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

2010

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BACKGