jim Wells Johnson Jones Karnes Data Source: Type: DN nt's address. Carson, Castro, Chil. ta, Gray, Hale, Hall, Jynn, Moore, Motley heeler, Yoakum cour han, Clay, Coleman nox, Mitchell, Mont orton, Wichita, Wilbo n, Ellis, Erath, Fanni hervell, Tarrant, Wis s, Cherokee, Delta, J s, Red River, Rusk, S asper, Jefferson, Na Tyler counties Colorado, Fort Bend unties e, Brazos, Burleson, sas, Lee, Leon, Lima n, Williamson count alhoun, Comal, DeW Kendall, Kerr, Kinn	375 377 379 381 383 Assign Alphan dress, Coch Hansford, y, Ochiltree thies , Comanch ague, Nola arger, Youn in, Graysor e counties Franklin, G Smith, Titu cogdoches, I, Galvestor Burnet, Ca estone, Llar ies	Potter Presidio Rains Randall Reagan ed; based on pa <u>umeric</u> aran, Collingsworth Hartley, Hemphill. e, Oldham, Parmer, e, Cottle, Eastland, n, Runnels, Scurry, g counties , Hood, Hunt, Johr regg, Harrison, He s, Upshur, Van Zar Newton, Orange, J n, Harris, Liberty, J uldwell, Coryell, Fa no, McLennan, Ma t, Edwards, Frio, C	503 505 507 * ttient ZIP A, Crosby, I , Hockley, J Potter, Rai Fisher, Fo , Shacklefo nson, Kaufr nderson, H ndt, Wood o Polk, Sabin Matagorda, tills, Fayette dison, Mila Sillespie, Go	Zapata Zavala Invalid Code Dallam, Deaf Smith Hutchinson, King, ndall, Roberts, ard, Hardeman, rd, Stephens, nan, Navarro, Palo opkins, Lamar, counties e, San Augustine, Montgomery, e, Freestone, Grime un, Mills, Robertsco oliad, Gonzales,
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	10	Brewster, Culberson, El	-			
	11	Aransas, Bee, Brooks, C McMullen, Nueces, Refu				
	*	Invalid	igio, bail i atricio, btai	, Webb, Windey, Zapad	a countre	
Beginning Position:	98		Data Source:	Assigned		
Length:	2		Туре:	Alphanumeric		
Field 22:		IIT_WEEKDAY				
Description:		indicating day of we	ek patient is admit			
Coding Scheme:	1 2	Monday Tuesday		5 Friday 6 Saturday		
	3	Wednesday		7 Sunday		
	4	Thursday		* Invalid		
Beginning Position:	100		Data Source:	Assigned		
Length:	1		Туре:	Alphanumeric		
Field 23:		GTH_OF_STAY				
Description:						nus Admission/start of
		late. The minimum le	• •	•	is 9999	days.
Beginning Position:	101		Data Source:	Calculated		
Length:	4		Type:	Alphanumeric		
Field 24:		_AGE				
Description:		indicating age of pat			-	07.00
Coding Scheme:	00	1-28 days 29-365 days	10 35-39		20 21	85-89 90+
	01 02	1-4 years	11 40-44 12 45-49			90+ and drug/alcohol use patients:
	03	5-9	13 50-54		22	0-17
	04	10-14	14 55-59		23	18-44
	05	15-17	15 60-64		24	45-64
	06 07	18-19 20-24	16 65-69 17 70-74		25 26	65-74 75+
	07	20-24 25-29	17 70-74		20 *	75+ Invalid
	09	30-34				
	07	30-34	19 80-84			
Beginning Position:	105	50-54	19 80-84 Data Source:	Assigned		
Length:	105 2					
Length: Field 25:	105 2 PAT	_STATUS	Data Source: Type:	Assigned Alphanumeric		
Length: Field 25: Description:	105 2 PAT_ Code	_ STATUS indicating patient sta	Data Source: Type:	Assigned Alphanumeric g date of service fo	or the p	eriod of care reported
Length: Field 25:	105 2 PAT Code	_STATUS indicating patient sta Discharged to home or s	Data Source: Type: tus as of the endin elf-care (routine discha	Assigned Alphanumeric g date of service fo	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT_ Code	STATUS indicating patient sta Discharged to home or s Discharged to other shor	Data Source: Type: tus as of the endin elf-care (routine discha t term general hospital	Assigned Alphanumeric g date of service fo	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty Discharged to care of ho	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility the care facility pe of health care facility me health service ice	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac	Data Source: Type: tus as of the endiment elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital	Assigned Alphanumeric g date of service fo rge)	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT_ Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac Expired, place unknown	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility pe of health care facility me health service ice me IV provider this hospital	Assigned Alphanumeric g date of service fo rge) y not elsewhere listed	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital	Assigned Alphanumeric g date of service fo rge) y not elsewhere listed	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to intermedia Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital	Assigned Alphanumeric g date of service fo rge) y not elsewhere listed	or the p	eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to Discharged to hospice-h Discharged to hospice-n	Data Source: Type: tus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility	Assigned Alphanumeric g date of service for rge) y not elsewhere listed		eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61	STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired at home Expired at nome Expired at nome Expired at nome Discharged/transferred to Discharged to hospice-h Discharged to hospice-n Discharged/transferred v	Data Source: Type: Attus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital elity of federal health care fac ome hedical facility vithin this institution to	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi		eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 40 41 42 43 50 51 61 62	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired at home Expired, place unknown Discharged to hospice-h Discharged to hospice-m Discharged/transferred v Discharged/transferred v	Data Source: Type: Attus as of the endine elf-care (routine dischat t term general hospital rsing facility ate care facility pe of health care facility me health service ice ome IV provider this hospital willity the federal health care fac ome hedical facility within this institution to p inpatient rehabilitation	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility		eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61 62 63	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired at home Expired, place unknown Discharged to hospice—In Discharged to hospice—In Discharged/transferred to Discharged/transferred to Discharged/transferred to	Data Source: Type: tus as of the endin elf-care (routine discha t term general hospital rsing facility ate care facility pe of health care facilit me health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility vithin this institution to o inpatient rehabilitatio o Medicare-certified lo	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital		eriod of care reported
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 40 41 42 43 50 51 61 62	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired, place unknown Discharged to hospice-h Discharged to hospice-n Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to	Data Source: Type: Itus as of the endin elf-care (routine discha t term general hospital rsing facility the care facility pe of health care facilit me health service ice ome IV provider this hospital ility o federal health care fac ome nedical facility vithin this institution to o inpatient rehabilitatio o Medicare-certified In	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital rrsing facility	ing bed	
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61 62 63 64	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to	Data Source: Type: Itus as of the endin elf-care (routine discha t term general hospital rsing facility the care facility pe of health care facilit me health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility vithin this institution to o inpatient rehabilitatio o Medicare-certified no o psychiatric hospital o	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital ursing facility r psychiatric distinct par	ing bed	
Length: Field 25: Description:	105 2 PAT_Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61 62 63 64 65	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired, place unknown Discharged to hospice-h Discharged to hospice-n Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to Discharged/transferred to	Data Source: Type: tus as of the endin elf-care (routine dischat t term general hospital rsing facility pe of health care facility pe of health care facility me health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility vithin this institution to o medical facility vithin this institution to b Medicare-certified no o psychiatric hospital o o Critical Access Hosp	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital ursing facility r psychiatric distinct par ital (CAH)	ing bed	
Length: Field 25: Description:	105 2 PAT_Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61 62 63 64 65 66	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to skilled nu Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to Discharged/transferred to	Data Source: Type: tus as of the endimedischart term general hospital rsing facility pe of health care facility pe of health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility within this institution to b Medicare-certified no b Medicaid-certified no b Occritical Access Hosp po other outpatient servi	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital ursing facility r psychiatric distinct par ital (CAH)	ing bed	
Length: Field 25: Description:	105 2 PAT Code 1 2 3 4 5 6 7 8 9 20 30 40 41 42 43 50 51 61 62 63 64 65 66 71	_STATUS indicating patient sta Discharged to home or s Discharged to other shor Discharged to skilled nu Discharged to another ty Discharged to care of ho Left against medical adv Discharged to care of Ho Admitted as inpatient to Expired Still patient Expired at home Expired at home Expired at home Expired in a medical fac Expired, place unknown Discharged/transferred to Discharged/transferred to	Data Source: Type: tus as of the endimedischart term general hospital rsing facility pe of health care facility pe of health service ice ome IV provider this hospital ility o federal health care fac ome hedical facility within this institution to b Medicare-certified no b Medicaid-certified no b Occritical Access Hosp po other outpatient servi	Assigned Alphanumeric g date of service for rge) y not elsewhere listed cility Medicare-approved swi n facility ng term care hospital ursing facility r psychiatric distinct par ital (CAH)	ing bed	

Length:	2	Туре:	Alphanumeric					
Field 26:	RACE							
Description:	Code indicating the patient's race.							
Suppression:	If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).							
Coding Scheme:	1 American Indian/Eskimo/ 2 Asian or Pacific Islander	Aleut	ut					
	3 Black							
	4 White							
	5 Other * Invalid							
Beginning Position:	109	Data Source:	Claim					
Length:	1	Type:	Alphanumeric					
Field 27:	ETHNICITY	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Description:	Code indicating the Hispani	c origin of the pa	atient.					
Suppression:	If a hospital has fewer than			y of patients of that race is				
TT	suppressed (code is blank).	1						
Coding Scheme:	1 Hispanic Origin							
0	2 Not of Hispanic Origin							
D	* Invalid	Dete German	Claim					
Beginning Position:	110	Data Source:	Claim					
Length:	1 FIDET DAVMENT CDC	Туре:	Alphanumeric					
Field 28:	FIRST_PAYMENT_SRC	d minimany course	of normant					
Description: Coding Scheme:	Code indicating the expecte 09 Self Pay	a primary source		faintenance Organization				
Couning Scheme:	10 Central Certification		LI Liability					
	11 Other Non-federal Program		LM Liability					
	12 Preferred Provider Organiz 13 Point of Service (POS)	zation (PPO)	MA Medicare MB Medicare					
	 Point of Service (POS) Exclusive Provider Organi 	zation (EPO)	MB Medicare MC Medicaio					
	15 Indemnity Insurance		TV Title V	_				
	16 Health Maintenance Organ Medicare Risk	nization (HMO)	OF Other Fe	deral Program				
	AM Automobile Medical			Administration Plan				
	BL Blue Cross/Blue Shield CH CHAMPUS			Compensation Health Claim Indigent or Unknown				
	CI Commercial Insurance			9 and ZZ, combined for 2004 & 2005				
	DS Disability Insurance		* Invalid	,				
Beginning Position:	111	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 29:	SECONDARY PAYMEN		1					
Description:	Code indicating the expecte	d secondary sour	ce of payment.					
Coding Scheme:	Same as field 28, FIRST_PA	AYMENT_SRC						
Beginning Position:	113	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 30:	TYPE_OF_BILL							
Description:	Provides specific information							
	Second digit = type of care.							
Coding Scheme:	1 st digis–Type of Facility	2 nd digit–Type	0	3 rd digis–Sequence of claim				
	1 Hospital	1 Inpatien Part A	t, including Medicare	0 Non-payment/Zero claim				
	2 Skilled nursing		t, Medicare Part B only	1 Admit through discharge claim				
	3 Home health	3 Outpatie	nt	2 Interim–first claim				
	4 Religious non-medical health	-	nt Other, Medicare	3 Interim–continuing claim				
	care–Hospital 5 Religious non-medical health care–Extended care	Part B o n 5 Intermed	liate Care–Level I	4 Interim–last claim				
	6 Intermediate care	6 Intermed	liate Care–Level II	5 Late charge(s) only claim				
	7 Clinic		te inpatient – Level III	 6 Adjustment of prior claim (Not used by Medicare) 				
	8 Special facility	8 Swing b	ed	7 Replacement of prior claim				
	115		Clair	8 Void/cancel of prior claim				
Beginning Position:	115	Data Source:	Claim					

Length:	3	Туре:	Alphanumeric		
Field 31:	PRIVATE_AMOUNT				
Description:			rge Amount. Calculated using MEDPAR evenue codes 0100-0219, revenue center 11X, 14X		
Beginning Position:	118	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 32:	SEMI_PRIVATE_AMOU	NT			
	Accommodation Charge, Se	emi-private Roon	n Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges a 14X, 16X-19X	associated with re	evenue codes 0100-0219, revenue center 10X, 12X-		
Beginning Position:	130	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 33:	WARD_AMOUNT	<i>v</i> *			
		ard Charge Amo	ount. Calculated using MEDPAR algorithm. Sum of		
	charges associated with reve				
Beginning Position:	142	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 34:	ICU_AMOUNT				
		tensive Care Uni	t Charge Amount. Calculated using MEDPAR		
			evenue codes 0100-0219, revenue center 20X.		
Beginning Position:	154	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 35:	CCU AMOUNT	_ jF • •			
	—	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR			
			evenue codes 0100-0219, revenue center 21X.		
Beginning Position:	166	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 36:	OTHER_AMOUNT	- J F			
	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum				
		evenue codes oth	ner than 0100-0219, revenue center 002-099, 22X-		
Beginning Position:	178 24A, 52A-55A, 55A-00A, 0	Data Source:	Calculated		
Length:	178	Type:	Numeric		
Field 37:	PHARM AMOUNT	Type.	Numerie		
rielu 57:	—	harmaay Chargo	Amount. Calculated using MEDPAR algorithm.		
			es other than 0100-0219, revenue center 26X, 63X.		
	25??		es other than 0100-0219, revenue center 20X, 05X.		
Designing Desitions	190	Data Source:	Calculated		
Beginning Position:					
Length:	12 MEDSUDC AMOUNT	Туре:	Numeric		
Field 38:	MEDSURG_AMOUNT	Indian1/Compinel	Summler Change Amount Calculated using		
			Supply Charge Amount. Calculated using		
	e	of charges associa	ated with revenue codes other than 0100-0219,		
р · · р · /·	revenue center 27X, 62X.	D (C			
Beginning Position:	202	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 39:	DME_AMOUNT				
	MEDPAR algorithm. Sum of	of charges associa	Equipment Charge Amount. Calculated using ated with revenue codes other than 0100-0219,		
	revenue centers 290-292, 29				
Beginning Position:	214	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 40:	USED_DME_AMOUNT				
			dical Equipment Charge Amount. Calculated		
	using MEDPAR algorithm.	Sum of charges a	associated with revenue codes other than 0100-		
	0219, revenue center 293.	-			

Beginning Position:	226	Data Source:	Calculated
Length: Field 41:	12 DE AMOUNE	Туре:	Numeric
Field 41:	PT_AMOUNT	Dhusical Thanany	Charge Amount, Coloulated using MEDDAD
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
	42X.		evenue codes other than 0100-0219, revenue center
Beginning Position:	238	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 42:	OT AMOUNT	1,100	Tumbrie
1 1010 42.		Occupational The	rapy Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
	42X.		
Beginning Position:	250	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 43:	SPEECH AMOUNT		
		Speech Pathology	Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
	44X, 47X.		,
Beginning Position:	262	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 44:	IT_AMOUNT	••	
	Ancillary Service Charge, I	Inhalation Therap	y Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
	41X, 46X.		
Beginning Position:	274	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 45:	BLOOD_AMOUNT		
	Ancillary Service Charge.	Calculated using I	MEDPAR algorithm. Sum of charges associated
	with revenue codes other th	an 0100-0219, re	evenue center 38X.
Beginning Position:	286	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 46:	BLOOD_ADMIN_AMOU		
			MEDPAR algorithm. Sum of charges associated
	with revenue codes other th		
Beginning Position:	298	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 47:	OR_AMOUNT		
			Charge amount. Calculated using MEDPAR
		associated with re	evenue codes other than 0100-0219, revenue center
D • • D • •	36X, 71X-72X.		
Beginning Position:	310	Data Source:	Calculated
Length:	12 ••••••••	Туре:	Numeric
Field 48:	LITH_AMOUNT	the state of Change	- Amount Coloulated using MEDDAD algorithm
			e Amount. Calculated using MEDPAR algorithm.
Doginating Dogitions		Data Source:	es other than 0100-0219, revenue center 79X. Calculated
Beginning Position: Length:	322 12		Numeric
Field 49:		Туре:	Numeric
1 ICIU 47.	CARD_AMOUNT	Pardiology Chara	e Amount. Calculated using MEDPAR algorithm.
		0, 0	es other than 0100-0219, revenue center 48X, 73X.
Beginning Position:	334	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 50:	ANES_AMOUNT	турс.	municite
riciu 30.		Anesthesia Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 37X.
	Sum of charges associated	with revenue code	es outer mail 0100-0219, revenue center 5/X.

Beginning Position:	346	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 51:	LAB_AMOUNT		
			e Amount. Calculated using MEDPAR algorithm.
		with revenue code	es other than 0100-0219, revenue center 30X-31X,
	74X-75X.		
Beginning Position:	358	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 52:	RAD_AMOUNT		
			Amount. Calculated using MEDPAR algorithm.
		with revenue code	es other than 0100-0219, revenue center 28X, 32X-
	35X, 40X.		
Beginning Position:	370	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 53:	MRI_AMOUNT		
			unt. Calculated using MEDPAR algorithm. Sum of
		enue codes other	than 0100-0219, revenue center 61X.
Beginning Position:	382	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 54:	OP_AMOUNT		
	Ancillary Service Charge, O	utpatient Service	es Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charges a	ssociated with re	evenue codes other than 0100-0219, revenue center
	49X-50X.		
Beginning Position:	394	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 55:	ER_AMOUNT		
	Ancillary Service Charge, E	mergency Room	Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charges a	ssociated with re	evenue codes other than 0100-0219, revenue center
	45X.		
Beginning Position:	406	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 56:	AMBULANCE_AMOUN	Γ	
	Ancillary Service Charge, A	mbulance Charg	e Amount. Calculated using MEDPAR algorithm.
	Sum of charges associated v	with revenue code	es other than 0100-0219, revenue center 54X.
Beginning Position:	418	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 57:	PRO_FEE_AMOUNT		
	Ancillary Service Charge, P	rofessional Fee C	Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charges a	ssociated with re	evenue codes other than 0100-0219, revenue center
	96X-98X.		
Beginning Position:	430	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 58:	ORGAN_AMOUNT		
		rgan Acquisitior	Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
	81X, 89X.		
Beginning Position:	442	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 59:	ESRD AMOUNT		
	—	nd Stage Renal I	Dialysis Charge Amount. Calculated using
			ated with revenue codes other than 0100-0219,
	revenue center 80X, 82X-88	-	
Beginning Position:	454	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 60:	CLINIC_AMOUNT	-7200	

-		es other than 0100-0219, revenue center 51X. Calculated
	Data Source:	Numeric
	Type:	Numeric
		d an
		Claim
		Numeric
	Data Source:	Claim
	Туре:	Numeric
TOTAL_CHARGES_ACC	OMM	
Sum of covered and non-cove	ered accommoda	ation charges.
		Claim
		Numeric
	0	Claim
		Numeric
	V .	Trumene
		19rdec
		Claim
		Numeric
	, 0	
		Claim
		Numeric
—		
		and 5th digits if applicable. Decimal is implied
		Claim
	Туре:	Alphanumeric
PRINC_DIAG_CODE		
ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if		
applicable. Decimal is implie	ed following the	third character.
556	Data Source:	Claim
6	Туре:	Alphanumeric
OTH DIAG CODE 1		•
	ncluding the 4th	and 5th digits if applicable. Decimal is implied
e		Claim
		Alphanumeric
	Type	Tiphununun
	ncluding the 4th	and 5th digits if applicable. Decimal is implied
		and 5th digits if applicable. Decimal is implied
		Claim
	Туре:	Alphanumeric
OTH DIAG CODE 2		
OTH_DIAG_CODE_3		
ICD-9-CM diagnosis code, ir		and 5th digits if applicable. Decimal is implied
ICD-9-CM diagnosis code, ir following the third character.		
ICD-9-CM diagnosis code, ir following the third character. 574	Data Source:	Claim
ICD-9-CM diagnosis code, ir following the third character. 574		
	covered ancillary charges. Ref 478 12 TOTAL_NON_COV_CHA Sum of non-covered accomm 490 12 TOTAL_CHARGES_ACC Sum of covered and non-cov 502 12 TOTAL_NON_COV_CHA Sum of non-covered accomm 514 12 TOTAL_CHARGES_ANC Sum of covered and non-cov 526 12 TOTAL_NON_COV_CHA Sum of non-covered ancillary 538 12 ADMITTING_DIAGNOSI ICD-9-CM diagnosis code, in following the third character. 550 6 PRINC_DIAG_CODE ICD-9-CM diagnosis code, in following the third character. 556 6 OTH_DIAG_CODE_1 ICD-9-CM diagnosis code, in following the third character. 562 6 OTH_DIAG_CODE_2 ICD-9-CM diagnosis code, in following the third character. 562 6	TOTAL_CHARGES Sum of accommodation charges, non-covered covered ancillary charges. Replaces TOTAL, 478 Data Source: 12 Type: TOTAL_NON_COV_CHARGES Sum of non-covered accommodation charges 490 Data Source: 12 Type: TOTAL_CHARGES_ACCOMM Sum of covered and non-covered accommod 502 Data Source: 12 Type: TOTAL_NON_COV_CHARGES_ACCOD Sum of non-covered accommodations charges 514 Data Source: 12 Type: TOTAL_CHARGES_ANCIL Sum of covered and non-covered ancillary charges 514 Data Source: 12 Type: TOTAL_CHARGES_ANCIL Sum of covered and non-covered ancillary charges 526 Data Source: 12 Type: TOTAL_NON_COV_CHARGES_ANCIL Sum of non-covered ancillary charges 538 Data Source: 12 Type: ADMITTING_DIAGNOSIS ICD-9-CM diagnosis code, including the 4th following the third character

Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 51X.

	following the third character	U	and sur digits it applicable. Declinar is implied
Beginning Position:	580	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 73:	OTH DIAG CODE 5	1 y pc.	A approximation of the second se
FICIU / J.		including the 1th	and 5th digits if applicable. Decimal is implied
	following the third character		and our orgits it applicable. Decimal is implied
Roginning Dogition.	586	Data Source:	Claim
Beginning Position:			
Length:	6 OTH DIAC CODE (Туре:	Alphanumeric
Field 74:	OTH_DIAG_CODE_6	····	154 dividue liesta Device dividue di
			and 5th digits if applicable. Decimal is implied
D	following the third character		
Beginning Position:	592	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 75:	OTH_DIAG_CODE_7		
			and 5th digits if applicable. Decimal is implied
	following the third character		~ .
Beginning Position:	598	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 76:	OTH_DIAG_CODE_8		
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	604	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 77:	OTH_DIAG_CODE_9		
	ICD-9-CM diagnosis code, i	including the 4th	and 5th digits if applicable. Decimal is implied
	following the third character	r.	
Beginning Position:	610	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 78:	OTH_DIAG_CODE_10	* •	•
	ICD-9-CM diagnosis code, i	including the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	616	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 79:	OTH_DIAG_CODE_11	J	
		including the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	622	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 80:	OTH_DIAG_CODE_12	-jp.,	· inplantatione
		including the 1th	and 5th digits if applicable. Decimal is implied
	following the third character		and our orgits it applicable. Decimal is implied
Reginning Desitions	628	Data Source:	Claim
Beginning Position:	628 6		
Length:		Туре:	Alphanumeric
Field 81:	OTH_DIAG_CODE_13	in aludia a 41 41	and 5th digits if annlinghing Designable for 11-1
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	634	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 82:	OTH_DIAG_CODE_14		
			and 5th digits if applicable. Decimal is implied
	following the third character	r.	
Beginning Position:	640	Data Source:	Claim
Beginning Position: Length:	6	Data Source: Type:	Claim Alphanumeric

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

	following the third character	U	and sur digits it applicable. Declinar is implied
Beginning Position:	646	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 84:	OTH_DIAG_CODE_16	Type.	Alphalumene
rielu 04:		naluding the 1th	and 5th digits if applicable. Desired is implied
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	652	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 85:	OTH_DIAG_CODE_17		
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	658	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 86:	OTH_DIAG_CODE_18		
	ICD-9-CM diagnosis code, i	ncluding the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	664	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 87:	OTH DIAG CODE 19	- JF	1
		ncluding the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		and sur digits it applicable. Declinar is implied
Beginning Position:	670	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 88:	OTH_DIAG_CODE_20	1 12 - 1 - 4.1	
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	676	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 89:	OTH_DIAG_CODE_21		
	ICD-9-CM diagnosis code, i	ncluding the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	682	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 90:	OTH_DIAG_CODE_22	<i>v</i> 1	1
		ncluding the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		and our digits it approacte. Decimar is impred
Beginning Position:	688	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 91:	OTH_DIAG_CODE_23	турс.	Alphanumene
riela 91:		and an attach of the	and 5th digits if anylinghly. Desired is implied
			and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	694	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 92:	OTH_DIAG_CODE_24		
	ICD-9-CM diagnosis code, i	including the 4th	and 5th digits if applicable. Decimal is implied
	following the third character		
Beginning Position:	700	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 93:	PRINC_SURG_PROC_CO	· ·	
			procedure performed during the period covered by
	the bill. ICD-9, HCPCS, or (procedure performed during the period covered by
Doginaing Dogition			Claim
Beginning Position: Length:	706 7	Data Source: Type:	Claim Alphanumeric

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

713 4	Data Source:	Calculated	
	Туре:	Alphanumeric	
PRINC_ICD9_CODE	Type.	Tiphanonere	
	for principal surgi	ical procedure, including the 4th and 5th digits if	
717	Data Source:	Assigned	
	Туре:	Alphanumeric	
	_		
		Claim	
		Alphanumeric	
		aguals Other Surgical Procedure Data minus	
		e equuis Other Surgical Flocedure Date minus	
		Calculated	
		Alphanumeric	
	Type.	Tuphununiene	
	for surgical or ob	stetrical procedure other than the principal	
		······································	
733	Data Source:	Assigned	
5	Туре:	Alphanumeric	
OTH_SURG_PROC_COI	DE_2		
Code for surgical or obstetrical procedure other than the principal procedure performed during			
the period covered by the bi	ill. ICD-9, HCPC	S, or CPT code.	
738	Data Source:	Claim	
7	Туре:	Alphanumeric	
	_		
		e equals Other Surgical Procedure Date minus	
		~ · · ·	
		Calculated	
	Туре:	Alphanumeric	
	and 5th digits if	applicable. Decimal is implied following the third	
	Data Sauraa	Assigned	
		Assigned Alphanumeric	
	11	Alphanumenc	
		per than the principal procedure performed during	
		Claim	
		Alphanumeric	
		Tiphunumerie	
		e equals Other Surgical Procedure Date minus	
		Calculated	
		Alphanumeric	
	V I	*	
ICD-9-CM diagnosis code f	for surgical or obs	stetrical procedure other than the principal	
	ICD-9-CM diagnosis code f applicable. Decimal is impl 717 5 OTH_SURG_PROC_COI Code for surgical or obster the period covered by the bi 722 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Da 729 4 OTH_ICD9_CODE_1 ICD-9-CM diagnosis code f procedure, including the 4th character. 733 5 OTH_SURG_PROC_COI Code for surgical or obster the period covered by the bi 738 7 OTH_SURG_PROC_DAY Day of other surgical or obs Admission/Start of Care Da 745 4 OTH_ICD9_CODE_2 ICD-9-CM diagnosis code f procedure, including the 4th character. 749 5 OTH_SURG_PROC_COI Code for surgical or obster the period covered by the bi 754 7 OTH_SURG_PROC_COI Code for surgical or obster the period covered by the bi 754 7	ICD-9-CM diagnosis code for principal surgi applicable. Decimal is implied following the 717 Data Source: 5 Type: OTH_SURG_PROC_CODE_1 Code for surgical or obstetrical procedure off the period covered by the bill. ICD-9, HCPC 722 Data Source: 7 Type: OTH_SURG_PROC_DAY_1 Day of other surgical or obstetrical procedure Admission/Start of Care Date 729 Data Source: 7 Type: OTH_ICD9_CODE_1 ICD-9-CM diagnosis code for surgical or obs procedure, including the 4th and 5th digits if character. 733 Data Source: 5 Type: OTH_SURG_PROC_CODE_2 Code for surgical or obstetrical procedure off the period covered by the bill. ICD-9, HCPC 738 Data Source: 7 Type: OTH_SURG_PROC_CODE_2 Code for surgical or obstetrical procedure off the period covered by the bill. ICD-9, HCPC 738 Data Source: 7 Type: OTH_SURG_PROC_DAY_2 Day of other surgical or obstetrical procedure Admission/Start of Care Date 745 Data Source: 745 Data Source: 745 Data Source: 749 Data Source: 754 Data Source: 754 Data Source: 754 Data Source: 755 Type: OTH_SURG_PROC_CODE_3 Code for surgical or obstetrical procedure off the period covered by the bill. ICD-9, HCPC 754 Data Source: 7 Type: 7 Type	

Beginning Position:	765	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 105:	OTH_SURG_PROC_COI		•	
	Code for surgical or obstetrical procedure other than the principal procedure performed during			
	the period covered by the bill. ICD-9, HCPCS, or CPT code.			
Beginning Position:	770	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 106:	OTH_SURG_PROC_DAY	V A	Tuphanamerie	
riciu 100.			e equals Other Surgical Procedure Date minus	
	Admission/Start of Care Da		e equais Other Surgical Procedure Date minus	
Desimulas Desitions	777	Data Source:	Calculated	
Beginning Position:				
Length:	4	Туре:	Alphanumeric	
Field 107:	OTH_ICD9_CODE_4			
	ICD-9-CM diagnosis code f	or surgical or ob	stetrical procedure other than the principal	
		and 5th digits if	applicable. Decimal is implied following the third	
	character.			
Beginning Position:	781	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 108:	OTH_SURG_PROC_COI	DE_5		
	Code for surgical or obstetri	cal procedure otl	her than the principal procedure performed during	
	the period covered by the bi	II. ICD-9, HCPC	S, or CPT code.	
Beginning Position:	786	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 109:	OTH_SURG_PROC_DAY			
			e equals Other Surgical Procedure Date minus	
	Admission/Start of Care Da		Aute equals other surgical Procedure Date minus	
Beginning Position:	793	Data Source:	Calculated	
0 0				
Length:	4 0711 1000 0005 5	Туре:	Alphanumeric	
Field 110:	OTH_ICD9_CODE_5		and the large state and the data data in the	
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third			
		and 5th digits if	applicable. Decimal is implied following the third	
	character.	D ()		
Beginning Position:	797	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 111:	OTH_SURG_PROC_COI			
			her than the principal procedure performed during	
	the period covered by the bi	ll. ICD-9, HCPC	S, or CPT code.	
Beginning Position:	802	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 112:	OTH_SURG_PROC_DAY		•	
			e equals Other Surgical Procedure Date minus	
	Admission/Start of Care Da	-		
Beginning Position:	809	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 113:		Type.	Alphandmene	
riela 115:		·		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third			
		and 5th digits if	applicable. Decimal is implied following the third	
	character.			
Beginning Position:	813	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 114:	OTH_SURG_PROC_COI			
	Code for surgical or obstetri	cal procedure otl	her than the principal procedure performed during	
	the period covered by the bi			
Beginning Position:	818	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
0		J 1		

Field 115:	OTH_SURG_PROC_DAY	7	
r iciu 115;			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Dat		e equitis Other Surgicar i locedure Date millus
Beginning Position:	825	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 116:	OTH_ICD9_CODE_7	Type:	Alphanumenc
riela 110:			statical mean dura other than the minainal
			stetrical procedure other than the principal
		and 5th digits if	applicable. Decimal is implied following the third
D · · D · / ·	character.	D (G	
Beginning Position:	829	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 117:	OTH_SURG_PROC_COD		
			her than the principal procedure performed during
	the period covered by the bil		
Beginning Position:	834	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 118:	OTH_SURG_PROC_DAY		
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Dat		
Beginning Position:	841	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 119:	OTH_ICD9_CODE_8		
	ICD-9-CM diagnosis code for	or surgical or ob	stetrical procedure other than the principal
	procedure, including the 4th	and 5th digits if	applicable. Decimal is implied following the third
	character.		
Beginning Position:	845	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 120:	OTH_SURG_PROC_CODE_9 Code for surgical or obstetrical procedure other than the principal procedure performed during		
	the period covered by the bil	II. ICD-9, HCPC	S, or CPT code.
Beginning Position:	850	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 121:	OTH_SURG_PROC_DAY		*
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Dat		
Beginning Position:	857	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 122:	OTH ICD9 CODE 9		*
		or surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	und d'un digits n	
Beginning Position:	861	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 123:	OTH_SURG_PROC_COD		7 inplication in the
1 Iciu 125.			her than the principal procedure performed during
	the period covered by the bil		
Beginning Position:	866	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 124:	OTH_SURG_PROC_DAY		<i>i</i> uphanumene
riciu 124;			a aquale Other Surgical Presedure Data minut
			e equals Other Surgical Procedure Date minus
Destination Destates	Admission/Start of Care Dat		Coloulated
Beginning Position:	873	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 125:	OTH_ICD9_CODE_10		

	ICD-9-CM diagnosis code f	or surgical or ob	stetrical procedure other than the principal
	procedure, including the 4th	and 5th digits if	applicable. Decimal is implied following the third
	character.		
Beginning Position:	877	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 126:	OTH_SURG_PROC_COI		
			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	882	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 127:	OTH_SURG_PROC_DAY		
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	889	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 128:	OTH_ICD9_CODE_11		
	ICD-9-CM diagnosis code f	or surgical or ob	stetrical procedure other than the principal
		and 5th digits if	applicable. Decimal is implied following the third
	character.	D ()	
Beginning Position:	893	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 129:	OTH_SURG_PROC_COI		
			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	898	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 130:	OTH_SURG_PROC_DAY_12 Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>		
			e equals Other Surgical Procedure Date minus
Desimulus Desitions	Admission/Start of Care Day 905	Data Source:	Calculated
Beginning Position:	905 4		
Length: Field 131:	OTH_ICD9_CODE_12	Туре:	Alphanumeric
rielu 151:		or surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	and Jui digits if	applicable. Decimal is implied following the tille
Beginning Position:	909	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 132:	 OTH_SURG_PROC_COI		Alphalumene
Ficiu 152.			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	914	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 133:	OTH_SURG_PROC_DAY		
11010 1001			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	921	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 134:	OTH_ICD9_CODE_13	v ±	*
		or surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.		
Beginning Position:	925	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 135:	OTH_SURG_PROC_COI		*

			her than the principal procedure performed during		
	the period covered by the bi				
Beginning Position:	930	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 136:	OTH_SURG_PROC_DAY				
			e equals Other Surgical Procedure Date minus		
	Admission/Start of Care Dat				
Beginning Position:	937	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 137:	OTH_ICD9_CODE_14				
			stetrical procedure other than the principal		
	1 0	and 5th digits if	applicable. Decimal is implied following the third		
	character.				
Beginning Position:	941	Data Source:	Assigned		
Length:	5	Туре:	Alphanumeric		
Field 138:	OTH_SURG_PROC_COL				
			her than the principal procedure performed during		
	the period covered by the bi		·		
Beginning Position:	946	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 139:	OTH_SURG_PROC_DAY	_			
			e equals Other Surgical Procedure Date minus		
	Admission/Start of Care Dat				
Beginning Position:	953	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 140:	OTH_ICD9_CODE_15				
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal				
		and 5th digits if	applicable. Decimal is implied following the third		
	character.				
Beginning Position:	957	Data Source:	Assigned		
Length:	5	Туре:	Alphanumeric		
Field 141:	OTH_SURG_PROC_COL				
	Code for surgical or obstetrical procedure other than the principal procedure performed during				
	the period covered by the bi				
Beginning Position:	962	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 142:	OTH_SURG_PROC_DAY				
	Day of other surgical or obstetrical procedure equals Other Surgical Procedure Date minus				
	Admission/Start of Care Dat				
Beginning Position:	969	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 143:	OTH_ICD9_CODE_16				
			stetrical procedure other than the principal		
	procedure, including the 4th	and 5th digits if	applicable. Decimal is implied following the third		
	character.				
Beginning Position:	973	Data Source:	Assigned		
	5	Type:	Alphanumeric		
Length:)F 17			
Length: Field 144:	OTH_SURG_PROC_COL	Code for surgical or obstetrical procedure other than the principal procedure performed during			
•			her than the principal procedure performed during		
•		cal procedure oth			
•	Code for surgical or obstetri	cal procedure oth			
Field 144: Beginning Position:	Code for surgical or obstetri the period covered by the bi	cal procedure oth ll. ICD-9, HCPC	S, or CPT code. Claim		
Field 144:	Code for surgical or obstetri the period covered by the bi 978 7	cal procedure oth ll. ICD-9, HCPC Data Source: Type:	S, or CPT code.		
Field 144: Beginning Position: Length:	Code for surgical or obstetri the period covered by the bi 978 7 OTH_SURG_PROC_DAY	cal procedure otl ll. ICD-9, HCPC Data Source: Type: 7_ 17	S, or CPT code. Claim		

Code for surgical or obstetrical procedure other than the principal procedure performed during

Beginning Position:	985	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 146:	OTH_ICD9_CODE_17	Type	
		for surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	i una sun aigns n	uppriouolo: Deolinar is imprior fortowing the unit
Beginning Position:	989	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 147:	OTH_SURG_PROC_COI		7 Aphanamerie
			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	994	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 148:	OTH_SURG_PROC_DAY		
1100			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		e equals other burglear riceedare Date minus
Beginning Position:	1001	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 149:	OTH_ICD9_CODE_18	Type.	7 Aphanamerie
Ficiu 147.		for surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	i and 5th digits h	applicable. Decimal is implied following the unit
Beginning Position:	1005	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 150:	OTH SURG PROC COI		7 Aphanamerie
Ficiu 150.			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	1010	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 151:	OTH_SURG_PROC_DAY		7 Aphanamerie
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		e equans outer burgiour i rocedure Duce minus
Beginning Position:	1017	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 152:	OTH_ICD9_CODE_19	- J F	
		for surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	8	
Beginning Position:	1021	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 153:	OTH_SURG_PROC_COL	<u> </u>	
			her than the principal procedure performed during
	the period covered by the bi		
Beginning Position:	1026	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 154:	OTH_SURG_PROC_DAY		
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	1033	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 155:	OTH_ICD9_CODE_20	J 1	1 · · · ·
		for surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	e ur digito il	-rr
Beginning Position:	1037	Data Source:	Assigned
-99 - 951410H			0

Length:	5	Туре:	Alphanumeric
Field 156:	OTH_SURG_PROC_CO		
			her than the principal procedure performed during
	the period covered by the b	ill. ICD-9, HCPC	S, or CPT code.
Beginning Position:	1042	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 157:	OTH_SURG_PROC_DA	Y_21	•
		_	e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		1 6
Beginning Position:	1049	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 158:	OTH_ICD9_CODE_21	-,	
		for surgical or ob	stetrical procedure other than the principal
			applicable. Decimal is implied following the third
	character.	in and 5th digits in	applicable. Deciliar is implied following the unit
Beginning Position:	1053	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 159:	OTH SURG PROC CO		Alphanumenc
riela 159:		_	handhan dha anin in 1 ann a 1 an an Canada 1 air a
			her than the principal procedure performed during
р · · р · /·	the period covered by the b		
Beginning Position:	1058	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 160:	OTH_SURG_PROC_DA		
			e equals Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	1065	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 161:	OTH_ICD9_CODE_22		
	ICD-9-CM diagnosis code	for surgical or ob	stetrical procedure other than the principal
	procedure, including the 4th	h and 5th digits if	applicable. Decimal is implied following the third
	character.		
Beginning Position:	1069	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 162:	OTH SURG PROC CO	DE 22	-
	ULL SUKG PROU UU	DE 23	
			her than the principal procedure performed during
	Code for surgical or obstetr	rical procedure otl	her than the principal procedure performed during S. or CPT code.
Beginning Position:	Code for surgical or obstetr the period covered by the b	rical procedure otl ill. ICD-9, HCPC	S, or CPT code.
Beginning Position: Length:	Code for surgical or obstetr the period covered by the b 1074	rical procedure otl ill. ICD-9, HCPC Data Source:	S, or CPT code.
Length:	Code for surgical or obstetr the period covered by the b 1074 7	rical procedure otl ill. ICD-9, HCPC Data Source: Type:	S, or CPT code.
	Code for surgical or obstetr the period covered by the b 1074 7 OTH_SURG_PROC_DA	tical procedure otl ill. ICD-9, HCPC Data Source: Type: Y_23	S, or CPT code. Claim Alphanumeric
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Admission/Start of Care Date. Beginning Position: 1097 Data Source: Calculated Length: 4 Type: Alphanumeric Field 167: OTH_ICD9_CODE_24 ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principa procedure, including the 4th and 5th digits if applicable. Decimal is implied following character. Beginning Position: 1101 Data Source: Assigned Length: 5 Type: Alphanumeric Field 168: E_CODE_1 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primar external cause of injury. A decimal is implied following the third character. Beginning Position: 1106 Data Source: Claim Length: 5 Type: Alphanumeric Field 169: E_CODE_2 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. Beginning Position: 1112 Data Source: Claim Length: 5 Type: Alphanumeric Field 170: E_CODE_3 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. <td< th=""><th></th></td<>					
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Field 169: E_CODE_2 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. Beginning Position: 1112 Data Source: Claim Length: 5 Type: Alphanumeric Field 170: E_CODE_3 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. Beginning Position: 1118 Data Source: Claim Length: 5 Type: Alphanumeric Field 171: E_CODE_4 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. Beginning Position: 1124 Data Source: Claim Length: 5 Type: Alphanumeric Field 172: E_CODE_5 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio external cause of injury. Decimal is implied following the third character. Beginning Position: 1130 Data Source: Claim Length: 5 Type: Alphanumeric Field 173: E_CODE_6 ICD-9-CM diagnosis code, including					
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Beginning Position: 1136 Data Source: Claim					
Length, 5 Type, Tuphanameric					
Field 174: E_CODE_7					
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio	al				
external cause of injury. Decimal is implied following the third character.	ui				
Beginning Position: 1142 Data Source: Claim					
Length: 5 Type: Alphanumeric					
Field 175: E_CODE_8					
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additio	9]				
external cause of injury. Decimal is implied following the third character.	ui				
Beginning Position: 1148 Detaining in the unit character.					
Field 176: E_CODE_9	o1				
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an addition	aı				
external cause of injury. Decimal is implied following the third character.					
Beginning Position: 1154 Data Source: Claim					
Length:5Type:Alphanumeric					

Field 177:		DDE_10 D-CM diagnosis code, including the 4th a	and 5th d	igits if applicable of an additional
		al cause of injury. Decimal is implied for		
Beginning Position:	1160	Data Source:	Claim	the tille character.
Length:	5	Type:	Alphanu	meric
Field 178:		DITION_CODE_1	Арнани	linerie
rielu 170:		describing a condition relating to the cla	im	
Coding Scheme:	1	Military service related	49	Product replacement within product lifecycle
County Scheme.	2	Condition is employment related	76	Back-up in facility dialysis
	3	Patient covered by insurance not reflected here	77	Provider accepts or is obligated/required due to contractual arrangement or law to accept payment by a primary payer as payment
	4	Information only bill.	78	New coverage not implemented by HMO
	4	Patient is HMO enrollee	79	CORF services provided offsite
	5 6	Lien has been filed ESRD patient in first 18 months of entitlement	80 A0	Home dialysis - nursing facility CHAMPUS external partnership program
	7	covered by EGHP Treatment of non-terminal condition for hospice		EPSDT/CHAP
	8	patient Beneficiary would not provide information	A1 A2	Physically handicapped children's program
	~	concerning other insurance coverage		,,
	9	Neither patient or spouse is employed	A3	Special Federal Funding
	10	Patient and/or spouse is employed but no EGHP exists	A4	Family planning
	11	Disabled beneficiary but no LGHP coverage exists	A5	Disability
	17	Patient is homeless	A6	Vaccines/Medicare 100% payment
	18	Maiden name retained	A7	Induced abortion - danger to life
	19	Child retains mother's name	A8	Induced abortion - victim rape/incest
	20	Beneficiary requested billing	A9	Second opinion surgery
	21	Billing for denial notice	AA	Abortion performed due to rape
	22	Patient on multiple drug regimen	AB	Abortion performed due to incest
	23	Home care giver available	AC	Abortion performed due to serious fatal geneti defect, deformity, or abnormality
	24	Home IV patient also receiving HHA services	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
	25	Patient is non-US resident	AE	Abortion performed due to physical health of mother that is not life endangering
	26	VA eligible patient chooses to receive services in a Medicare certified facility	n AF	Abortion performed due to emotional/psychological health of mother
	27	Patient referred to a sole community hospital for a diagnostic laboratory test	AG	Abortion performed due to social or economic reasons
	28	Patient and/or spouse's EGHP is secondary to Medicare	AH	Elective abortion
	29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AI	Sterilization
	30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
	31	Patient is student (full time - day)	AJ	Payer responsible for co-payment
	32	Patient is student (cooperative/work study program)	AK	Air ambulance required
	33	Patient is student (full time - night)	AL	Specialized treatment/bed unavailable
	34	Patient is student (part-time)	AM	Non-emergency medically necessary stretcher transport required
	36	General care patient in a special unit	AN	Pre-admission screening not required
	37	Ward accommodation at patient request	B0	Medicare coordinated care demonstration claim
	38	Semi-private room not available	B1	Beneficiary is ineligible for demonstration program
	39	Private room medically necessary	B2	Critical access hospital ambulance attestation
	40	Same day transfer	B3	Pregnancy indicator
	41	Partial hospitalization	B4	Admission unrelated to discharge on same day
	42	Continuing care not related to inpatient admission	C1	Approved as billed

	~ ~				
	C2	Automatic approval as bill review	ed based on focused	75	Home - 100% reimbursement
	43	Continuing care not provid postdischarge window	led within prescribed	C3	Partial approval
	44	Inpatient admission change	ed to outpatient	C4	Admission/services denied
	46	Non-availability statement	-	C5	Postpayment review applicable
	47	Reserved for CHAMPUS		C6	Admission Preauthorization
	48	Psychiatric residential trea	tment centers for	C7	Extended Authorization
		children and adolescents (l			
	55	SNF bed not available		D0	Changes to Service Dates
	56	Medical appropriateness		D1	Changes to Charges
	57	SNF readmission		D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
	58	Terminated Medicare+Cho enrollee	pice organization	D3	Second or Subsequent Interim PPS Bill
	59	Non-primary ESRD facilit	У	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
	60	Day outlier		D5	Cancel to correct HICN or Provider ID
	61	Cost outlier		D6	Cancel Only to Repay a Duplicate or OIG Overpayment
	66	Provider does not wish cos	st outlier payment	D7	Change to Make Medicare the Secondary Payer
	67	Beneficiary elects not to us (LTR) days	se life time reserve	D8	Change to Make Medicare the Primary Payer
	68	Beneficiary elects to use li days	fe time reserve (LTR)	D9	Any Other Change
	69	IME payment only bill.		DR	Katrina disaster related
	69	IME/DGME/N&AH Paym	nent Only	E0	Changes in Patient Status
	69	IME/DGME/N&AH Paym	nent Only	G0	Distinct Medical Visit
	70	Self-administered anemia	management drug	H0	Delayed Filing, Statement of Intent Submitted
	71	Full care in unit		M0	All inclusive rate for outpatient services
	72	Self care in unit		M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
	73 74	Self care training Home		M2 P1	HHA payment significantly exceeds total charges Do not Resuscitate Order (DNR)
Beginning Position:	1166		Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 179:		DITION_CODE_2	Type.	7 upnane	
		e describing a condition	relating to the cl	aim	
Coding Scheme:		e as Field 178.	for the en		
Beginning Position:	1168		Data Source:	Claim	
Length:	2		Туре:	Alphanu	Imeric
Field 180:		DITION_CODE_3			
		describing a condition	relating to the cla	aim.	
Coding Scheme:		e as Field 178.			
Beginning Position:	1170		Data Source:	Claim	
Length:	2		Туре:	Alphanu	imeric
Field 181:		DITION_CODE_4		1	
		describing a condition	relating to the cla	aim.	
Coding Scheme:		e as Field 178.	8		
Beginning Position:	1174		Data Source:	Claim	
Length:	2		Туре:	Alphanu	Imeric
Field 182:		DITION_CODE_5	-71		
		describing a condition	relating to the cl	aim	
Coding Scheme:		e as Field 178.	relating to the en	u1111.	
Beginning Position:	1176		Data Source:	Claim	
Deginning i obition.					
Length			Type	Alnhanu	imeric
Length: Field 183:	2	DITION CODE 6	Туре:	Alphanu	imeric
Length: Field 183:	2 CON	DITION_CODE_6			imeric
Field 183:	2 CON Code	e describing a condition			
	2 CON Code	e describing a condition e as Field 178.			

Length:	2	Туре:	Alphan	umeric
Field 184:	CONDITION_CO			
	Code describing a	condition relating to the cl	aim.	
Coding Scheme:	Same as Field 178			
Beginning Position:	1180	Data Source:	Claim	
Length:	2	Туре:	Alphan	umeric
Field 185:	CONDITION_CO		1	
		condition relating to the cl	aim	
Coding Scheme:	Same as Field 178		um.	
Beginning Position:	1182	Data Source:	Claim	
	2			, maria
Length:		Туре:	Alphan	umeric
Field 186:	OCCUR_CODE_			
~ ~ .	-	significant event relating t		
Coding Scheme:	1 Auto accident 2 No Fault Insura	ana Involved Including Auto	40	Scheduled date of admission
	2 No Fault Insura Accident/Other	ance Involved - Including Auto	41	Date of first test of pre-admission testing
	3 Accident/ Tort		42	Date of discharge (hospice only)
		loyment Related	43	Scheduled date of canceled surgery
	5 Other accident		44	Date treatment started - OT
	6 Crime Victim		45	Date treatment started - ST
		ity Treatment Cycle	46	Date treatment started - Cardiac rehabiliation
	10 Last Menstrual 11 Onset of Symp		47 A1	Date cost outlier status begins Birthdate - Insured A
		for a Chronically Dependent	A1 A2	Effective Date - Insured A Policy
	Individual	ion a chronically Dependent		
	16 Date of Last T	herapy	A3	Payer A benefits exhausted
		t OT Plan Established or Last	A4	Split Bill Date
	Reviewed		D 1	Distributes In second D
		nent - Patient/Beneficiary	B1	Birthdate - Insured B
	19 Date of Retirer	•	B2	Effective date - Insured B Policy
		e of Payment Began	B3	Payer B benefits exhausted
	21 Date UR Notic		C1	Birthdate - Insured C
	22 Date Active Ca	are Ended	C2	Effective date - Insured C Policy
	24 Date Insurance	Denied	C3	Payer C benefits exhausted
	25 Date Benefits	Ferminated by Primary Payer	DR	Katrina disaster related
	26 Date SNF Bed	Became Available	E1	Birthdate - Insured D
	27 Date Home He	alth Plan Established or Last	E2	Effective date - Insured D Policy
	Reviewd			, _, _, _, _,
	1	ensive Outpatient Rehabilitation	E3	Payer D benefits exhausted
		ed or Last Reviewed at PT Plan established or last	F1	Birthdate - Insured E
	reviewed	a r r r r an established of fast	11	Diffidate - filsured L
		t ST Plan established or last	F2	Effective date - Insured E Policy
	reviewed			
		ry notified of intent to bill	F3	Payer E benefits exhausted
	(accommodatio	·	C 1	
	32 Date beneficiar (procedures or	ry notified of intent to bill	G1	Birthdate - Insured F
	<i>.</i>	nt hospital discharge for non-	G2	Effective date - Insured F Policy
	covered transpi		02	Encentre date insured i i oney
		started for home IV therapy	G3	Payer F benefits exhausted
	39 Date discharge	d on a continuous course if IV		
	therapy			
Beginning Position:	1182	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 187:	OCCUR_DAY_1		-	
		quals Occurrence Date min	us Admis	ssion/Start of Care Date.
Beginning Position:	1184	Data Source:	Calcula	
Length:	4	Type:	Alphan	
Field 188:	OCCUR_CODE		1 ipiun	
- ICIU 100.		² significant event relating t	o the elect	m
	Coue describing a	significant event felaling t	o me cial	111.
Coding Scheme:	Same as Field 186			

Beginning Position:	1188	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 189:	OCCUR_DAY_2	J I	
		urrence Date mir	nus Admission/Start of Care Date.
Beginning Position:	1190	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 190:	OCCUR_CODE_3	-) F - ·	
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	1194	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 191:	OCCUR DAY 3		1
		urrence Date mir	nus Admission/Start of Care Date.
Beginning Position:	1196	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 192:	OCCUR_CODE_4	U I	•
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.	e	
Beginning Position:	1200	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 193:	OCCUR_DAY_4	~ 1	•
		urrence Date mir	nus Admission/Start of Care Date.
Beginning Position:	1202	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 194:	OCCUR_CODE_5	U I	•
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.	e	
Beginning Position:	1206	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 195:	OCCUR_DAY_5		•
	Occurrence Day equals Occ	urrence Date min	nus Admission/Start of Care Date.
Beginning Position:	1208	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 196:	OCCUR_CODE_6		
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.	-	
Beginning Position:	1212	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 197:	OCCUR_DAY_6		
	Occurrence Day equals Occ	urrence Date mir	nus Admission/Start of Care Date.
Beginning Position:	1214	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 198:	OCCUR_CODE_7		
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	1218	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 199:	OCCUR_DAY_7		
	Occurrence Day equals Occ	urrence Date mir	nus Admission/Start of Care Date.
Beginning Position:	1220	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 200:	OCCUR_CODE_8		
	Code describing a significar	nt event relating t	to the claim.
Coding Scheme:	Same as Field 186.	-	
Beginning Position:	1224	Data Source:	Claim

Length:	2	Туре:	Alphanumeric
Field 201:	OCCUR_DAY_8		*
		Occurrence Date min	nus Admission/Start of Care Date.
Beginning Position:	1226	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 202:	OCCUR_CODE_9	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 iciu 202.	Code describing a signific	cant event relating t	to the claim
Coding Scheme:	Same as Field 186.		
Beginning Position:	1230	Data Source:	Claim
0 0			
Length:		Туре:	Alphanumeric
Field 203:	OCCUR_DAY_9		
			nus Admission/Start of Care Date.
Beginning Position:	1232	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 204:	OCCUR_CODE_10		
	Code describing a signific	cant event relating t	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	1236	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 205:	OCCUR_DAY_10		
	Occurrence Day equals C	Occurrence Date min	nus Admission/Start of Care Date.
Beginning Position:	1238	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 206:	OCCUR_CODE_11	• •	•
	Code describing a signific	cant event relating f	to the claim.
Coding Scheme:	Same as Field 186.		
Beginning Position:	1242	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 207:	OCCUR_DAY_11	турс.	- Inplandmente
r iciu 207.		ocurrence Date mi	nus Admission/Start of Care Date.
Beginning Position:	1244	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 208:	OCCUR_CODE_12	турс.	Alphanumerie
rielu 200:	Code describing a signific	ant quant relating t	to the claim
Coding Schomor	Same as Field 186.		to the claim.
Coding Scheme:	1248	Dete Commen	Claim
Beginning Position:		Data Source:	
Length:	2 000000 DAV 12	Туре:	Alphanumeric
Field 209:	OCCUR_DAY_12		
D I I D I /I			nus Admission/Start of Care Date.
Beginning Position:	1250	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 210:	OCCUR_SPAN_CODE		
~ ~ -			to the claim that may affect payer processing.
Coding Scheme:	70 Qualifying stay dates (f71 Prior stay dates	or SNF use only)	78 SNF prior stay dates79 Payer use codes
	71 Prior stay dates72 First/Last Visit		DR Katrina disaster related
	73 Benefit eligibility perio	d	M0 PRO/UR approved stay dates
	74 Noncovered level of ca		M1 Provider liability - no utilization
	75 SNF level of care		M2 Inpatient respite dates
	76 Patient Liability Period		M3 ICF level of care
	77 Provider Liability - Uti	Data Source:	M4 Residential level of care
Reginning Desition	1254	DATA NOUTCP'	Claim
	1254		Alphanumaria
Beginning Position: Length:	2	Туре:	Alphanumeric
	2 OCCUR_SPAN_FROM	<u>Туре:</u> [_1	
Length: Field 211:	2 OCCUR_SPAN_FROM Occurrence Span From ed	Type: [_ 1 <i>quals</i> Beginning Da	ate of Event <i>minus</i> Admission/Start of Care Date.
Length:	2 OCCUR_SPAN_FROM	<u>Туре:</u> [_1	

Field 212:	OCCUR_SPAN_THRU_1			
rielu 212:			Event mi	nus Admission/Start of Care Date.
Beginning Position:	1262	Data Source:	Calculate	
Length:	6	Type:	Alphanu	
Field 213:	OCCUR_SPAN_CODE_2		Aiphanu	merie
r iciu 215.			the claim	that may affect payer processing.
Coding Scheme:	Same as Field 210.	it event relating to		i that may affect payer processing.
Beginning Position:	1268	Data Source:	Claim	
Length:	2	Type:	Alphanu	meric
Field 214:	OCCUR SPAN FROM 2		7 fipfiultu	
11010/214.			e of Even	t minus Admission/Start of Care Date.
Beginning Position:	1270	Data Source:	Calculate	
Length:	6	Type:	Alphanu	
Field 215:	OCCUR_SPAN_THRU_2	-)per		
11010 2101		ls Ending Date of	Event mi	nus Admission/Start of Care Date.
Beginning Position:	1276	Data Source:	Calculate	
Length:	6	Type:	Alphanu	
Field 216:	OCCUR_SPAN_CODE_3			
11010 210.			the claim	that may affect payer processing.
Coding Scheme:	Same as Field 210.	it event relating to		i that may affect payer processing.
Beginning Position:	1282	Data Source:	Claim	
Length:	2	Type:	Alphanu	meric
Field 217:	OCCUR_SPAN_FROM_3		1 11 p 11 u 11 u	
			e of Even	t minus Admission/Start of Care Date.
Beginning Position:	1284	Data Source:	Calculate	
Length:	6	Type:	Alphanu	
Field 218:	OCCUR_SPAN_THRU_3			
11010 2101			Event mi	nus Admission/Start of Care Date.
Beginning Position:	1290	Data Source:	Calculate	
Length:	6	Type:	Alphanu	
Field 219:	OCCUR_SPAN_CODE_4			
			the claim	that may affect payer processing.
Coding Scheme:	Same as Field 210.	e		
Beginning Position:	1296	Data Source:	Claim	
Length:	2	Туре:	Alphanu	meric
Field 220:	OCCUR_SPAN_FROM_4			
	0 0 F			
	Occurrence Span From equa	als Beginning Dat	e of Even	t minus Admission/Start of Care Date.
Beginning Position:	1298	als Beginning Dat Data Source:	e of Event Calculate	
Beginning Position: Length:				ed
	1298	Data Source: Type:	Calculate	ed
Length:	1298 6 OCCUR_SPAN_THRU_4	Data Source: Type:	Calculate Alphanu	ed
Length:	1298 6 OCCUR_SPAN_THRU_4	Data Source: Type:	Calculate Alphanu	ed meric nus Admission/Start of Care Date.
Length: Field 221:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru <i>equa</i>	Data Source: Type: ls Ending Date of	Calculate Alphanui Event mi	ed meric nus Admission/Start of Care Date. ed
Length: Field 221: Beginning Position:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equa 1304	Data Source: Type: Is Ending Date of Data Source:	Calculate Alphanun Event <i>min</i> Calculate	ed meric nus Admission/Start of Care Date. ed
Length: Field 221: Beginning Position: Length:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru <i>equa</i> 1304 6 VALUE_CODE_1 Code describing information	Data Source: Type: ls Ending Date of Data Source: Type: n that may affect p	Calculate Alphanur Event <i>mir</i> Calculate Alphanur	ed meric nus Admission/Start of Care Date. ed meric ressing.
Length: Field 221: Beginning Position: Length:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equa 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat	Data Source: Type: ls Ending Date of Data Source: Type: n that may affect per ter ter ter ter ter ter ter ter ter t	Calculate Alphanun Event <i>mi</i> Calculate Alphanun Dayer proc	ed meric nus Admission/Start of Care Date. ed meric ressing. Medicaid spenddown amount
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equation 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat	Data Source: Type: <i>ls</i> Ending Date of Data Source: Type: n that may affect per the rate te rooms	Calculate Alphanun Event <i>mii</i> Calculate Alphanun payer proc 66 67	ed meric nus Admission/Start of Care Date. ed meric ressing. Medicaid spenddown amount Peritoneal dialysis
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equa 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat	Data Source: Type: <i>ls</i> Ending Date of Data Source: Type: n that may affect per the rate te rooms	Calculate Alphanun Event <i>mii</i> Calculate Alphanun payer proc 66 67	ed meric nus Admission/Start of Care Date. ed meric ressing. Medicaid spenddown amount
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional common are combined billed 5 Professional component in	Data Source: Type: Is Ending Date of Data Source: Type: n that may affect p e rate te rooms ponent charges which cluded in charges and	Calculate Alphanun Event min Calculate Alphanun payer proc 66 67 68	ed meric nus Admission/Start of Care Date. ed meric ressing. Medicaid spenddown amount Peritoneal dialysis
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional commare combined billed 5 Professional component in also billed separately to call	Data Source: Type: Is Ending Date of Data Source: Type: n that may affect p e rate te rooms ponent charges which cluded in charges and rrier	Calculate Alphanun Event mit Calculate Alphanun Dayer proc 66 67 68 69	ed meric nus Admission/Start of Care Date. ed meric essing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional common are combined billed 5 Professional component in also billed separately to ca 6 Medicare blood deductible	Data Source: Type: Is Ending Date of Data Source: Type: n that may affect p e rate te rooms ponent charges which cluded in charges and rrier	Calculate Alphanun Event mit Calculate Alphanun Dayer proc 66 67 68 69 72	ed meric nus Admission/Start of Care Date. ed meric essing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage Flat rate surgery charge
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional commare combined billed 5 Professional component in also billed separately to call	Data Source: Type: Is Ending Date of Data Source: Type: n that may affect p e rate te rooms ponent charges which cluded in charges and rrier	Calculate Alphanun Event mit Calculate Alphanun Dayer proc 66 67 68 69	ed meric nus Admission/Start of Care Date. ed meric essing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional common are combined billed 5 Professional component in also billed separately to ca 6 Medicare life time reserve calendar year 9 Medicare coinsurance amount	Data Source: Type: Is Ending Date of Data Source: Type: that may affect per erate the rooms ponent charges which cluded in charges and rrier amount in the first	Calculate Alphanun Event mit Calculate Alphanun Dayer proc 66 67 68 69 72	ed meric nus Admission/Start of Care Date. ed meric essing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage Flat rate surgery charge
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional commare combined billed 5 Professional component in also billed separately to ca 6 Medicare blood deductible 8 Medicare life time reserve calendar year 9 Medicare coinsurance amo calendar year	Data Source: Type: Is Ending Date of Data Source: Type: that may affect per erate the rooms ponent charges which cluded in charges and trier amount in the first	Calculate Alphanun Event min Calculate Alphanun payer proc 66 67 68 69 72 73 74	ed meric nus Admission/Start of Care Date. ed meric eessing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage Flat rate surgery charge Drug deductible Drug coinsurance
Length: Field 221: Beginning Position: Length: Field 222:	1298 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 1304 6 VALUE_CODE_1 Code describing information 1 Most common semi-privat 2 Hospital has no semi-privat 4 Inpatient professional common are combined billed 5 Professional component in also billed separately to ca 6 Medicare life time reserve calendar year 9 Medicare coinsurance amount	Data Source: Type: Is Ending Date of Data Source: Type: that may affect per erate the rooms ponent charges which cluded in charges and trier amount in the first	Calculate Alphanun Event min Calculate Alphanun Dayer proc 66 67 68 69 72 73	ed meric nus Admission/Start of Care Date. ed meric essing. Medicaid spenddown amount Peritoneal dialysis EPO-drug State charity care percentage Flat rate surgery charge Drug deductible

11	Medicare coinsurance amount in the second calendar year	A0	Special zip code repor
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibili
15	Worker's compensation	A4	Covered self-administ
16 21	Public health service (PHS) or other federal agency Catastrophic	A5 A6	Covered self-administ in form and situation f Covered self-administ
22	Surplus	A7	study and other Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges or health care related t
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or a eduction) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibili
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges or health care related t
32	Multiple patient ambulance transport	BB	Other assessments or a eduction) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibili
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges or health care related t
39	Pints of blood replaced	CB	Other assessments or a eduction) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated resp
41	Black lung	DR	Katrina disaster relate
42	VA	E1	Deductible Payer D
43	Disabled beneficiary under age 65 with LGHP	E2	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E3	Coinsurance Payer D
45	Accident hour	E7	Co-payment payer D
46	Number of grace days	EA	Regulatory surcharges or health care related t
47	Any liability insurance	EB	Other assessments or a education) - payer D
48	Hemoglobin reading	F1	Deductible Payer E
49	Hematocrit reading	F2	Coinsurance Payer E
50	PT visits	F3	Coinsurance Payer E
51	OT visits	F7	Co-payment payer E
52	ST visits	FA	Regulatory surcharges or health care related t
53	Cardiac rehab visits	FB	Other assessments or a education) - payer E
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G1	Deductible Payer F
56	Skilled nurse - home visit hours	G2	Coinsurance Payer F
57	Home health aide - home visit hours	G3	Coinsurance Payer F

0	Special zip code reporting
1	Deductible payer A
2	Coinsurance payer A
3	Estimated responsibility payer A
4	Covered self-administrable drugs - emergency
5	Covered self-administrable drugs - administrable
6	in form and situation furnished to patient Covered self-administrable drugs - diagnostic
7	study and other Co-payment payer A
8	Patient weight
9	Patient height
A	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
В	Other assessments or allowances (e.g., medical eduction) - payer A
1	Deductible payer B
2	Coinsurance payer B
3	Estimated responsibility payer B
7	Co-payment payer B
A	Regulatory surcharges, assessments, allowances
В	or health care related taxes - payer B Other assessments or allowances (e.g., medical
1	eduction) - payer B Deductible payer C
2	Coinsurance payer C
3	Estimated responsibility payer C
7	Co-payment payer C
A	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
В	Other assessments or allowances (e.g., medical
2	eduction) - payer C
3 D	Patient estimated responsibility
R	Katrina disaster related
1	Deductible Payer D
2	Coinsurance Payer D
3	Coinsurance Payer D
7	Co-payment payer D
A	Regulatory surcharges, assessments, allowances
В	or health care related taxes - payer D Other assessments or allowances (e.g. medical
1	education) - payer D Deductible Payer E
2	
2 3	Coinsurance Payer E
3 7	Consumment payor E
	Co-payment payer E
A	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
В	Other assessments or allowances (e.g. medical education) - payer E
1	Deductible Payer F
1	

	58 Arterial blood	•	G7	Co-payment payer F
	59 Oxygen satur	ation	GA	Regulatory surcharges, assessments, allowances
	60 HHA branch	MSA	GB	or health care related taxes - payer F Other assessments or allowances (e.g. medical
		re service is furnished (HHA and	P1	education) - payer F Do not resuscitate order (DNR)
Paginning Desition.	hospice) 1310	Data Sources	Claim	
Beginning Position:		Data Source:		
Length:	2	Туре:	Alphanu	lineric
Field 223:	VALUE_AMOU			
		at may be affected.		
Beginning Position:	1312	Data Source:	Claim	
Length:	9	Туре:	Alphanu	imeric
Field 224:	VALUE_CODE			
		nformation that may affect	payer pro	cessing.
Coding Scheme:	Same as Field 222			
Beginning Position:	1321	Data Source:	Claim	
Length:	2	Туре:	Alphanu	Imeric
Field 225:	VALUE_AMOU		•	
		at may be affected.		
Beginning Position:	1323	Data Source:	Claim	
8 8	9			morio
Length:	-	Туре:	Alphanu	imeric
Field 226:	VALUE_CODE			
		nformation that may affect	payer pro	cessing.
Coding Scheme:	Same as Field 222			
Beginning Position:	1332	Data Source:	Claim	
Length:	2	Туре:	Alphanu	imeric
Field 227:	VALUE_AMOU			
		at may be affected.		
	Dollar amount that			
Beginning Position:			Claim	
Beginning Position:	1334	Data Source:	Claim Alphani	imeric
Length:	1334 9	Data Source: Type:	Claim Alphanu	imeric
0	1334 9 VALUE_CODE	Data Source: Type: _4	Alphanu	
Length: Field 228:	1334 9 VALUE_CODE Code describing i	Data Source: Type: 4 nformation that may affect	Alphanu	
Length: Field 228: Coding Scheme:	1334 9 VALUE_CODE Code describing i Same as Field 222	Data Source: Type: 4 nformation that may affect 2.	Alphanu payer pro	
Length: Field 228: Coding Scheme: Beginning Position:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343	Data Source: Type: 4 nformation that may affect 2. Data Source:	<u>Alphanu</u> payer pro Claim	cessing.
Length: Field 228: Coding Scheme: Beginning Position: Length:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2	Data Source: Type: 4 nformation that may affect 2. Data Source: Type:	Alphanu payer pro	cessing.
Length: Field 228: Coding Scheme: Beginning Position:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4	<u>Alphanu</u> payer pro Claim	cessing.
Length: Field 228: Coding Scheme: Beginning Position: Length:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha	Data Source: Type: 4 nformation that may affect 2. Data Source: Type:	Alphanu payer pro Claim Alphanu	cessing.
Length: Field 228: Coding Scheme: Beginning Position: Length:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4	Alphanu payer pro Claim Alphanu Claim	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected.	Alphanu payer pro Claim Alphanu	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha 1345	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type:	Alphanu payer pro Claim Alphanu Claim	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position: Length:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha 1345 9 VALUE_CODE	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type: _5	Alphanu payer pro Claim Alphanu Claim Alphanu	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position: Length: Field 230:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha 1345 9 VALUE_CODE Code describing i	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type: _5 nformation that may affect	Alphanu payer pro Claim Alphanu Claim Alphanu	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position: Length: Field 230: Coding Scheme:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount tha 1345 9 VALUE_CODE Code describing i Same as Field 222	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type: 5 nformation that may affect 2.	Alphanu payer pro Claim Alphanu Claim Alphanu payer pro	cessing. Imeric
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position: Length: Field 230: Coding Scheme: Beginning Position:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount that 1345 9 VALUE_CODE Code describing i Same as Field 222 1354	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type: _5 nformation that may affect 2. Data Source:	Alphanu payer pro Claim Alphanu Claim Alphanu payer pro Claim	cessing. meric meric cessing.
Length: Field 228: Coding Scheme: Beginning Position: Length: Field 229: Beginning Position: Length: Field 230: Coding Scheme: Beginning Position: Length:	1334 9 VALUE_CODE Code describing i Same as Field 222 1343 2 VALUE_AMOU Dollar amount that 1345 9 VALUE_CODE Code describing i Same as Field 222 1354 2	Data Source: Type: 4 nformation that may affect 2. Data Source: Type: NT_4 at may be affected. Data Source: Type: 5 nformation that may affect 2. Data Source: Type:	Alphanu payer pro Claim Alphanu Claim Alphanu payer pro	cessing. meric meric cessing.
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Length:	9	Туре:	Alphanumeric
Field 234:	VALUE_CODE_7		
	Code describing information	n that may affect	paver processing.
Coding Scheme:	Same as Field 222.	5	
Beginning Position:	1376	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 235:	VALUE_AMOUNT_7	1,100	
11010 2001	Dollar amount that may be a	affected	
Beginning Position:	1378	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 236:	VALUE_CODE_8	Type.	Aphanumene
FICIU 230.	Code describing information	n that may affact	payor processing
Coding Scheme:	Same as Field 222.	i that may affect	payer processing.
Beginning Position:	1387	Data Source:	Claim
Length:	2 NALLE AMOUNT 9	Туре:	Alphanumeric
Field 237:	VALUE_AMOUNT_8		
Destautus D 141	Dollar amount that may be a		
Beginning Position:	1389	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 238:	VALUE_CODE_9		
~ ~ .	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 222.		
Beginning Position:	1398	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 239:	VALUE_AMOUNT_9		
	Dollar amount that may be a	affected.	
Beginning Position:	1400	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 240:	VALUE_CODE_10		
	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 222.		
Beginning Position:	1409	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 241:	VALUE_AMOUNT_10		•
	Dollar amount that may be a	affected.	
Beginning Position:	1411	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 242:	VALUE CODE 11	••	•
	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 222.	5	
Beginning Position:	1420	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 243:	VALUE_AMOUNT_11	V 1	1
	Dollar amount that may be a	affected	
Beginning Position:	1422	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 244:	VALUE_CODE_12	i ype.	7 ilphundmerte
	Code describing information	n that may affect	paver processing
Coding Scheme:	Same as Field 222.	a max may arrest	Pajer Processing.
Beginning Position:	1431	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 245:	VALUE_AMOUNT_12	rype.	raphanument
r ielu 245:		offected	
Designing Destates	Dollar amount that may be a		Claim
Beginning Position:	1433	Data Source:	Claim
Length:	9	Туре:	Alphanumeric

Field 246:	HCFA-MDC		
	Major Diagnostic Categor	y (MDC) as assign	ed by Health Care Financing Administration
	(HCFA) for hospital paym	nent for Medicare b	eneficiaries. First available 2004.
Beginning Position:	1442	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 247:	APR-MDC		1
		v (MDC) as assion	ed by 3M APR-DRG Grouper, version 20.
Beginning Position:	1444	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 248:	L HCFA-DRG	Type.	Alphandmene
r leiu 248:		luninistantian (LICE	(A) Diamagia Balatad Casur (DBC) as assigned
			A) Diagnosis Related Group (DRG) as assigned
	for hospital payment for N		
Beginning Position:	1446	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 249:	APR-DRG		
) Diagnosis Related	d Group (DRG) as assigned by 3M APR-DRG
	Grouper, version 20.		
Beginning Position:	1449	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 250:	RISK MORTALITY	• •	*
		ortality score from	the All Patient Refined (APR) Diagnosis Related
			per, version 20. Indicates the likelihood of dying.
~ ~ -			per, version 20: maleates the intermode of a jing.
Coding Scheme	1 Minor		
Coding Scheme:	1 Minor 2 Moderate		
Coding Scheme:			
Coding Scheme:	 Moderate Major Extreme 		
Coding Scheme: Beginning Position:	 Moderate Major 	Data Source:	Assigned
Beginning Position:	 Moderate Major Extreme 	Data Source: Type:	Assigned Alphanumeric
Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 1452		
Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 1452 1 ILLNESS_SEVERITY	Туре:	Alphanumeric
Beginning Position: Length:	2Moderate3Major4Extreme14521ILLNESS_SEVERITYAssignment of a severity of	Type: of illness score from	Alphanumeric n the All Patient Refined (APR) Diagnosis Related
Beginning Position: Length:	2 Moderate 3 Major 4 Extreme 1452 1 ILLNESS_SEVERITY Assignment of a severity of Group (DRG) from the 3M	Type: of illness score from	Alphanumeric
Beginning Position: Length: Field 251:	2Moderate3Major4Extreme14521ILLNESS_SEVERITYAssignment of a severity of	Type: of illness score from	Alphanumeric n the All Patient Refined (APR) Diagnosis Related
Beginning Position: Length: Field 251:	2 Moderate 3 Major 4 Extreme 1452 1 ILLNESS_SEVERITY Assignment of a severity of Group (DRG) from the 3M decompensation.	Type: of illness score from	Alphanumeric n the All Patient Refined (APR) Diagnosis Related
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Beginning Position: Length: Field 251: Coding Scheme: Beginning Position:	2Moderate3Major4Extreme14521ILLNESS_SEVERITYAssignment of a severity ofGroup (DRG) from the 3Ndecompensation.1Minor2Moderate3Major4Extreme	Type: of illness score from A APR-DRG Grou	Alphanumeric n the All Patient Refined (APR) Diagnosis Related per, version 20. Indicates the extent of physiologic
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Beginning Position: Length: Field 251: Coding Scheme: Beginning Position: Length: Field 252: Suppression: Beginning Position:	2 Moderate 3 Major 4 Extreme 1452 1 ILLNESS_SEVERITY Assignment of a severity of Group (DRG) from the 3M decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Unife expected to certify medical patient's medical care and under the Medical Practice patients to hospitals or whincluding psychologists, c podiatrists authorized by t Suppressed when the num minimum cell size of five.	Type: of illness score from A APR-DRG Grou Data Source: Type: IAN_UNIF_ID orm Identifier. United In necessity of server treatment. Physici te Act. Can include to provides diagnoss hiropractors, dentified he hospital to admited ber of physicians r Data Source:	Alphanumeric n the All Patient Refined (APR) Diagnosis Related per, version 20. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ices rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits stic or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and it or treat patients. epresented in a DRG for a hospital is less than the Assigned
Beginning Position: Length: Field 251: Coding Scheme: Beginning Position: Length: Field 252: Suppression:	2 Moderate 3 Major 4 Extreme 1452 1 ILLNESS_SEVERITY Assignment of a severity of Group (DRG) from the 3M decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 1453 1 ATTENDING_PHYSIC Attending Physician Unife expected to certify medical patient's medical care and under the Medical Practice patients to hospitals or whincluding psychologists, c podiatrists authorized by the suppressed when the num minimum cell size of five.	Type: of illness score from A APR-DRG Grou Data Source: Type: IAN_UNIF_ID orm Identifier. United and necessity of server treatment. Physici te Act. Can include to provides diagnoss hiropractors, dentified he hospital to admited ber of physicians r Data Source: Type:	Alphanumeric n the All Patient Refined (APR) Diagnosis Related per, version 20. Indicates the extent of physiologic Assigned Alphanumeric que identifier assigned to the licensed physician ices rendered, with primary responsibility for the an is an individual licensed to practice medicine an individual other than a physician who admits stic or therapeutic procedures to inpatients, sts, nurse practitioners, nurse midwives, and it or treat patients. epresented in a DRG for a hospital is less than the

	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an			
	individual licensed to practice medicine under the Medical Practice Act. Can include an			
	individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse			
	practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat			
	patients.			
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the			
	minimum cell size of five.			
Coding Scheme:	9999999998 Cell size less than 5			
-	9999999999 Temporary license or license number could not be matched			
Beginning Position:	1464Data Source:Assigned			
Length:	10 Type: Alphanumeric			
Field 254:	CERT_STATUS			
	Assignment of a code to indicate the certification of data and submission of comments by the			
	hospital. First available 3 rd quarter 1999.			
Coding Scheme:	1 Certified, without comment			
	2 Certified, with comment			
	3 Certified, with comment, comment not received by deadline			
	4 Hospital elected not to certify			
	5 Hospital closed, data not certified			
Beginning Position:	1474Data Source:Assigned			
Length:	1 Type: Alphanumeric			
Field 255:	RECORD_ID			
Description:	Record Identification Number. Unique number assigned to identify the record. First available			
	1 st quarter 2002.			
Beginning Position:	1475 Data Source: Assigned			
Length:	12 Type: Alphanumeric			

References:

There are currently three major versions of the Diagnosis Related Groups (DRGs) in use. The basic DRGs are used by the Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries. The All Patient DRGs (AP-DRGs) are an expansion of the basic DRGs to be more representative of non-Medicare populations such as pediatric patients. The All Patient Refined DRGs (APR-DRGs) incorporate severity of illness and risk or mortality subclasses into the AP-DRGs. The basic HCFA DRGs and the APR-DRGs are included in this data.

Field 1:	REC	ORD_ID		
Description:		d Identification Number. Unique number	assigne	d to identify the record. First available
		arter 2002.	assigne	
Beginning Position:	1 qu	Data Source:	Assign	ed
0	12		0	
Length:		Туре:	Alphan	lumenc
Field 2:		ENUE_CODE		
Description:		corresponding to each specific accommod	dation, a	incillary service or billing calculation
		d to the services being billed.		
Coding Scheme:	100	All-inclusive room charges plus ancillary	514	Clinic - OB/GYN
	101	All-inclusive room charges	515	Clinic - pediatric
	110 111	Room charges for private rooms - general Room charges for private rooms -	516 517	Clinic - urgent care Clinic - family practice
	111	medical/surgical/GYN	517	chine hanny practice
	112	Room charges for private rooms - obstetrics	519	Clinic - other
	113	Room charges for private rooms - pediatric	520	Freestanding Clinic - general
	114	Room charges for private rooms - psychiatric	521	Freestanding Clinic - rural health
	115	Room charges for private rooms - hospice	522	Freestanding Clinic - rural health - off-site visit
	116	Room charges for private rooms - detoxification	523	Freestanding Clinic - family practice
	117 118	Room charges for private rooms - oncology Room charges for private rooms - rehabilitation	526 529	Freestanding Clinic - urgent care Freestanding Clinic - other
	118	Room charges for private rooms - renabilitation Room charges for private rooms - other	529 530	Osteopathic service - general
	120			1 6
		Room charges for semi-private rooms - general	531	Osteopathic service - therapy
	121	Room charges for semi-private rooms - medical/surgical/GYN	539	Osteopathic service - other
	122	Room charges for semi-private rooms - obstetrics	540	Ambulance service - general
	123	Room charges for semi-private rooms - pediatric	541	Ambulance service - supplies
	124	Room charges for semi-private rooms - psychiatric	542	Ambulance service - medical transport
	125	Room charges for semi-private rooms - hospice	543	Ambulance service - heart mobile
	126	Room charges for semi-private rooms - detoxification	544	Ambulance service - oxygen
	127	Room charges for semi-private rooms - oncology	545	Ambulance service - air ambulance
	128	Room charges for semi-private rooms - rehabilitation	546	Ambulance service - neonatal
	129	Room charges for semi-private rooms - other	547	Ambulance service - pharmacy
	130	Room charges for semi-private - 3/4 beds - rooms - general	548	Ambulance service - telephone transmission EKG
	131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	549	Ambulance service - other
	132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	550	Skilled nursing - general
	133	Room charges for semi-private - 3/4 beds - rooms - pediatric	551	Skilled nursing - visit charge
	134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	552	Skilled nursing - hourly charge
	135 136	Room charges for semi-private - 3/4 beds - rooms - hospice Room charges for semi-private - 3/4 beds -	559 560	Skilled nursing - other
	130	rooms - detoxification Room charges for semi-private - 3/4 beds -	561	Medical social services - general Medical social services - visit charge
	137	rooms - oncology Room charges for semi-private - 3/4 beds -	562	Medical social services - hourly charge
	139	rooms - rehabilitation Room charges for semi-private - 3/4 beds -	569	Medical social services - other
	140	rooms - other Room charges for private (deluxe) rooms -	570	Home health aide - general
	141	general Room charges for private (deluxe) rooms -	571	Home health aide - visit charge
	142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	572	Home health aide - hourly charge

CHARGES DATA FILE

143	Room charges for private (deluxe) rooms -	579
144	pediatric Room charges for private (deluxe) rooms -	580
145	psychiatric Room charges for private (deluxe) rooms -	581
146	hospice Room charges for private (deluxe) rooms - detoxification	582
147	Room charges for private (deluxe) rooms - oncology	583
148	Room charges for private (deluxe) rooms - rehabilitation	589
149	Room charges for private (deluxe) rooms - other	590
150	Room charges for ward rooms - general	599
151	Room charges for ward rooms - medical/surgical/GYN	600
152	Room charges for ward rooms - obstetrics	601
153	Room charges for ward rooms - pediatric	602
154	Room charges for ward rooms - psychiatric	603
155	Room charges for ward rooms - hospice	604
156	Room charges for ward rooms - detoxification	610
157	Room charges for ward rooms - oncology	611
158		612
	Room charges for ward rooms - rehabilitation	
159	Room charges for ward rooms - other	619
160	Room charges for other rooms - general	621
161	Room charges for other rooms - medical/surgical/GYN	622
162	Room charges for other rooms - obstetrics	623
163	Room charges for other rooms - pediatric	624
164	Room charges for other rooms - psychiatric	630
165	Room charges for other rooms - hospice	631
166	Room charges for other rooms - detoxification	632
167	Room charges for other rooms - oncology	633
168	Room charges for other rooms - rehabilitation	634
169	Room charges for other rooms - other	635
170	Room charges for nursery - general	636
171	Room charges for nursery - newborn level I	637
172 173	Room charges for nursery - newborn level II Room charges for nursery - newborn level III	640 641
174	Room charges for nursery - newborn level IV	642
179	Room charges for nursery - other	643
180	Room charges for LOA - general	644
182	Room charges for LOA - patient convenice-	645
183	charges billable Room charges for LOA - therapeutic leave	646
184	Room charges for LOA - ICF mentally retarded	647
185	- any reason Room charges for LOA - hospitalization	648
189	Room charges for LOA - other	649

579	Home health aide - other
580	Other visits (home health) - general
581	Other visits (home health) - visit charge
582	Other visits (home health) - hourly charge
583	Other visits (home health) - assessment
589	Other visits (home health) - other
590	Units of service (home health) - general
599	Units of service (home health) - other
600	Oxygen (home health) - general
601	Oxygen (home health) - stat/equip/supply or contents
602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
604	Oxygen (home health) - portable add-in
610	MRI - general
611	MRI - brain (including brain stem)
612	MRI - spinal cord (including spine)
619	MRI - other
621	
	Medical/surgical supplies - incident to radiology
622 623	Medical/surgical supplies - incident to other diagnostic services Medical/surgical supplies - surgical dressings
	· · · · ·
624	Medical/surgical supplies - FDA investigational devices
630	Drugs requiring specific identification - general
631	Drugs requiring specific identification - single source
632	Drugs requiring specific identification - multiple source
633	Drugs requiring specific identification - restrictive prescription
634	Drugs requiring specific identification - EPO, less than 10,000 units
635	Drugs requiring specific identification - EPO, 10,000 or more units
636	Drugs requiring specific identification - requiring detailed coding
637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
640	Home IV therapy services - general
641	Home IV therapy services - nonroutine nursing, central line
642	Home IV therapy services - IV site care, central line
643	Home IV therapy services - IV start/change, peripheral line
644	Home IV therapy services - nonroutine nursing, peripheral line
645	Home IV therapy services - training patient/caregiver, central line
646	Home IV therapy services - traning, disabled patient, central line
647	Home IV therapy services - training, patient/caregiver, peripheral
C 10	

- patient/caregiver, peripheral Home IV therapy services training, disabled patient, peripheral Home IV therapy services other 548
- 549

190Room charges for subacute care - general650191Room charges for subacute care - Level I651(skilled care)192Room charges for subacute care - Level II652(comprehensive care)193Room charges for subacute care - Level III655(complex care)194Room charges for subacute care - Level IV656(intensive care)199Room charges for subacute care - other657200Room charges for intensive care - general658201Room charges for intensive care - surgical659202Room charges for intensive care - medical660203Room charges for intensive care - pediatric661204Room charges for intensive care - pediatric662205Room charges for intensive care - intermediate663intensive care unit (ICU)207Room charges for intensive care - burn care669208Room charges for intensive care - other671210209Room charges for coronary care - general672211Room charges for coronary care - pulmonary care681 care212Room charges for coronary care - pulmonary care681 coronary care - not care682214Room charges for coronary care - intermediate coronary care unit (CCU)683 coronary care unit (CCU)683	Hospice Hospice Hospice Hospice
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206Room charges for intensive care - intermediate intensive care unit (ICU)663207Room charges for intensive care - burn care669208Room charges for intensive care - trauma670209Room charges for intensive care - other671210Room charges for coronary care - general672211Room charges for coronary care - myocardial infarction679212Room charges for coronary care - pulmonary care681213Room charges for coronary care - heart transplant682214Room charges for coronary care - intermediate683	Respite
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208Room charges for intensive care - trauma670209Room charges for intensive care - other671210Room charges for coronary care - general672211Room charges for coronary care - myocardial infarction679212Room charges for coronary care - pulmonary care681213Room charges for coronary care - heart transplant682214Room charges for coronary care - intermediate683	Respite
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care 213 Room charges for coronary care - heart transplant 214 Room charges for coronary care - intermediate 683	Outpati
transplant 214 Room charges for coronary care - intermediate 683	Trauma
	Trauma
	Trauma
219Room charges for coronary care - other68420000	Trauma
220 Special charges - general 689	Trauma
221 Special charges - admission charge 700	Cast Ro
222 Special charges - technical support charge 709	Cast Ro
223 Special charges - UR service charge 710	Recove
224 Special charges - late discharge, medically 719 necessary 720	Recove
229Special charges - other720220J721	Labor/I
230Incremental nursing care - general721	Labor/I
231Incremental nursing care - nursery722232Incremental nursing care - nursery722	Labor/I
232Incremental nursing care - OB723724	Labor/I
 233 Incremental nursing care - ICU (includes 724 transitional care) 234 Incremental nursing care - CCU (includes 729 	Labor/I
transitional care)	Labor/I
5 I I I I I I I I I I I I I I I I I I I	EKG/E EKG/E
239 Incremental nursing care - other 731 240 All inclusion partitions 722	
240 All-inclusive ancillary - general 732 240 All-inclusive ancillary - schere 720	EKG/E
249All-inclusive ancillary - other739250N740	EKG/E
250Pharmacy - general740251Pharmacy - generic drugs749	EEG se
	EEG se
252Pharmacy - nongeneric drugs750252Pharmacy - tale have drugs750	Gastroi
253 Pharmacy - take-home drugs 759 254 Pharmacy - data incident to other discounting 760	Gastroi
 254 Pharmacy - drugs incident to other diagnostic 760 services 255 Pharmacy - drugs incident to radiology 761 	Treatm general
255Pharmacy - drugs incident to radiology761256Pharmacy - experimental drugs761	Treatm observa Treatm
200 Financia experimental drugs 701	treatme
257Pharmacy - nonprescription769	Treatm
258Pharmacy - IV solutions770	Prevent

50	Hospice services - general
51	Hospice services - routine home care
52	Hospice services - continuous home care
55	Hospice services - inpatient respite care
56	Hospice services - general inpatient care (nonrespite)
57	Hospice services - physician services
58	Hospice services - room and board - nursing facility
59	Hospice services - other
60	Respite care - general
61	Respite care - hourly charge/skilled nursing
62	Respite care - hourly
63	charge/aide/homemaker/companion Respite care - daily charge
69	Respite care - other
70	Outpatient special residence - general
71	Outpatient special residence - hospital based
72	Outpatient special residence - contracted
79	Outpatient special residence - other
81	Trauma response - level I
82	Trauma response - level II
83	Trauma response - level III
84	Trauma response - level IV
89	Trauma response - other
00	Cast Room services - general
09	Cast Room services - other
10	Recovery Room services - general
19	Recovery Room services - other
20	Labor/Delivery Room services - general
21	Labor/Delivery Room services - labor
22	Labor/Delivery Room services - delivery
23	Labor/Delivery Room services - circumcision
24	Labor/Delivery Room services - birthing center
29	Labor/Delivery Room services - other
30	EKG/ECG services - general
31	EKG/ECG services - holter monitor
32	EKG/ECG services - telemetry
39	EKG/ECG services - other
40	EEG services - general
49	EEG services - other
50	Gastrointestinal services - general
59	Gastrointestinal services - other
60	Treatment or observation room services - general
61	Treatment or observation room services - observation room
61	Treatment or observation room services - treatment room

- Treatment or observation room services other
- 770 Preventive care services general

260	IV Therapy - general	771	Pro ad
261	IV Therapy - infusion pump	779	Pro
262	IV Therapy - pharmacy services	780	Те
263	IV Therapy - durg/supply delivery	789	Те
264	IV Therapy - supplies	790	Lit
269	IV Therapy - other	790	Ex
270	Medical surgical supplies and devices - general	799	Ex
271	Medical surgical supplies and devices - nonsterile	799	Li
272	Medical surgical supplies and devices - sterile	800	Inj
273	Medical surgical supplies and devices - take- home	801	Inj
274	Medical surgical supplies and devices - prosthetic/orthotic	802	Inj (no
275	Medical surgical supplies and devices -	803	Inj
276	pacemaker Medical surgical supplies and devices -	804	an Inj
277	intraocular lens (IOL) Medical surgical supplies and devices - oxygen	809	cy Inj
278	- take-home Medical surgical supplies and devices - other	810	Or
279	implants Medical surgical supplies and devices - other	811	Or
280	Oncology - general	812	Or
289	Oncology - other	813	Or
290	DME - general	814	Or
291	DME - rental	819	do Or
292	DME - purchase of new	820	He
293	DME - purchase of used	821	Не
294	DME - supplies/drugs for DME effectiveness	825	or He
299	DME - other equipment	829	sei He
300	Laboratory - general	830	Pe
301	Laboratory - chemistry	831	ge Pe
302	Laboratory - immunology	835	co Pe
303	Laboratory, rand rationt (home)	839	suj De
303 304	Laboratory - renal patient (home)		Pe
304 305	Laboratory - nonroutine dialysis	840 841	CA CA
305	Laboratory - hemotology	041	rat
306	Laboratory - bacteriology and microbiology	845	CA
307	Laboratory - urology	849	CA
309	Laboratory - other	850	CC
310	Laboratory pathological - general	851	CC rat
311	Laboratory pathological - cytology	855	CC
312	Laboratory pathological - histology	859	CC
313	Laboratory pathological - biopsy	880	Mi
319	Laboratory pathological - other	881	Mi
320	Radiology - diagnostic - general	882	Mi
321	Radiology - diagnostic - angiocardiography	889	M
322	Radiology - diagnostic - arthrography	900	Be
323	Radiology - diagnostic - arteriography	901	Be
324	Radiology - diagnostic - chest x-ray	902	ele Be
329	Radiology - diagnostic - other	903	the Be the

71	Preventive care services - vaccine administration
79	Preventive care services - other
/80	Telemedicine services - general
89	Telemedicine services - other
'90	Lithotripsy services - general
'90	Extra-corporeal shockwave therapy - general
'99	Extra-corporeal shockwave therapy - other
'99	Lithotripsy services - other
800	Inpatient renal dialysis services - general
801	Inpatient renal dialysis services - hemodialysis
802	Inpatient renal dialysis services - peritoneal (non-CAPD)
803	Inpatient renal dialysis services - continuous
804	ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous
309	cycling peritoneal dialysis (CAPD) Inpatient renal dialysis services - other
810	Organ acquisition - general
311	Organ acquisition - living donor
312	Organ acquisition - cadaver donor
313	Organ acquisition - unknown donor
814	Organ acquisition - unsuccessful organ search- donor bank charges
819	Organ acquisition - other donor
320	Hemodialysis - outpatient or home - general
321	Hemodialysis - outpatient or home - composite or other rate
325	Hemodialysis - outpatient or home - support services
329	Hemodialysis - outpatient or home - other
330	Peritoneal dialysis - outpatient or home - general
331	Peritoneal dialysis - outpatient or home - composite or other rate
335	Peritoneal dialysis - outpatient or home - support services
39	Peritoneal dialysis - outpatient or home - other
840	CAPD - outpatient or home - general
341	CAPD - outpatient or home - composite or other rate
845	CAPD - outpatient or home - support services
349	CAPD - outpatient or home - other
350	CCPD - outpatient or home - general
351	CCPD - outpatient or home - composite or other rate
355	CCPD - outpatient or home - support services
859	CCPD - outpatient or home - other
880	Miscellaneous dialysis - general
881	Miscellaneous dialysis - ultrafiltration
882	Miscellaneous dialysis - home aide visit
889	Miscellaneous dialysis - other
000	Behavior health reatments/services - general
01	Behavior health treatments/services - electroshock
002	Behavior health treatments/services - milieu therapy
003	Behavioral health treatments/services - play therapy

330	Radiology - therapeutic and/or chemotherapy adminstration - general	904	1
331	Radiology - therapeutic and/or chemotherapy	905	1
332	adminstration - chemotherapy - injected Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	906	1
333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	907	1
335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	909	1
339	Radiology - therapeutic and/or chemotherapy administration - other	910	1
340	Nuclear medicine - general	911]
341	Nuclear medicine - diagnostic procedures	912	1
342	Nuclear medicine - therapeutic procedures	913	l
343	Nuclear medicine - diagnostic radiopharmaceuticals	914	1 t
344	Nuclear medicine - therapeutic	915	1
240	radiopharmaceuticals	016	t
349	Nuclear medicine - other	916	t
350	CT scan - general	917	1
	-		ł
351	CT scan - head	918	1
352	CT scan - body	919	1
359	CT scan - other	920	(
360	Operating room services - general	921	(
361	Operating room services - minor surgery	922	(
362	Operating room services - organ transplant	923	(
502	other than kidney	125	
367	Operating room services - kidney transplant	924	(
369	Operating room services - other	925	(
370	Anesthesia - general	929	(
371	Anesthesia - incident to radiology	931	I
372	Anesthesia - incident to other diagnostic services	932	I
374	Anesthesia - acupuncture	940	(
379	Anesthesia - other	941	(
380	Blood - general	942	(
381	Blood - packed red cells	943	(
202		044	1
382	Blood - whole blood	944	
383	Blood - plasma	945	1
384	Blood - platelets	946	(
385	Blood - leukocytes	947	(
386	Blood - other components	949	(
387	Blood - other derivatives (cryoprecipitates)	960	I
389	Blood - other	961	I
390	Blood amd blood component administration, storage and processing - general	962	1
391	Blood and blood component administration, storage and processing - administration	963	1
399	Blood and blood component administration, storage and processing - other	964	I
400	Other imaging services - general	969	I
401	Other imaging services - diagnostic	970	I
402	mammography Other imaging services - ultrasound	971	I

04	Behavior health treatments/services - activity
	therapy

- 05 Behavior health treatments/services intensive outpatient services - psychiatric
- 06 Behavior health treatments/services intensive outpatient services - chemical dependency
- 207 Behavior health treatments/services community behavioral health program
- 09 Behavior health treatments other

0 Reserved

- 1 Behavior health treatment/services rehabilitation
- 12 Behavior health treatment/services partial hospitalization less intensive
- 13 Behavior health treatment/services partial hospitalization intensive
- 14 Behavior health treatment/services individual therapy
- 915 Behavior health treatment/services group therapy
- 16 Behavior health treatment/services family therapy
- 917 Behavior health treatment/services biofeedback
- 8 Behavior health treatment/services testing
- 19 Behavior health treatment/services other
- Other diagnostic services general
- 21 Other diagnostic services peripheral vascular lab
- 22 Other diagnostic services electromyelogram
- Other diagnostic services pap smear
- 924 Other diagnostic services allergy test
- 25 Other diagnostic services pregnancy test
- 929 Other diagnostic services other
- 31 Medical rehabilitation day program half day
- 932 Medical rehabilitation day program full day
- 940 Other therapeutic services general
- 41 Other therapeutic services recreational therapy
- 42 Other therapeutic services education/training
- Other therapeutic services cardiac rehabilitation
- 44 Other therapeutic services drug rehabilitation
- 945 Other therapeutic services alcohol rehabilitation
- 46 Other therapeutic services complex medical equipment - routine
- 47 Other therapeutic services complex medical equipment ancillary
- Other therapeutic services other
- 50 Professional fees general
- Professional fees psychiatric
- 2 Professional fees ophthalmology
- 63 Professional fees anesthesiologist (MD)
- Professional fees anesthetist (CRNA)
- 969 Professional fees other
- 70 Professional fees general
- 971 Professional fees laboratory

403	Other imaging services - screening
404	mammography
	Other imaging services - PET
409	Other imaging services - other
410	Respiratory services - general
412	Respiratory services - inhalation
413	Respiratory services - hyperbaric oxygen
	therapy
419	Respiratory services - other
420	Physical therapy - general
421	Physical therapy - visit charge
422	Physical therapy - hourly charge
423	Physical therapy - group rate
424	Physical therapy - evaluation or reevaluation
429	Physical therapy - other
430	Occupational therapy - general
431	Occupational therapy - visit charge
432	Occupational therapy - hourly charge
433	Occupational therapy - group rate
434	Occupational therapy - evaluation or
120	reevaluation
439	Occupational therapy - other
440 441	Speech-language pathology - general
441 442	Speech-language pathology - visit charge
	Speech-language pathology - hourly charge
443	Speech-language pathology - group rate
444	Speech-language pathology - evaluation or reevaluation
449	Speech-language pathology - other
450	Emergency room - general
451	Emergency room - EMTALA emergency
452	medical screening services Emergency room - beyond EMTALA screening
456	Emergency room - urgent care
459	Emergency room - other
.07	Zalergeney room outer
460	Pulmonary function - general
469	Pulmonary function - other
107	•
470	Audiology - general
471	Audiology diagnostic
471 472	Audiology - diagnostic Audiology - treatment
472	Audiology - other
480 481	Cardiology - general Cardiology - cardiac cath lab
481	
	Cardiology - stress test
483	Cardiology - echocardiology
489	Cardiology - other
490	Ambulatory surgical care - general
499 500	Ambulatory surgical care - other
500	Outpatient services - general
509	Outpatient services - other
510	Clinic - general
511 512	Clinic - chronic pain
	Clinia dantal
512	Clinic - dental Clinic - psychiatric

972 Professional fees - radiology - diagnostic 973 Professional fees - radiology - therapeutic 974 Professional fees - readiology - nuclear medicine 975 Professional fees - operating room 976 Professional fees - respiratory therapy 977 Professional fees - physical therapy 978 Professional fees - occupational therapy Professional fees - speech therapy 979 980 Professional fees - general 981 Professional fees - emergency room 982 Professional fees - outpatient services 983 Professional fees - clinic 984 Professional fees - medical social services 985 Professional fees - EKG 986 Professional fees - EEG 987 Professional fees - hospital visit 988 Professional fees - consultation 989 Professional fees - private duty nurse 990 Patient convenience items - general 991 Patient convenience items - cafeteria/guest tray 992 Patient convenience items - private linen service 993 Patient convenience items - telephone/telegraph 994 Patient convenience items - TV/radio 995 Patient convenience items - nonpatient room rentals 996 Patient convenience items - late discharge charge 997 Patient convenience items - admission kits 998 Patient convenience items - beauty shop/barber 999 Patient convenience items - other Behavior health accommodations - general 1000 Behavior health accommodations - residential 1001 treatment - psychiatric 1002 Behavior health accommodations - residential treatment - chemical dependency 1003 Behavior health accommodations - supervised living 1004 Behavior health accommodations - halfway house 1005 Behavior health accommodations - group home 2100 Alternative therapy services - general 2101 Alternative therapy services - acupuncture 2102 Alternative therapy services - acupressure 2103 Alternative therapy services - massage 2104 Alternative therapy services - reflexology 2105 Alternative therapy services - biofeedback 2106 Alternative therapy services - hypnosis 2109 Alternative therapy services - other 259 Pharmacy - other 3101 Adult day care, medical and social - hourly 3102 Adult day care, social - hourly 3103 Adult day care, medical and social - daily 3104 Adult day care, social - daily 3105 Adult foster care - daily 3109 Adult foster care - other

Beginning Position:	13	Data Source:	Claim	
Length:	4	Туре:	Alphan	umeric
Field 3:	HCPCS_QUALI	FIER		
Description:				
Beginning Position:	17	Data Source:	Claim	
Length:	2	Туре:	Alphan	umeric
Field 4	HCPCS_PROCE	CDURE_CODE		
Description:	HCFA Common F	Procedure Coding System (He	CPCS) c	ode applicable to ancillary services or
-	accommodations.			
Coding Scheme:	See www.cms.hhs.	.gov/providers/pufdownload/	anhcpcd	<i>l.asp</i> for complete list.
Beginning Position:	19	Data Source:	Claim	
Length:	5	Type:	Alphan	umeric
Field 5:	MODIFIER_1		1	
Description:		circumstances related to the p	performa	nce of the service
Coding Scheme:	0 No assessment		F2	Left hand, third digit
e o uning o ontonio o		y assessment (full)	F3	Left hand, fourth digit
		lay assessment (full)	F4	Left hand, fifth digit
		lay assessment (full) lay assessment (full)	F5 F6	Right hand, thumb Right hand, second digit
		lay assessment (comprehensive or	F0 F7	Right hand, third digit
	full)		1,	
	8 Other Medicar	re required assessment (OMRA)	F8	Right hand, fourth digit
		sessment - Medicare 5 day comprehensive)	F9	Right hand, fifth digit
	25 Significant, se management s	parately identifiable evaluation and ervice by the same physician on of the procedure o	FA	Left hand, thumb
		RA/Medicare 5 day assessment	G1	Most recent URR of less than 60%
		RA/Medicare 30 day assessment	G2	Most recent URR of 60% to 64%
		RA/Medicare 60 day assessment	G3	Most recent URR of 65% to 69.9%
		RA/Medicare 90 day assessment	G4	Most recent URR of 70% to 74.9%
		RA/Medicare 14 day assessment	G5	Most recent URR of 75% or greater
	38 Significant cha	ange in status assessment (SCSA)	GN	Service delivered personally by a speech- language pathologist or under an outpatient speech-language pathology plan of care.
		rrection of prior full edicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
		rrection of prior full edicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care.
		rrection of prior full	LC	Left circulflex coronary artery
		edicare 60 day assessment rrection of prior full	LD	Laft antonion descending company artemy
		edicare 90 day assessment	LD	Left anterior descending coronary artery
	47 Significant con	rrection of prior full edicare 14 day assessment	LT	Left side of the body procedure
	48 Significant con	rrection of prior full MRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services
	50 Bilateral proce	edure	QN	Ambulance service furnished directly by a provider of services
	52 Reduced servi	ces	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
	53 Discontinued	procedure	RC	Right coronary artery
	54 Quarterly revie assessment (fu	ew assessment - Medicare 90 Ill)	RT	Right side of the body procedure
	58 Staged or relat	ted procedure or service by the n during the postoperative period	T1	Left foot, second digit
	59 Distinct proce		T2	Left foot, third digit

	76	Repeat procedure by sam	ne physician	T3	Left foot, fourth digit
	77	Repeat procedure by anot	ther physician	T4	Left foot, fifth digit
	78	Return to the operating ro procedure during the post		T5	Right foot, great toe
	79	Unrelated procedure of se physician during the post	ervice by the same	T6	Right foot, second digit
	E1	Upper left eyelid		T7	Right foot, third digit
	E2	Lower left eyelid		Т8	Right foot, fourth digit
	E3	Upper right eyelid		Т9	Right foot, fifth digit
	E4	Lower right eyelid		TA	Left foot, great toe
	F1	Left hand, second digit			
Beginning Position:	24		Data Source:	Claim	
Length:	2		Туре:	Alpha	numeric
Field 6:	MOI	DIFIER_2			
Description:	Ident	ifies special circumsta	ances related to the	e performa	ance of the service.
Coding Scheme:	Same	e as Field 5			
Beginning Position:	26		Data Source:	Claim	
Length:	2		Type:	Alpha	numeric
Field 7:	MOI	DIFIER_3			
Description:	Ident	ifies special circumsta	ances related to the	e performa	ance of the service.
Coding Scheme:	Same	e as Field 5			
Beginning Position:	28		Data Source:	Claim	
Length:	2		Type:	Alpha	numeric
Field 8:	MOI	DIFIER_4			
	Ident	ifies special circumsta	ances related to the	e performa	ance of the service.
Description:	Ident	_	ances related to the	e perform	ance of the service.
Description: Coding Scheme:	Ident	ifies special circumsta	ances related to the Data Source:	e performa Claim	
Description: Coding Scheme: Beginning Position:	Ident Same	ifies special circumsta		Claim	
Description: Coding Scheme: Beginning Position: Length:	Ident Same 30 2	ifies special circumsta	Data Source: Type:	Claim	
Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	Ident Same 30 2 UNI	ifies special circumsta e as Field 5	Data Source: Type: 「_CODE	Claim Alpha	numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:	Ident Same 30 2 UNI Code DA F2	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit	Data Source: Type: 「_CODE	Claim Alpha	numeric pressed.
Description: Coding Scheme: Beginning Position: <u>Length:</u> Field 9: Description: Coding Scheme: Beginning Position:	Ident Same 30 2 UNI Code DA F2 UN	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit	Data Source: Type: CODE n which a value is	Claim Alpha being exp Claim	numeric pressed.
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length:	Ident Same 30 2 UNI Code DA F2 UN 32 2	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit	Data Source: Type: T_CODE n which a value is Data Source:	Claim Alpha being exp Claim	numeric pressed.
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI	ifies special circumsta e as Field 5 <u>T_MEASUREMENT</u> e specifying the units in Days International unit Unit	Data Source: Type: T_CODE n which a value is Data Source:	Claim Alphar being exp Claim Alphar	numeric pressed.
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE	Data Source: Type: T_CODE n which a value is Data Source:	Claim Alpha being exp Claim	numeric pressed.
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position:	Ident Same 30 2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity	Data Source: Type: T_CODE n which a value is Data Source: Type:	Claim Alphar being exp Claim Alphar	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position:	Ident Same 30 2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source:	Claim Alphan being exp Claim Alphan Claim	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI 34 7 UNI	ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source:	Claim Alphan being exp Claim Alphan Claim	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI 34 7 UNI	<pre>ifies special circumsta e as Field 5 Γ_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity Γ_RATE</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source:	Claim Alphan being exp Claim Alphan Claim	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI Num 34 7 UNI Rate	<pre>ifies special circumsta e as Field 5 Γ_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity Γ_RATE</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI Num 34 7 UNI Rate 41 12	<pre>ifies special circumsta e as Field 5 Γ_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity Γ_RATE</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source: Type: Data Source:	Claim Alphai being exp Claim Alphai Claim Numer	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI Num 34 7 UNI Rate 41 12 CHR	<pre>ifies special circumsta e as Field 5 F_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity F_RATE per unit</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer	numeric pressed. numeric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI Num 34 7 UNI Rate 41 12 CHR	<pre>ifies special circumsta a as Field 5 T_MEASUREMENT specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit RGS_LINE_ITEM</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer	numeric pressed. numeric ric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position:	Ident Same 30 2 UNI Code DA F2 UNI 32 2 UNI Num 34 7 UNI Rate 41 12 CHR Total	<pre>ifies special circumsta a as Field 5 T_MEASUREMENT specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit RGS_LINE_ITEM</pre>	Data Source: Type: T_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphan being exp Claim Alphan Claim Numen Claim Numen	numeric pressed. numeric ric ric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI Num 34 7 UNI Rate 41 12 CHR Total 53 14	ifies special circumstate as Field 5 T_MEASUREMENT specifying the units is Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit RGS_LINE_ITEM amount of the charge	Data Source: Type: r_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer Claim Numer Assigr	numeric pressed. numeric ric ric
Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI 34 7 UNI Rate 41 12 CHR Total 53 14 CHR	<pre>ifies special circumsta e as Field 5 T_MEASUREMENT e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit RGS_LINE_ITEM amount of the charge RGS_NON_COV </pre>	Data Source: Type: r_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer Claim Numer Assigr	numeric pressed. numeric ric ric
Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position:	Ident Same 30 2 UNI Code DA F2 UN 32 2 UNI 34 7 UNI Rate 41 12 CHR Total 53 14 CHR	ifies special circumstate as Field 5 T_MEASUREMENT specifying the units is Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit RGS_LINE_ITEM amount of the charge	Data Source: Type: r_CODE n which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Claim Alphai being exp Claim Alphai Claim Numer Claim Numer Assigr	numeric pressed. numeric ric ric ned ric



Texas Hospital Inpatient Discharge Public Use Data File

Base Data File Charges Data File

Data Fields

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

Base Data File

NUMBER	FIELD NAME	POSITION	LENGTH	FIELD TYPE
1	DISCHARGE	1	6	Alphanumeric
2	THCIC_ID	7	6	Alphanumeric
3	PROVIDER_NAME	13	55	Alphanumeric
4	FAC_TEACHING_IND	68	1	Alphanumeric
5	FAC_PSYCH_IND	69	1	Alphanumeric
6	FAC_REHAB_IND	70	1	Alphanumeric
7	FAC_ACUTE_CARE_IND	71	1	Alphanumeric
8	FAC_SNF_IND	72	1	Alphanumeric
9	FAC_LONG_TERM_AC_IND	73	1	Alphanumeric
10	FAC_OTHER_LTC_IND	74	1	Alphanumeric
11	FAC_PEDS_IND	75	1	Alphanumeric
12	SPEC_UNIT	76	5	Alphanumeric
12a	SPEC_UNIT_1 (fixed length format only)	76	1	Alphanumeric
12b	SPEC_UNIT_2 (fixed length format only)	77	1	Alphanumeric
12c	SPEC_UNIT_3 (fixed length format only)	78	1	Alphanumeric
12d	SPEC_UNIT_4 (fixed length format only)	79	1	Alphanumeric
12e	SPEC_UNIT_5 (fixed length format only)	80	1	Alphanumeric
13	ENCOUNTER_INDICATOR	81	2	Alphanumeric
14	SEX_CODE	83	1	Alphanumeric
15	TYPE_OF_ADMISSION	84	1	Alphanumeric
16	SOURCE_OF_ADMISSION	85	1	Alphanumeric
17	PAT_STATE	86	2	Alphanumeric
18	PAT_ZIP	88	5	Alphanumeric
19	PAT_COUNTRY	93	2	Alphanumeric
20	COUNTY	95	3	Alphanumeric
21	PUBLIC_HEALTH_REGION	98	2	Alphanumeric
22	ADMIT_WEEKDAY	100	1	Alphanumeric
23	LENGTH_OF_STAY	101	4	Numeric
24	PAT_AGE	105	2	Alphanumeric
25	PAT_STATUS	107	2	Alphanumeric
26	RACE	109	1	Alphanumeric
27	ETHNICITY	110	1	Alphanumeric
28	FIRST_PAYMENT_SRC	111	2	Alphanumeric
29	SECONDARY_PAYMENT_SRC	113	2	Alphanumeric
30	TYPE_OF_BILL	115	3	Alphanumeric
31	PRIVATE_AMOUNT	118	12	Numeric
32	SEMI_PRIVATE_AMOUNT	130	12	Numeric

33	WARD_AMOUNT	142	12	Numeric
34	ICU_AMOUNT	154	12	Numeric
35	CCU_AMOUNT	166	12	Numeric
36	OTHER_AMOUNT	178	12	Numeric
37	PHARM AMOUNT	190	12	Numeric
38	MEDSURG_AMOUNT	202	12	Numeric
39	DME_AMOUNT	214	12	Numeric
40	USED_DME_AMOUNT	226	12	Numeric
41	PT_AMOUNT	238	12	Numeric
42	OT_AMOUNT	250	12	Numeric
43	SPEECH_AMOUNT	262	12	Numeric
44	IT_AMOUNT	274	12	Numeric
45	BLOOD_AMOUNT	286	12	Numeric
46	BLOOD_ADM_AMOUNT	298	12	Numeric
47	OR_AMOUNT	310	12	Numeric
48	LITH_AMOUNT	322	12	Numeric
49	CARD_AMOUNT	334	12	Numeric
50	ANES_AMOUNT	346	12	Numeric
51	LAB_AMOUNT	358	12	Numeric
52	RAD_AMOUNT	370	12	Numeric
53	MRI_AMOUNT	382	12	Numeric
54	OP_AMOUNT	394	12	Numeric
55	ER_AMOUNT	406	12	Numeric
56	AMBULANCE_AMOUNT	400	12	Numeric
57	PRO_FEE_AMOUNT	430	12	Numeric
58	ORGAN_AMOUNT	430	12	Numeric
59	ESRD_AMOUNT	442	12	Numeric
60		434	12	Numeric
61	CLINIC_AMOUNT	400	12	Numeric
62	TOTAL_CHARGES	478	12	Numeric
63	TOTAL_NON_COV_CHARGES TOTAL_CHARGES_ACCOMM	502	12	
64		514	12	Numeric Numeric
65	TOTAL_NON_COV_CHARGES_ACCOMM TOTAL CHARGES ANCIL	526	12	Numeric
66	TOTAL_CHARGES_ANCIL	538	12	
67		550	6	Numeric Alphanumeric
68	ADMITTING_DIAGNOSIS		6	· ·
69	PRINC_DIAG_CODE OTH DIAG CODE 1	556 562	6	Alphanumeric Alphanumeric
			-	
70 71	OTH_DIAG_CODE_2	568 574	6	Alphanumeric
	OTH_DIAG_CODE_3		6	Alphanumeric
72	OTH_DIAG_CODE_4	580	6	Alphanumeric
73	OTH_DIAG_CODE_5	586	6	Alphanumeric
74	OTH_DIAG_CODE_6	592	6	Alphanumeric
75	OTH_DIAG_CODE_7	598	6	Alphanumeric
76	OTH_DIAG_CODE_8	604	6	Alphanumeric
77	OTH_DIAG_CODE_9	610	6	Alphanumeric
78	OTH_DIAG_CODE_10	616	6	Alphanumeric
79	OTH_DIAG_CODE_11	622	6	Alphanumeric
80	OTH_DIAG_CODE_12	628	6	Alphanumeric
81	OTH_DIAG_CODE_13	634	6	Alphanumeric
82	OTH_DIAG_CODE_14	640	6	Alphanumeric
83	OTH_DIAG_CODE_15	646	6	Alphanumeric
84	OTH_DIAG_CODE_16	652	6	Alphanumeric
85	OTH_DIAG_CODE_17	658	6	Alphanumeric

86	OTH_DIAG_CODE_18	664	6	Alphanumeric
87	OTH_DIAG_CODE_19	670	6	Alphanumeric
88	OTH_DIAG_CODE_20	676	6	Alphanumeric
89	OTH_DIAG_CODE_21	682	6	Alphanumeric
90	OTH_DIAG_CODE_22	688	6	Alphanumeric
91	OTH_DIAG_CODE_23	694	6	Alphanumeric
92	OTH_DIAG_CODE_24	700	6	Alphanumeric
93	PRINC_SURG_PROC_CODE	706	7	Alphanumeric
94	PRINC_SURG_PROC_DAY	713	4	Alphanumeric
95	PRINC_ICD9_CODE	717	5	Alphanumeric
96	OTH_SURG_PROC_CODE_1	722	7	Alphanumeric
97	OTH_SURG_PROC_DAY_1	729	4	Alphanumeric
98	OTH_ICD9_CODE_1	733	5	Alphanumeric
99	OTH_SURG_PROC_CODE_2	738	7	Alphanumeric
100	OTH_SURG_PROC_DAY_2	745	4	Alphanumeric
100	OTH_ICD9_CODE_2	749	5	Alphanumeric
101	OTH_SURG_PROC_CODE_3	754	7	Alphanumeric
102	OTH_SURG_PROC_DAY_3	761	4	Alphanumeric
103	OTH_ICD9_CODE_3	765	5	Alphanumeric
104	OTH_SURG_PROC_CODE_4	703	7	Alphanumeric
105	OTH_SURG_PROC_DAY_4	777	4	Alphanumeric
100	OTH_ICD9_CODE_4	781	5	Alphanumeric
107	OTH_SURG_PROC_CODE_5	786	7	Alphanumeric
108	OTH_SURG_PROC_DAY_5	780	4	Alphanumeric
110		793	5	Alphanumeric
	OTH_ICD9_CODE_5	802	7	*
111	OTH_SURG_PROC_CODE_6		4	Alphanumeric
112	OTH_SURG_PROC_DAY_6	809	5	Alphanumeric
113	OTH_ICD9_CODE_6	813	7	Alphanumeric
<u>114</u> 115	OTH_SURG_PROC_CODE_7	818	4	Alphanumeric
	OTH_SURG_PROC_DAY_7	825	5	Alphanumeric
116 117	OTH_ICD9_CODE_7	829		Alphanumeric
	OTH_SURG_PROC_CODE_8	834	4	Alphanumeric
118	OTH_SURG_PROC_DAY_8	841	5	Alphanumeric Alphanumeric
119	OTH_ICD9_CODE_8	845		
120	OTH_SURG_PROC_CODE_9	850	4	Alphanumeric Alphanumeric
121	OTH_SURG_PROC_DAY_9	857	4 5	
122	OTH_ICD9_CODE_9	861	-	Alphanumeric
123	OTH_SURG_PROC_CODE_10	866	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	873	4	Alphanumeric
125	OTH_ICD9_CODE_10	877	5	Alphanumeric
126	OTH_SURG_PROC_CODE_11	882	7	Alphanumeric
127	OTH_SURG_PROC_DAY_11	889	4	Alphanumeric
128	OTH_ICD9_CODE_11	893	5	Alphanumeric
129	OTH_SURG_PROC_CODE_12	898	7	Alphanumeric
130	OTH_SURG_PROC_DAY_12	905	4	Alphanumeric
131	OTH_ICD9_CODE_12	909	5	Alphanumeric
132	OTH_SURG_PROC_CODE_13	914	7	Alphanumeric
133	OTH_SURG_PROC_DAY_13	921	4	Alphanumeric
134	OTH_ICD9_CODE_13	925	5	Alphanumeric
135	OTH_SURG_PROC_CODE_14	930	7	Alphanumeric
136	OTH_SURG_PROC_DAY_14	937	4	Alphanumeric
137	OTH_ICD9_CODE_14	941	5	Alphanumeric
138	OTH_SURG_PROC_CODE_15	946	7	Alphanumeric

139	OTH_SURG_PROC_DAY_15	953	4	Alphanumeric
139	OTH_ICD9_CODE_15	953	5	Alphanumeric
140	OTH_SURG_PROC_CODE_16	962	7	Alphanumeric
141	OTH_SURG_PROC_DAY_16	969	4	Alphanumeric
143	OTH_ICD9_CODE_16	973	5	Alphanumeric
144	OTH_SURG_PROC_CODE_17	978	7	Alphanumeric
144	OTH_SURG_PROC_DAY_17	985	4	Alphanumeric
145	OTH_ICD9_CODE_17	989	5	Alphanumeric
140	OTH_SURG_PROC_CODE_18	989	7	Alphanumeric
147	OTH_SURG_PROC_DAY_18	1001	4	Alphanumeric
148	OTH_ICD9_CODE_18	1001	5	Alphanumeric
149	OTH_SURG_PROC_CODE_19	1005	7	Alphanumeric
150	OTH_SURG_PROC_DAY_19	1010	4	Alphanumeric
151	OTH_ICD9_CODE_19	1017	5	Alphanumeric
152		1021	7	Alphanumeric
155	OTH_SURG_PROC_CODE_20	1020	4	
	OTH_SURG_PROC_DAY_20		5	Alphanumeric
155	OTH_ICD9_CODE_20	1037	<u> </u>	Alphanumeric
156	OTH_SURG_PROC_CODE_21	1042		Alphanumeric
157	OTH_SURG_PROC_DAY_21	1049	4 5	Alphanumeric
158	OTH_ICD9_CODE_21	1053	<u> </u>	Alphanumeric
159	OTH_SURG_PROC_CODE_22	1058		Alphanumeric
160	OTH_SURG_PROC_DAY_22	1065	4	Alphanumeric
161	OTH_ICD9_CODE_22	1069	5	Alphanumeric
162	OTH_SURG_PROC_CODE_23	1074	7	Alphanumeric
163	OTH_SURG_PROC_DAY_23	1081	4	Alphanumeric
164	OTH_ICD9_CODE_23	1085	5	Alphanumeric
165	OTH_SURG_PROC_CODE_24	1090	7	Alphanumeric
166	OTH_SURG_PROC_DAY_24	1097	4	Alphanumeric
167	OTH_ICD9_CODE_24	1101	5	Alphanumeric
168	E_CODE_1	1106	6	Alphanumeric
169	E_CODE_2	1112	6	Alphanumeric
170	E_CODE_3	1118	6	Alphanumeric
171	E_CODE_4	1124	6	Alphanumeric
172	E_CODE_5	1130	6	Alphanumeric
173	E_CODE_6	1136	6	Alphanumeric
174	E_CODE_7	1142	6	Alphanumeric
175	E_CODE_8	1148	6	Alphanumeric
176	E_CODE_9	1154	6	Alphanumeric
177	E_CODE_10	1160	6	Alphanumeric
178	CONDITION_CODE_1	1166	2	Alphanumeric
179	CONDITION_CODE_2	1168	2	Alphanumeric
180	CONDITION_CODE_3	1170	2	Alphanumeric
181	CONDITION_CODE_4	1172	2	Alphanumeric
182	CONDITION_CODE_5	1174	2	Alphanumeric
183	CONDITION_CODE_6	1176	2	Alphanumeric
184	CONDITION_CODE_7	1178	2	Alphanumeric
185	CONDITION_CODE_8	1180	2	Alphanumeric
186	OCCUR_CODE_1	1182	2	Alphanumeric
187	OCCUR_DAY_1	1184	4	Alphanumeric
188	OCCUR_CODE_2	1188	2	Alphanumeric
189	OCCUR_DAY_2	1190	4	Alphanumeric
190	OCCUR_CODE_3	1194	2	Alphanumeric
191	OCCUR_DAY_3	1196	4	Alphanumeric

192	OCCUR_CODE_4	1200	2	Alphanumeric
192	OCCUR_DAY_4	1200	4	Alphanumeric
194	OCCUR_CODE_5	1202	2	Alphanumeric
195	OCCUR_DAY_5	1208	4	Alphanumeric
196	OCCUR_CODE_6	1212	2	Alphanumeric
197	OCCUR DAY 6	1212	4	Alphanumeric
198	OCCUR_CODE_7	1218	2	Alphanumeric
199	OCCUR_DAY_7	1210	4	Alphanumeric
200	OCCUR_CODE_8	1220	2	Alphanumeric
200	OCCUR_DAY_8	1221	4	Alphanumeric
202	OCCUR_CODE_9	1220	2	Alphanumeric
202	OCCUR_DAY_9	1230	4	Alphanumeric
203	OCCUR_CODE_10	1232	2	Alphanumeric
205	OCCUR_DAY_10	1230	4	Alphanumeric
205	OCCUR_CODE_11	1230	2	Alphanumeric
200	OCCUR_DAY_11	1242	4	Alphanumeric
207	OCCUR_CODE_12	1244	2	Alphanumeric
200	OCCUR_DAY_12	1248	4	Alphanumeric
210	OCCUR_SPAN_CODE_1	1250	2	Alphanumeric
210	OCCUR_SPAN_FROM_1	1254	6	Alphanumeric
211 212	OCCUR_SPAN_THRU_1	1250	6	Alphanumeric
212	OCCUR_SPAN_CODE_2	1262	2	Alphanumeric
213	OCCUR_SPAN_FROM_2	1208	6	Alphanumeric
214	OCCUR_SPAN_THRU_2	1276	6	Alphanumeric
215	OCCUR_SPAN_CODE_3	1270	2	Alphanumeric
210	OCCUR_SPAN_FROM_3	1282	6	Alphanumeric
217	OCCUR_SPAN_THRU_3	1284	6	Alphanumeric
218	OCCUR_SPAN_CODE_4	1290	2	Alphanumeric
219	OCCUR_SPAN_FROM_4	1290	6	Alphanumeric
220	OCCUR_SPAN_THRU_4	1298	6	Alphanumeric
221	VALUE_CODE_1	1304	2	Alphanumeric
222	VALUE_AMOUNT_1	1310	9	Alphanumeric
223	VALUE_CODE_2	1312	2	Alphanumeric
224	VALUE AMOUNT 2	1323	9	Alphanumeric
223	VALUE_CODE_3	1323	2	Alphanumeric
220	VALUE_AMOUNT_3	1334	9	Alphanumeric
227	VALUE CODE 4	1343	2	Alphanumeric
228	VALUE_AMOUNT_4	1345	9	Alphanumeric
229	VALUE_CODE_5	1345	2	Alphanumeric
230	VALUE_AMOUNT_5	1354	9	Alphanumeric
231	VALUE_CODE_6	1365	2	Alphanumeric
232	VALUE_AMOUNT_6	1367	9	Alphanumeric
233	VALUE_CODE_7	1307	2	Alphanumeric
234	VALUE_AMOUNT_7	1378	9	Alphanumeric
235	VALUE_AMOUNT_/	1378	2	Alphanumeric
230	VALUE_CODE_8	1387	9	Alphanumeric
237	VALUE_AMOUNT_8	1398	2	Alphanumeric
238	VALUE_AMOUNT_9	1398	9	Alphanumeric
239	VALUE_AMOUN1_9 VALUE_CODE_10	1400	2	Alphanumeric
240	VALUE_CODE_10 VALUE_AMOUNT_10	1409	9	
241 242		1411	2	Alphanumeric Alphanumeric
242	VALUE_CODE_11 VALUE_AMOUNT_11	1420	9	Alphanumeric
243	VALUE_AMOUN1_11 VALUE_CODE_12	1422	2	Alphanumeric
244	VALUE_CODE_12	1431	2	Alphanumenc

245	VALUE_AMOUNT_12	1433	9	Alphanumeric
246	HCFA_MDC	1442	2	Alphanumeric
247	APR_MDC	1444	2	Alphanumeric
248	HCFA_DRG	1446	3	Alphanumeric
249	APR_DRG	1449	3	Alphanumeric
250	RISK_MORTALITY	1452	1	Alphanumeric
251	ILLNESS_SEVERITY	1453	1	Alphanumeric
252	ATTENDING_PHYSICIAN_UNIF_ID	1454	10	Alphanumeric
253	OPERATING_PHYSICIAN_UNIF_ID	1464	10	Alphanumeric
254	CERT_STATUS	1474	1	Alphanumeric
255	RECORD_ID	1475	12	Alphanumeric

Charges Data File

NUMBER	FIELD NAME	POSITION	LENGTH	FIELD TYPE
1	RECORD_ID	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric



Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2006

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
Abilene	with		Comment		Comment		Comment
091001 Abilene Regional Medical Center		X		X		X	
500000 Hendrick Medical Center		X		X		X	
688000 Hendrick Center for Extended Care		X		X		X	
782700 Abilene Psychiatric Center		X		X	х	X	
818500 West Texas Hospital		X		X	<u> </u>	X	
Alice				A			
689400 CHRISTUS Spohn Hospital–Alice Laviana		x ^{LV}		X		х	
Plaza		л		Λ		л	
689401 CHRISTUS Spohn Hospital–Alice		Х		х		Х	
Allen		Λ		Λ		Λ	
724200 Presbyterian Hospital–Allen		v	v	v	v	v	v
		X	X	X	X	X	X
Alpine 711000 Dia Dand Danianal Madiaal Cantan				OC			
711900 Big Bend Regional Medical Center		Х		00		Х	
	212000						
212001 Clear Lake Regional Medical Center Alvin	212000						
Emergency Center							
Amarillo							
001000 Baptist St Anthonys Health System-Baptist		Х	Х	Х		Х	
Campus							
318000 Northwest Texas Hospital		Х		Х		Х	
318001 The Pavilion	318000						
714000 Northwest Texas Surgery Center		***		***		***	
785001 BSA Panhandle Surgery		Х	Х	Х		Х	
796000 Plum Creek Specialty Hospital		Х		Х		Х	
799100 Physicians Surgical Hospital–Quail Creek		Х		х		Х	
818000 Triumph Hospital Amarillo		х		х		х	
841400 Northwest Texas Rehab Hospital							
First reports 4th quarter 2006							
Anahuac							
442000 Bayside Community Hospital		*		*		*	
Andrews							
187000 Permian Regional Medical Center		*		*		*	
Angleton							
126000 Angleton-Danbury Medical Center		х		Х		х	
Anson							
016000 Anson General Hospital		*		*		*	
Aransas Pass							
239001 North Bay Hospital		х		х		х	
Arlington							
409001 Diagnostic & Surgery Center-Arlington		***		***		x ^{LV}	
422000 Arlington Memorial Hospital		Х	х	Х	х	Х	х
502000 Medical Center–Arlington		X		X		X	

	Reports	1Q06	With	2Q06	With	3Q06	With
660000 HEALTHSOUTH Rehab Hospital-Arlington	With	X	Comment	X	Comment	v	Comment
690000 Kindred Hospital-Tarrant County Arlington		x	х	х	х	x ^{OC}	
Campus							
765001 Millwood Hospital		х		Х		х	
799001 USMD Hospital-Arlington		х		х		х	
831800 RehabCare Physical Rehab				х		х	
First reports 2nd quarter 2006							
Aspermont				LV		IV	
666000 Stonewall Memorial Hospital		*x ^{LV}		* x ^{LV}		*x ^{LV}	
Athens							
374000 East Texas Medical Center-Athens		X		X		X	
Atlanta							
131000 Atlanta Memorial Hospital		*		*		*	
Austin							
000100 Austin State Hospital		X	X	X	X	X	X
000119 UTMB Austin Womens Hospital		X		X		X	
035000 St Davids Hospital		X		X		X	
335000 Brackenridge Hospital		X	Х	Х	Х	Х	Х
335001 Childrens Hospital of Austin		X	Х	Х	Х	X	X
497000 Seton Medical Center		X	X	X	X NC	X	X NC
602000 South Austin Hospital		X	X	X	ne	X	ne
622001 Texas NeuroRehab Center		X		Х		X	
649000 St Davids Rehab Center		X		Х		X	
663000 HEALTHSOUTH Rehab Hospital–Austin		X		X		X	
700000 Cornerstone Hospital–Austin		X X ^{LV}		Х		X	
700001 Cornerstone Hospital–Austin–North Austin		X		Х		x ^{LV}	
Medical Center							
700002 Cornerstone Hospital-Austin-St Davids Medical		X		Х		Х	
Center 739001 Texas NeuroRehab Center		x ^{LV}		x ^{LV}		x ^{LV}	
770000 Daughters of Charity Seton Shoal Creek 771000 St Davids Pavilion		X	X	X	X	X	
794000 HEALTHSOUTH Surgical Hospital–Austin		X		X		X	
797000 North Austin Medical Center		X	v	X		X	
Last reports 1st quarter 2006		X	Х				
797500 Seton Southwest Hospital		x	х	х	х	х	x
797600 Seton Northwest Hospital		X	X	X	X	X	X
798000 Cornerstone Hospital of Central Texas		X		X		X	
798500 Austin Surgical Hospital		X		X		X	
822800 Westlake Medical Center		x		х		х	
829000 Heart Hospital-Austin		х		х		х	
828100 Cornerstone Hospital Central Texas–South		x		x ^{LV}		x ^{LV}	
Austin Hospital							
First reports 1st quarter 2006							
829900 North Austin Medical Center				Х	NC	Х	NC
First reports 2nd quarter 2006							
Azle							
469000 Harris Methodist-Northwest		X	X	X	X	X	X
Ballinger		*		*		*	
234000 Ballinger Memorial Hospital District		*x		*x		*X	
Bastrop							
831400 Lakeside Hospital Bastrop First reports 1st quarter 2006		Х		Х		Х	
Bay City							
006000 Matagorda General Hospital		x	X	X	X	X	X
seeses manageren Seneral Hoppian							

	Reports	1006	With	2Q06	With	3Q06	With
006001 Matagorda General Hospital	With	X	Comment X	X	Comment X	X	Comment X
Baytown		Λ	Λ	Λ	Λ		Λ
405000 San Jacinto Methodist Hospital		v		v		v	
405000 San Jacinto Methodist Hospital–Alexander	405000	Х		Х		X	
-	40,000						
Campus 720401 Triumph Hospital–Baytown		v		v		v	
		X		X		X	
Beaumont							
389000 Memorial Hermann Baptist Beaumont Hospital	389000	Х		Х		Х	
389002 Fannin Behavioral Health Center	389000						
444001 CHRISTUS Hospital		Х		Х		Х	
671000 HEALTHSOUTH Rehab Hospital–Beaumont		Х		X		X	
708000 Dubuis Hospital-Beaumont			Х	X	X	X	X
826500 Beaumont Bone & Joint Institute		\mathbf{x}^{LV}		x ^{LV}		x ^{LV}	
First reports 1st quarter 2006							
Bedford							
182000 Harris Methodist HEB	192000	Х	Х	Х	X	X	X
182001 Harris Methodist HEB	182000						
778000 Harris Methodist–Springwood		X	X	X	X	X	X
Beeville			NC				
429001 CHRISTUS Spohn Hospital-Beeville		X	ne	X		X	
Bellaire							
831900 Foundation Surgical Hospital				Х		Х	
First reports 2nd quarter 2006							
840100 First Street Hospital First reports 4th quarter 2006							
Bellville							
552000 Bellville General Hospital		*		*		*	
Belton		•					
806002 Cedar Crest Hospital		v		v		v	
*		X		X		X	
Big Lake		*		*		*	
343000 Reagan Memorial Hospital		-4-					
Big Spring							
000101 Big Spring State Hospital		Х	Х	Х	X	Х	X
221000 Scenic Mountain Medical Center		X		X		X	
Bonham							
106001 Red River Regional Hospital		X		X		X	
Borger							
654000 Golden Plains Community Hospital		*		*		*	
Bowie							NC
440000 Bowie Memorial Hospital		*x		*x		*x	NC
Brady							
362000 Heart of Texas Memorial Hospital		*		*		*	
Breckenridge							
430000 Stephens Memorial Hospital		*		*		*	
Brenham							
066000 Trinity Community Medical Center-Brenham		*		*		*	
Brownfield							
078000 Brownfield Regional Medical Center		*х		*x ^N		*х	
Brownsville							
019000 Valley Regional Medical Center		Х		х		х	
314001 Valley Baptist Medical Center–Brownsville		Х		Х		Х	
724900 Brownsville Doctors Hospital		X		X		X	
821100 South Texas Rehab Hospital		X		X		X	
L. L							

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
Brownwood	with		Comment		Comment		Comment
058000 Brownwood Regional Medical Center		X		X		x	
Bryan							
002001 St Joseph Regional Health Center		Х	X	X	X	X	X
002002 St Joseph Regional Rehab Center	002001		A	A		~	
717500 The Physicians Centre		Х	х	х	X	x ^N	
Burnet		Λ	Λ	Λ	Λ	Λ	
559000 Seton Highland Lakes		Х	X	X	X	X	х
Caldwell		Λ	Λ	Λ	Λ	Λ	Λ
679000 Burleson St Joseph Health Center–Caldwell		X	X	X	X	X	X
Cameron							
665000 Central Texas Hospital		Х		X		x	
Canadian				Α		<u> </u>	
457000 Hemphill County Hospital		*		*		*	
Carrizo Springs							
156000 Dimmit County Memorial Hospital		*		*		*	
Carrollton							
042000 Trinity Medical Center		v	v	v	v	v	v
672001 Select Specialty Hospital–North Dallas		X	X	X	X	X	Х
835100 Regency Hospital North Dallas		Х		$\frac{X}{X^{LV}}$		X X ^{LV}	
First reports 2nd quarter 2006				х		х	
Carthage							
484000 East Texas Medical Center–Carthage		х		X		X	
Center		Λ		Λ		Λ	
423001 Shelby Regional Medical Center		X		X		X	
Channelview		Λ		Λ		Λ	
720400 Triumph Hospital–East Houston		X		X		X	
Childress		л		Λ			
026000 Childress Regional Medical Center		*		*		*	
Chillicothe							
523000 Chillicothe Hospital		*		*		*	
Clarksville		-		-			
292000 East Texas Medical Center–Clarksville							
Cleburne		X		X		X	
323000 Walls Regional Hospital Cleveland		Х	X	Х	X	X	Х
108000 Cleveland Regional Medical Center							
8		Х		Х		X	X
840400 Doctors Diagnostic Hospital First reports 4th quarter 2006							
Clifton							
070000 Goodall-Witcher Healthcare Foundation		*		*		*	
Coleman							
049000 Coleman County Medical Center		*		*		*	
College Station							
071000 College Station Medical Center		v		v		v	
		X		X		X	
Colorado City 075000 Mitchell County Hospital		*x		*x		*x	
Columbus		·X		·X		X	
014000 Columbus Community Hospital		*		*		*	
Comanche				*			
495001 Comanche County Medical Center		X		X		X	
Commerce							
087000 Presbyterian Hospital-Commerce		Х		Х		х	

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	X	X	х	X	х
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	Reports	1Q06	With	2Q06	With	3Q06	With
642000 Baylor Institute for Rehab-Gaston Episcopal	With	-	Comment		Comment		Comment
Hospital		Х	Х	Х	Х	Х	Х
642001 Baylor Institute for Rehabilitation		v	v	v	v	v	v
653001 UT Southwestern University Hospital–Zale		X	X	X	Х	X	X
• •		Х		Х		Х	
Lipshy 661001 Texas Specialty Hospital–Dallas							
		X X ^{LV}		X X ^{LV}		X X ^{LV}	
672000 Select Specialty Hospital–Dallas							
683000 HEALTHSOUTH Medical Center		X		X		Х	
710000 Our Childrens House Baylor		X	X	Х	Х	X	X
717000 LifeCare Hospital–Dallas		X		X		Х	NC
719400 Kindred Hospital–White Rock		X	Х	X	Х	Х	ne
752000 Timberlawn Mental Health System		Х		X		Х	
766000 Green Oaks Hospital		Х		Х		Х	
784400 Baylor Heart & Vascular Center		х	Х	Х	Х	Х	Х
813100 Texas Institute for Surgery–Presbyterian		х		х		\mathbf{x}^{LV}	
Hospital–Dallas							
818200 Pine Creek Medical Center		х	Х	х		Х	
822900 Renaissance Hospital Dallas		х		х		х	
839100 Vibra Specialty Hospital							
First reports 4th quarter 2006							
De Soto							
779001 The Cedars Hospital		х		х			
Last reports 2nd quarter 2006							
785900 Select Specialty Hospital–South Dallas		Х		X		Х	
837800 Hickory Trail Hospital						Х	
First reports 3rd quarter 2006							
Decatur							
254000 Wise Regional Health System		*		*		* .	
254001 Wise Regional Health System		*		*		*	
Del Rio							
462000 Val Verde Regional Medical Center		X		X		Х	
Denison			NC				
191000 Texoma Medical Center		Х	NC	Х	Х	Х	Х
191001 Reba McEntire Center for Rehab		х	NC	х	Х	Х	Х
191004 Texoma Restorative Care SNU		х	NC	X	Х	Х	Х
705000 Texoma Medical Center Restorative Care		x ^{LV}		x ^{LV}	х	x ^{LV}	Х
Hospital							
Denton							
336001 Denton Regional Medical Center		х		х		х	
816500 North Texas Hospital		х		х		х	
820800 Presbyterian Hospital-Denton		х	NC	х	NC	х	NC
826800 University Behavioral Health–Denton		х		х		х	
First reports 1st quarter 2006							
831700 Mayhill Hospital				х		Х	
First reports 2nd quarter 2006							
Denver City							
485000 Yoakum County Hospital		*		*		*	
Dilley							
803000 Community General Hospital Dilley Texas		X		X		Х	
Dimmitt							
260000 Plains Memorial Hospital		*		*		*	
Dumas							
199000 Memorial Hospital		*х		*x		*х	
Eagle Lake							
560000 Rice Medical Center		*		*		*	
		•	•		•		

	Reports	1Q06	With	2006	With	3Q06	With
Eagle Pass	With		Comment		Comment		Comment
547001 Fort Duncan Medical Center		X	X	X	X	X	
Eastland		Λ	Λ	Λ	Λ	Λ	
222000 Eastland Memorial Hospital		*		*		*	
Eden							
202000 Concho County Hospital		*		*		*	
		•					
Edinburg							
140002 Edinburg Regional Medical Center	140002	Х		Х		Х	
140003 UHS Rehab Pavilion	140002	CN		XLV			
716600 Cornerstone Rehab Hospital		C		X			
Last reports 2nd quarter 2006		v		v		v	
797100 Doctors Hospital-Renaissance		X		$\frac{X}{X^{LV}}$		Х	
821000 LifeCare Hospital–South Texas Last reports 2nd quarter 2006		Х		х			
830000 Cornerstone Regional Hospital		Х		х		х	
816301 Solara Hospital		Λ		Λ		Λ	
First reports 4th quarter 2006							
Edna							
017000 Jackson Healthcare Center		*		*		*	
El Campo							
426000 El Campo Memorial Hospital		v	X	X	X	x	X
El Paso		X	Λ	A	Λ	X	
000118 El Paso Psychiatric Center		Х	X	Х	X	Х	X
130000 Providence Memorial Hospital		Х		Х		Х	
180000 Las Palmas Medical Center	100000	Х		Х		Х	
180001 Las Palmas Rehab Hospital	180000						
252001 Southwestern General Hospital		Х		Х		Х	
263000 R E Thomason General Hospital		Х	X	Х	X	Х	X
266000 Sierra Medical Center		Х		Х		Х	
319000 Del Sol Medical Center		Х		Х		Х	
319001 Del Sol Rehab Hospital	319000						
638000 Sierra Providence Physical Rehab Hospital		Х		х		х	
701000 Mesa Hills Specialty Hospital		х		х		х	
718002 Highlands Regional Rehab Hospital		х		х		х	
724001 NCED Mental Health Center		C^N		C^N			
Last reports 2nd quarter 2006							
727100 Triumph Hospital El Paso		Х		х		х	
728200 El Paso Specialty Hospital		х		х		х	
801300 Physicians Hospital		х		x ^N		х	
841300 El Paso LTAC Hospital							
First reports 4th quarter 2006							
Eldorado							
136000 Schleicher County Medical Center		*		*		*	
Electra							
490000 Electra Memorial Hospital		Х		х		х	
Ennis							
714500 Ennis Regional Medical Center		Х		Х		Х	
Fairfield							
401000 East Texas Medical Center-Fairfield		Х		Х		Х	
Floresville							
433000 Connally Memorial Medical Center		*х		*х	NC	*х	NC
Fort Stockton							
356000 Pecos County Memorial Hospital		*		*		*	
Fort Worth							
047000 Huguley Memorial Medical Center		X	X	X	NC	X	x
s i , soo inguloj memorial medical Center	11	Λ	Λ	Λ		Λ	

	Reports	1Q06	With	2Q06	With	3Q06	With
235000 Harris Methodist-Fort Worth	With	-	Comment		Comment	-	Comment X
332000 Cook Childrens Medical Center		X X	X X	X	X X	X X	X
363000 Baylor All Saints Medical Center–Fort Worth		X	X	X	X	X	X
363001 Baylor Medical Center–Southwest Fort Worth		X	X	X	X	X	X
409000 John Peter Smith Hospital		X	X	X	X	X	X
477000 Plaza Medical Center–Fort Worth		x		X		X	
627000 Harris Methodist–Southwest		X	x	v	х	X	x
652000 Harris Continued Care Hospital		x ^{LV}	X	x ^{LV}	X	x ^{LV}	X
659000 HEALTHSOUTH Rehab Hospital		X		X		X	
662000 HEALTHSOUTH City View Rehab Hospital		X		X		X	
690600 LifeCare Hospital–Fort Worth		X		X		X	
800000 Kindred Hospital–Tarrant County		x	x	X	х	X	х
800700 Kindred Hospital–Fort Worth		x		X		X	
804500 Medical Centre Surgical Hospital		x		X		X	
839200 Regency Hospital–Fort Worth							
First reports 4th quarter 2006							
Fredericksburg							
219000 Hill Country Memorial Hospital		*х		*х		*х	
Friona							
200000 Parmer County Community Hospital		*		*		*	
Frisco							
787400 Baylor Medical Center-Frisco		х	Х	Х	Х	х	Х
806300 Centennial Medical Center		х		х		х	
Gainesville							
298000 North Texas Medical Center		*х		*х		*х	
Galveston							
000102 University of Texas Medical Branch Hospital		х		Х		х	
247000 Shriners Burns Hospital–Galveston		*		*		*	
Garland							
027000 Baylor Medical Center-Garland		X	Х	Х	Х	Х	Х
359002 Vista Hospital–Dallas		x ^{LV}	Х	Х	Х	Х	Х
586001 Baylor Specialty Hospital		x ^{LV}	Х	x ^{LV}	Х	Х	Х
Gatesville							
346000 Coryell Memorial Hospital		X		Х		X	
Georgetown							
080000 Georgetown Hospital		х					
Last reports 1st quarter 2006							
835700 St Davids Georgetown Hospital First reports 2nd quarter 2006				Х		Х	
Gilmer							
806800 East Texas Medical Center–Gilmer		X		Х		X	
Glen Rose		A		<u> </u>		Α	
059000 Glen Rose Medical Center		*		*		*	
Gonzales							
103000 Memorial Hospital		*		*		*	
Graham							
094000 Graham Regional Medical Center		*x		*x		*x	
Granbury							
424000 Lake Granbury Medical Center		X		х		X	
Grand Saline							
138000 Cozby-Germany Hospital		*		*		*	
Grapevine							
513000 Baylor Regional Medical Center–Grapevine		X	X	Х	X	X	x
Conter Superind							
	1	I	I		I	I	

	Reports	1Q06	With	2Q06	With	3Q06	With
Greenville	With	1200	Comment	1200	Comment	500	Comment
085000 Presbyterian Hospital–Greenville		Х		Х		X	
754000 Glen Oaks Hospital		v		X		X	
823200 SeniorHealth Rehab Hospital–Greenville		x ^{LV}		X		X	
Groesbeck		Λ		Λ		Λ	
052000 Limestone Medical Center		*		*		*	
Groves							
515001 Renaissance Hospital		Х		Х		X	
Hallettsville		л		Λ		Λ	
527000 Lavaca Medical Center		*		*		*	
Hamilton							
640000 Hamilton General Hospital		*		*		*	
Hamlin							
305000 Hamlin Memorial Hospital		*		*		*	
Harlingen							
000104 Rio Grande State Center		v	v	v	v	v	v
400000 Valley Baptist Medical Center		X	X	X	X	X X	Х
788002 Harlingen Medical Center							
840700 Solara Hospital Harlingen		Х		Х		X	
First reports 4th quarter 2006							
Haskell							
572000 Haskell Memorial Hospital		*		*		*	
Hemphill							
522000 Sabine County Hospital		*		*		*	
Henderson							
248000 Henderson Memorial Hospital		х		х		X	
Henrietta							
193000 Clay County Memorial Hospital		*		*		*	
Hereford							
420000 Hereford Regional Medical Center		*		*		*	
Hillsboro							
383000 Hill Regional Hospital		х		X		X	
Hondo				<u></u>		A	
427000 Medina Community Hospital		*x		*x		*x	
First reports 1st quarter 2006				A		~	
Houston							
000105 University of Texas M D Anderson Cancer		х	Х	Х	NC	х	NC
Center							
000115 Harris County Psychiatric Center		Х		Х		х	
007000 The Womans Hospital of Texas		х		х		х	х
015001 CHRISTUS St Joseph Hospital		х	Х	Х	NC	х	х
Last reports 3rd quarter 2006							
030000 Doctors Hospital–Tidwell		Х		Х		Х	
117000 Texas Childrens Hospital		Х		Х		Х	
118000 St Lukes Episcopal Hospital		Х	х	Х	х	Х	х
119000 Memorial Hermann Southeast Hospital		Х		Х		х	
124000 The Methodist Hospital		Х	Х	Х	Х	х	х
124001 West Pavillion	124000						
157000 Doctors Hospital-Parkway		Х		Х		х	
164000 The Institute for Rehab & Research		Х		Х	х	х	
172000 Memorial Hermann Northwest Hospital		Х		Х		Х	
206003 Select Specialty Hospital-Houston Heights		Х		Х		х	
206004 Select Specialty Hospital-Houston West		Х		Х		х	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
206005 Select Specialty Hospital-Houston Medical	with	X	Comment	X	Comment	X	Comment
Center							
229000 Houston Northwest Medical Center		Х		Х		х	
261000 Renaissance Hospital		X		X		X	
302000 Memorial Hermann Memorial City Hospital		X		X		X	
316001 Twelve Oaks Medical Center–River Oaks	316002						
316002 Twelve Oaks Medical Center		Х		Х		х	
337001 West Houston Medical Center		X	х	X	x	X	х
347000 Memorial Hermann Hospital		X		X		X	
384000 Lyndon B Johnson General Hospital		X		X		X	
390000 Park Plaza Hospital		X		X		X	
407000 Memorial Hermann Southwest Hospital		X		X		X	
421000 Spring Branch Medical Center		X		X		X	
421001 Spring Branch Rehab Center	421000	Α		1		А	
Last reports 3rd quarter 2006							
458001 East Houston Regional Medical Center		х		х		х	
459000 Ben Taub General Hospital		х		х		х	
459001 Quentin Mease Community Hospital		х		х		х	
460000 Riverside General Hospital		Х		Х		х	
526000 Shriners Hospital For Children		*		*		*	
606000 Cypress Fairbanks Medical Center		Х		Х		х	
626001 Memorial Hermann Continuing Care Hospital		X		X		X	
626002 Memorial Hermann Continuing Care Hospital–		X		X		x	
SW							
626003 Memorial Hermann Continuing Care Hospital-		х		Х		х	
NW							
646000 HEALTHSOUTH Hospital–Houston		Х		Х		Х	
674000 TOPS Surgical Specialty Hospital		X		X		x	
676000 Kindred Hospital–Houston		X		X		x	
678000 Triumph Hospital Central Houston		X		X		X	
698003 Cornerstone Hospital Houston Westbury		X		x ^{LV}		A	
Last reports 2nd quarter 2006		A		1			
698005 Cornerstone Hospital Houston-Bellaire		***		х		х	
706000 Kindred Hospital		х		х		х	
712500 HealthBridge Childrens Hospital-Houston		\mathbf{x}^{LV}		x ^{LV}		x ^{LV}	
713400 Triumph Hospital-North Houston		х		х		х	
715001 Texas Specialty Hospital-Houston		x ^{OC}		х		х	
724700 Methodist Willowbrook Hospital		Х		Х		х	
744001 Cypress Creek Hospital		х		х		х	
755001 West Oaks Hospital		Х		Х		х	
758000 HEALTHSOUTH Hospital for Specialized		x ^{LV}		\mathbf{x}^{LV}		x ^{LV}	
Surgery							
762001 IntraCare Medical Center Hospital		Х		Х		Х	
763000 Plaza Specialty Hospital		X		X		X	NC
782001 Intracare North Hospital		X		X		X	
792000 Texas Orthopedic Hospital		x ^N		x ^N		x ^N	
792600 Triumph Hospital–Northwest		X		X		X	
792701 Triumph Hospital Town & Country		X		X		X	
First reports 1st quarter 2006							
794200 The Menninger Clinic		Х		Х		Х	
807000 Dubuis Hospital-Houston		x ^{LV}	х	Х	х	x ^{LV}	х
829800 Houston Town & Country Hospital		C ^N		Х		CN	
Last reports 1st quarter 2007							
830700 Innova Hospital Houston		x ^{LV}		\mathbf{x}^{LV}		x ^{LV}	
First reports 1st quarter 2006							

	Reports	1Q06	With	2Q06	With	3Q06	With
838400 Katy Rehab Hospital	With		Comment		Comment	-	Comment
First reports 4th quarter 2006							
838600 St Joseph Medical Center						х	Х
First reports 3rd quarter 2006							
840200 University General Hospital							
First reports 4th quarter 2006							
Humble							
251000 Northeast Medical Center Hospital		Х		Х		Х	
616000 HEALTHSOUTH Rehab Hospital		X		X		X	
Hunt							
325000 La Hacienda Treatment Center		Х		Х		Х	
Huntsville							
061000 Huntsville Memorial Hospital		Х		Х		Х	
Hurst							
812300 Southwest Surgical Hospital		Х		Х		Х	
Iraan							
258000 Iraan General Hospital District		*		*		*	
Irving							
300000 Baylor Medical Center-Irving		х	х	х	х	х	х
586002 Baylor Specialty Hospital-Irving		X X ^{LV}	х	x ^{LV}	х	x^{LV}	Х
799500 Irving Coppell Surgical Hospital		х		\mathbf{x}^{LV}		х	
814000 Las Colinas Medical Center		х		х	NC	х	NC
Jacksboro							
046000 Faith Community Hospital		*		*		*	
Jacksonville							
416000 East Texas Medical Center-Jacksonville		х		х		х	
725400 Mother Frances Hospital–Jacksonville		х		х	х	х	х
Jasper							
038001 CHRISTUS Jasper Memorial Hospital		х		x		х	
723500 Dickerson Memorial Hospital		х		х		х	
Jourdanton							
334002 South Texas Regional Medical Center		х		X		x	
Junction							
205000 Kimble Hospital		*		*		*	
Katy							
534001 Memorial Hermann Katy Hospital		х		X		X	
715901 CHRISTUS St Catherine Health & Wellness		X	х	X	х	X	X
Center		л	л	л	л	А	Λ
Kaufman							
303000 Presbyterian Hospital–Kaufman		v	X	x	х	X	v
Kenedy		X	Λ	Λ	Λ	Λ	X
357000 Otto Kaiser Memorial Hospital		*		*		*	
Kermit		•					
062000 Winkler County Memorial Hospital		*x		*x		*x	
Kerrville		·X		·X		·X	
000106 Kerrville State Hospital		X	X	X	X	X	
406000 Sid Peterson Memorial Hospital		Х		Х		Х	
Kilgore							
031001 Roy H Laird Memorial Hospital		X		X		X	
Killeen							
397001 Metroplex Hospital	207000	Х		Х		Х	
397002 Metroplex Pavilion	397000						
Kingsville							
216001 CHRISTUS Spohn Hospital-Kleberg		Х		Х		Х	

	Reports	1006	With	2Q06	With	3006	With
Kingwood	With		Comment		Comment		Comment
675000 Kingwood Medical Center		X		X		х	
813800 Kingwood Specialty Hospital		X		X		X	
818600 Kingwood Pines Hospital		X		X		x	NC
Knox City							
568000 Knox County Hospital		*		*		*	
La Grange							
823400 St Marks Medical Center		*		*		*	
Lake Jackson							
436000 Brazosport Regional Health System		X		x		х	
Lamesa							
341000 Medical Arts Hospital		*		*		*	
Lampasas							
397000 Rollins-Brooks Community Hospital		X		X		х	
Lancaster				A			
603002 Medical Center–Lancaster		X		X		х	
Laredo		<u> </u>		A		A	
207001 Laredo Medical Center		X	X	X		х	
301000 Doctors Hospital-Laredo		X	Λ	X		X	
804400 Providence Hospital		X		X		X	
836300 Laredo Specialty Hospital		Λ		x ^{LV}		x ^{LV}	
First reports 2nd quarter 2006				А		л	
League City							
718000 Devereux Texas Treatment Network		x ^{LV}	x	x ^{LV}	x	x ^{LV}	
Levelland							
307000 Covenant Hospital-Levelland		x		x		х	
Lewisville							
394000 Medical Center-Lewisville		x	x	x	x	х	NC
Liberty							
089001 Liberty-Dayton Hospital		x		x		х	
Linden							
822100 Good Shepherd Medical Center-Linden		x		x		х	
Littlefield							
217000 Lamb Healthcare Center		*		*		*	
Livingston							
466000 Memorial Medical Center-Livingston		X		X		х	
Llano							
476000 Llano Memorial Hospital		*x ^N		* x ^N		* x ^N	
Lockney							
010000 WJ Mangold Memorial Hospial		*		*		*	
Longview							
029000 Good Shepherd Medical Center		X		x		х	
525000 Longview Regional Medical Center		х		х		х	
525001 Longview Regional Physical Rehab	525000						
Last reports 1st quarter 2006							
794600 Select Specialty Hospital-Longview		Х		Х		Х	
829200 Acadia Hospital-Longview				Х		х	
First reports 2nd quarter 2006							
Lubbock							
013001 Highland Medical Center		Х		Х		Х	
109000 Covenant Medical Center-Lakeside		Х	Х	Х	Х	Х	Х
145000 University Medical Center		Х	Х	Х	Х	Х	Х
465000 Covenant Medical Center		Х	Х	Х	Х	Х	X NC
686000 Covenant Childrens Hospital		Х	X	Х	Х	Х	ne

	Reports	1Q06	With Comment	2Q06	With Comment	3Q06	With
786001 Southwest Regional Specialty Hospital	With	X	Comment	X	Comment	X	Comment
801500 Lubbock Heart Hospital		X	x	x	х	x	X
804000 Sunrise Canyon		X		X		x	
Lufkin							
129000 Memorial Medical Center East Texas		X		х		x	
481000 Woodland Heights Medical Center		X		v		X	
691000 Memorial Specialty Hospital		x ^{LV}		X ^{LV}		x ^{LV}	
Luling							
184000 Warm Springs Specialty Hospital		х		х		x	
597000 Seton Edgar B Davis		X	х	X	х	X	NC
Madisonville							
041000 Madison St Joseph Health Center		х	х	х	х	x	x
Mansfield							
657000 Kindred Hospital-Mansfield		х		х		х	
Marlin							
517000 Falls Community Hospital & Clinic		*x		*x		*x	
Marshall							
020000 Marshall Regional Medical Center		х		х		х	
McAllen							
601000 Rio Grande Regional Hospital		х		х		х	
802001 McAllen Medical Center		х		х		х	
802002 McAllen Medical Behavioral Health Center	802001						
802003 McAllen Medical Heart Hospital	802001						
816300 Solara Hospital		х		х		х	
821001 LifeCare Hospital of South Texas		х		х		х	
McCamey							
240000 McCamey Hospital		*x ^{LV}		* x ^{LV}		*x ^{LV}	
McKinney							
246000 Medical Center-McKinney		х		х		х	
246001 Medical Center McKinney–Wysong Campus	246000						
Mesquite							
198000 The Medical Center Mesquite		х		х	NC	х	
315002 Mesquite Community Hospital		х		х		х	
840000 Mesquite Specialty Hospital							
First reports 4th quarter 2006							
Mexia							
505000 Parkview Regional Hospital		X		X		X	
Midland							
452000 Midland Memorial Hospital		X C ^N		X		X	
452001 Memorial Rehab Hospital Last reports 2nd quarter 2006		C		х			
452002 Midland Memorial Hospital–West Campus	452000						
693000 HEALTHSOUTH Rehab Hospital–	432000	х		X		X	
Midland/Odessa		л		л		л	
789900 Select Specialty Hospital–Midland		Х		х		v	
781501 West Texas Medical Center		x ^{LV}		x ^{LV}		X C ^N	
Last reports 3rd quarter 2006		Λ		А		C	
832600 Desert Springs Medical Center		\mathbf{x}^{LV}		Х		Х	
First reports 1st quarter 2006							
837600 RehabCare Group-Midland						х	
First reports 3rd quarter 2006							
Mineral Wells		يە بە		4		<u>ب</u>	
034000 Palo Pinto General Hospital		*х		*х		*x	
Mission							
370000 Mission Hospital		Х		Х		Х	

	Reports	1006	With	2006	With	3Q06	With
Missouri City	With		Comment		Comment		Comment
609001 Memorial Hermann Fort Bend Hospital		Х		X		x	
Monahans							
468000 Ward Memorial Hospital		*x		*x		*x	
Morton		Λ		Λ		Λ	
159000 Cochran Memorial Hospital		*		*		*	
Mount Pleasant							
137000 Titus Regional Medical Center		*x		*x		*x	
Mount Vernon		л		Λ		Λ	
282000 East Texas Medical Center–Mount Vernon		v		v		v	
		Х		X		X	
Muenster 265000 Managerial Haggital		*		*		*x ^{LV}	
365000 Muenster Memorial Hospital First reports 1st quarter 2006		*х		*x		ŤХ	
Muleshoe							
631000 Muleshoe Area Medical Center		*		*		*	
Nacogdoches							
392000 Nacogdoches Medical Center		Х		Х	NC	X	
478000 Nacogdoches Memorial Hospital	470000	X		Х		X	X
478001 Cecil R Bomar Rehab Center	478000						
Nassau Bay							
600001 CHRISTUS St John Hospital		Х	Х	Х	Х	Х	Х
Navasota							
002000 St Joseph Regional Health Center Behavioral	002001						
Health							
728800 Grimes St Joseph Health Center		х	Х	х	х	х	х
New Boston							
632001 Living Hope New Boston Medical Center		x ^{LV}		x ^{LV}			
Last reports 2nd quarter 2006							
New Braunfels							
415000 McKenna Memorial Hospital		х		х		х	
Nocona							
348000 Nocona General Hospital		*		*		*	
Odessa							
181000 Medical Center-Hospital		Х		X		x	
425000 Odessa Regional Hospital		X		X		X	
791001 Regency Hospital–Odessa		X		X		X	
795500 Alliance Hospital		X		X		X	
797700 HEALTHSOUTH Rehab Hospital–Odessa							
*		X		X		X	
Olney		*		*		*	
294000 Hamilton Hospital		ŕ		*		Ť	
Orange							
121000 Memorial Hermann Baptist Orange Hospital		X		X		X	
812100 ContinueCare Hospital Southeast Texas		x ^{LV}		x ^{LV}		x ^{LV}	
Palacios		1.17		T V		1.17	
574001 Palacios Community Medical Center		x ^{LV}		x ^{LV}		x ^{LV}	
Palestine							
377001 Palestine Regional Rehab Hospital		x ^{LV}		\mathbf{x}^{LV}		x ^{LV}	
629001 Palestine Regional Medical Center		Х		Х		Х	
629002 Palestine Regional Medical Center Psych	629001						
Services							
Pampa							
832900 Pampa Regional Medical Center		X		X		x	
First reports 1st quarter 2006							
• •							
	1						

	Reports With	1Q06	With	2Q06	With	3Q06	With Comment
Paris	with		Comment		Comment		Comment
095002 Paris Regional Medical Center South Campus		X	x	X	x	Х	
095003 Paris Regional Medical Center North Campus		х	х	х	х	v	
787500 Dubuis Hospital–Paris		х	х	х	х	X X ^{LV}	х
Pasadena							
349001 Bayshore Medical Center		x		Х		х	
694100 Vista Medical Center Hospital		X	х	X	х	X	x
801000 Kindred Hospital		X	X	X	X	X	X
Pearsall							
441000 Frio Regional Hospital		*		*		*	
Pecos							
367000 Reeves County Hospital		*		*		*	
Perryton							
098000 Ochiltree General Hospital		*		*		*	
Pittsburg							
438000 East Texas Medical Center–Pittsburg		x		х		х	
Plainview							
146000 Covenant Hospital–Plainview		x	x	х	x	х	x
816001 Allegiance Behavioral Health Center–Plainview		X		X		X	
Plano							
214000 Medical Center–Plano		X	x	Х	x	х	Х
664000 Presbyterian Hospital–Plano		X	X	X	X	X	X
670000 HEALTHSOUTH Plano Rehab Hospital		X		X		X	X
720000 Seay Behavioral Health Center		X	X	X	х	X	X
789800 LifeCare Hospital–Plano		X	X	X	<u> </u>	X	Λ
805000 Plano Specialty Hospital		X	A	X		X	
814001 Baylor Regional Medical Center–Plano		X	X	X	х	X	х
815300 Presbyterian Plano Center for Diagnostics &		X	A	X		X	<u>A</u>
Surgery		Λ		A		А	
Port Arthur							
299001 CHRISTUS Hospital–St Mary		OC		OC		OC	
464002 The Medical Center of Southeast Texas		X		v		X	
708001 Dubuis Hospital–Port Arthur		x ^{LV}	х	X X ^{LV}	Х	x ^{LV}	Х
792100 Promise Specialty Hospital–Southeast Texas		x ^{LV}	A	xLV		x ^{LV}	A
Port Lavaca				A		A	
487000 Memorial Medical Center		*		*		*	
Quanah							
102000 Hardeman County Memorial Hospital		*		*		*	
Quitman							
411000 East Texas Medical Center–Quitman		X		Х		Х	
Rankin						A	
290000 Rankin County Hospital District		*		*		*	
Refugio							
368000 Refugio County Memorial Hospital District		*		*		*	
Richardson							
549000 Richardson Regional Medical Center		X		Х		х	NC
Richland Hills		71				A	
437000 North Hills Hospital		X		Х		х	
Richmond		~		~		~	
230000 Oakbend Medical Center		X	X	х	X	х	х
Rio Grande City		л	Λ	л	Λ	л	Λ
393000 Starr County Memorial Hospital		X		X		х	
Rockdale		Λ		Λ		Λ	
369000 Richards Memorial Hospital		*		*		*	
507000 Monards Monorial Hospital	I				I	1	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
Rotan			comment		connicit		comment
355000 Fisher County Hospital District		*		*		*	
Round Rock							
608000 Round Rock Medical Center		x		x	NC	х	NC
Rowlett							
625000 Lake Pointe Medical Center		Х		Х		х	
Rusk							
000107 Rusk State Hospital		X	x	X	x	х	x
San Angelo							
056000 San Angelo Community Medical Center		X		X		Х	
168000 Shannon West Texas Memorial Hospital		X		X		X	
445000 Shannon Medical Center–St Johns Campus		X		X		X	
747000 River Crest Hospital		X		X		X	
819000 Triumph Hospital San Angelo		X		X		X	
San Antonio		<u></u>		A		A	
000108 Texas Center for Infectious Disease		x ^{LV}		x ^{LV}		XLV	
000110 San Antonio State Hospital		X	Х	X	X	X	х
081001 Southeast Baptist Hospital		X	Λ	X	Λ	X	Λ
114001 Baptist Medical Center		X		X		X	
134001 Northeast Baptist Hospital		X		X		X	
154000 Methodist Hospital		X		X	v	X	v
154001 Methodist Flospital 154001 Methodist Specialty & Transplant Hospital		X		X	X	X	X X
154002 Northeast Methodist Hospital						X	
158000 University Hospital		X		X			X
228001 Southwest General Hospital		X		X		X	
283000 Metropolitan Methodist Hospital		X		X		X	v
339000 CHRISTUS Santa Rosa Hospital		X		X		X	Х
339001 CHRISTUS Santa Rosa Medical Center		X		X		X	
396001 CHKISTOS Sana Kosa Medical Center 396001 Nix Specialty Health Center	396002	Х		Х		Х	
396002 Nix Health Care System	390002	v	NC	v		v	
503001 St Lukes Baptist Hospital		X		X		X	
634000 CHRISTUS Santa Rosa Childrens Hospital		X X		X X		X X	
636000 HEALTHSOUTH Rehab Institute–San Antonio							
643000 San Antonio Warm Springs Rehab Hospital		X		X		X	
Last reports 4th quarter 2006		Х		Х		Х	
645000 Kindred Hospital–San Antonio		Х		Х		Х	
677001 North Central Baptist Hospital		X		X		X	
681001 Methodist Ambulatory Surgery Hospital		X		X		X	
Northwest							
702001 Texas Specialty Hospital–San Antonio		Х		Х		х	
711000 The COMPASS Hospital San Antonio		X		X		X	
719300 Select Specialty Hospital–San Antonio		X		X		X	
723001 Laurel Ridge Treatment Center		X		X		X	
737000 Southwest Mental Health Center		X		X		X	
751000 Mission Vista Behavioral Health Center		X		X		X	
786800 The Spine Hospital of South Texas		X		X		X	
799200 Promise Specialty Hospital–San Antonio		X		X		x ^{LV}	
800600 Texsan Heart Hospital		X		X		X	
815000 LifeCare Hospital–San Antonio				v		X	
820600 Innova Hospital–San Antonio		X x ^{LV}		x ^{LV}		x ^{LV}	
San Augustine							
072000 Memorial Medical Center–San Augustine		X		x		х	
San Benito				~		~	
245001 Dolly Vinsant Memorial Hospital		х		х		х	
			I		1		

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
San Marcos	with		Comment		Comment		Comment
556000 Central Texas Medical Center		x		x		x	
Seguin							
155000 Guadalupe Regional Medical Center		x		x		x	
Seminole							
113000 Memorial Hospital		*		*		*	
Seymour							
546000 Seymour Hospital		*		*		*	
Shamrock							
571000 Shamrock General Hospital		*		*		*	
Shenandoah							
795000 Nexus Specialty Hospital Shenandoah Campus		x		X		X	
Sherman							
191002 Texoma Medical Center Behavioral Health		x	NC	X	x	x	x
Center							
297000 Wilson N Jones Memorial Hospital		x		Х		Х	
818700 Community Specialty Hospital		x		X		X	
Smithville		A		<u> </u>		A	
385000 Smithville Regional Hospital		x		X		X	
Snyder		A				A	
439000 D M Cogdell Memorial Hospital		*x		*x		*x	
First reports 1st quarter 2006		A		А		Λ	
Sonora							
147000 Lillian M Hudspeth Memorial Hospital		*x		*x		*x	
Southlake							
812800 Harris Methodist Southlake Center for		x		x		x	
Diagnostics & Surgery							
Spearman							
395000 Hansford County Hospital		*		*		*	
Stamford							
043000 Stamford Memorial Hospital		*		*		*	
Stanton							
388000 Martin County Hospital District		*		*		*	
Stephenville							
256000 Harris Methodist–Erath County		x	X	X	x	x	X
Sugar Land							
790500 Sugar Land Surgical Hospital		x		X		X	
792700 Triumph Hospital–Southwest		X		X		X	
823000 Methodist Sugar Land Hospital		x	x	X	х	X	х
Sulphur Springs		A	A			A	A
280000 Hopkins County Memorial Hospital		*		X	X	X	
First reports 2nd quarter 2006				Α	Λ	А	
Sweeny							
178000 Sweeny Community Hospital		х		х		х	
Sweetwater							
471000 Rolling Plains Memorial Hospital		*		*		*	
Tahoka							
192000 Lynn County Hospital District		*		*		*	
Taylor							
044000 Johns Community Hospital		x		X		X	
Temple				-		-	
186000 Kings Daughters Hospital		x		X		X	
537000 Scott & White Memorial Hospital		X		X		X	
537001 Scott & White Santa Fe Center	537000						
	22,000	1	I		1		

	Reports	1Q06	With	2Q06	With	3Q06	With
537002 Scott & White Pavilion	With 537000		Comment	-2	Comment		Comment
537003 Scott & White Memorial Hospital–SNF						х	
First reports 3rd quarter 2006							
537004 Scott & White Memorial Hospital-Rehab						х	
First reports 3rd quarter 2006							
537005 Scott & White Memorial Hospital–Psych						Х	
First reports 3rd quarter 2006							
Terrell							
000111 Terrell State Hospital		Х	X	X	X	X C ^N	X
512002 Medical Center-Terrell	512002	Х		X		Car	
512003 Medical Center–Terrell–North Campus Texarkana	512002						
144000 Wadley Regional Medical Center		$\frac{x}{x^{LV}}$		X		X	
144001 Wadley Regional Medical Center SNF				X		X	
684000 HEALTHSOUTH Rehab Hospital-Texarkana		X		X		X	
713001 CHRISTUS St Michael Rehab Hospital		X		X		X	
788001 CHRISTUS St Michael Health System		X		X		X	
822000 Dubuis Hospital–Texarkana		Х	X	X	X	Х	X
Texas City 702000 Mainland Madical Canton							
793000 Mainland Medical Center		Х		X		Х	
The Woodlands							
615000 Memorial Hermann The Woodlands Hospital		Х		X		Х	
793100 St Lukes Community Medical Center–The		Х	х	х	х	Х	х
Woodlands		x ^{LV}		x ^{LV}		x ^{LV}	
795001 Nexus Specialty Hospital First reports 1st quarter 2006		Х		X		Х	
Throckmorton							
428000 Throckmorton County Memorial Hospital		*		*		*	
Tomball							
076000 Tomball Regional Hospital		x ^N		x ^N		x ^N	
792601 Triumph Hospital Tomball		71		~			
First reports 4th quarter 2006							
Trinity							
287000 East Texas Medical Center-Trinity		Х		Х		х	
Trophy Club							
805100 Baylor Medical Center Trophy Club		Х		Х		х	
Tulia							
273000 Swisher Memorial Hospital		*		*		*	
Tyler							
000112 University of Texas Health Center-Tyler		Х		Х		Х	
286000 Mother Frances Hospital		х		х	х	х	х
410000 East Texas Medical Center		Х		Х		Х	
410001 East Texas Medical Center Behavioral Health	410000						
Center							
692000 Trinity Mother Frances Rehab Hospital		Х	х	Х	х	Х	Х
777000 East Texas Medical Center Specialty Hospital		Х		Х		Х	
790200 Texas Spine & Joint Hospital		Х		Х		Х	
799000 East Texas Medical Center Rehab Hospital		Х		х		Х	
806500 Continue Care Hospital–Tyler		Х		х		Х	
Uvalde							
063000 Uvalde Memorial Hospital		*х	х	*х		*х	
First reports 1st quarter 2006							
Van Horn				. IV			
139000 Culberson Hospital		*x		* x ^{LV}		*x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
Vernon	with	-	Comment		Comment		Comment
000113 North Texas State Hospital–Vernon	000114						
084000 Wilbarger General Hospital		*		*		*	
Victoria							
064000 Citizens Medical Center		х		x		x	
453000 DeTar Hospital-Navarro		х	x	х	х	х	X
453001 DeTar Hospital–North	453000			х		х	
812000 Triumph Hospital Victoria		х		x ^{LV}		х	
831000 Victoria Warm Springs Rehab Hospital		x ^{LV}		x ^{LV}		х	
Waco							
000117 Waco Center for Youth		x ^{LV}	X	x ^{LV}	X	x ^{LV}	х
040000 Providence Health Center		х		х		х	
506000 Hillcrest Baptist Medical Center		х		х		х	
736000 DePaul Center-Div of Providence Health Center		х		х		х	
Waxahachie							
285000 Baylor Medical Center-Waxahachie		х	х	х	х	х	х
Weatherford							
243000 Campbell Health System		Х		х		х	
Last reports 4th quarter 2006							
Webster							
212000 Clear Lake Regional Medical Center		Х		Х		Х	
680000 Clear Lake Rehab Hospital		х		Х		х	
698004 Cornerstone Hospital Houston-Clear Lake		х		х		х	
720402 Triumph Hospital–Clearlake		х		х		Х	
822001 Surgical Arts Center-Clear Lake		x ^{OC}		х		х	
Weimar							
005000 Colorado-Fayette Medical Center		*		*		*	
Wellington							
195000 Collingsworth General Hospital		*x		*x		*x	
Weslaco							
480000 Knapp Medical Center		X	X	х	X	X	X
808500 Weslaco Rehab Hospital		X	л	X	л	OC	<u>л</u>
Wharton		<u> </u>		Λ		00	
833000 Gulf Coast Medical Center							
First reports 1st quarter 2006		Х		Х		Х	
Wheeler							
116000 Parkview Hospital		*		*		*	
Whitney							
161000 Lake Whitney Medical Center		х		х		X	
Wichita Falls		Λ		Λ		Λ	
000114 North Texas State Hospital		X	X	X	X	X	X
417000 United Regional Health Care System–8th St		X	Λ		Λ	X	Λ
Campus		л		Х		л	
417001 United Regional Health Care System–11th St	417000						
Campus	117000						
681400 Kell West Regional Hospital		Х		Х		X	
685000 HEALTHSOUTH Rehab Hospital–Wichita Falls		X		X		X	
709001 Red River Hospital		X		X		X	
722900 Wichita Valley Rehab Hospital		X		C ^N		C ^N	
Last reports 3rd quarter 2006		л		C			
820002 Texas Specialty Hospital–Wichita Falls		Х		Х		X	
Winnie		Λ		Λ		Λ	
781400 Winnie Community Hospital		X		v		x	NC
101-00 while Community Hospital		Λ	I	Х	I	Λ	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment
Winnsboro							
446000 Presbyterian Hospital-Winnsboro		х	х	х	Х	х	х
Winters							
151000 North Runnels Hospital		*		*		*	
Woodville							
569000 Tyler County Hospital		*х		*х		*х	
Wylie							
726900 Barix Clinics of Texas Last reports 3rd quarter 2006		x ^{LV}		x ^{LV}		x ^{LV}	
Yoakum							
023000 Yoakum Community Hospital		Х		Х		Х	
Total exempt hospitals		108		108		108	
Total exempt hospitals voluntarily reporting		27		27		27	
Total hospitals not in compliance		3		2		2	
Total hospitals with discharges reported by another hospital		32		29		28	
Total reporting		514	134	515	128	521	

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

- C Closed, no data submitted.
- C^{N} Closed, data not certified.
- OC Not in compliance for this quarter. No data submitted.
- x Hospital submitted and certified data, submitted comments. x^{lv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.
- x^N Hospital elected not to certify data. ^{NC} Certification comments not submitted to DSHS.
- x^{OC} Hospital did not certify data. Not in compliance for this quarter.

Exempt hospital. Includes those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).

*** No discharges for this quarter.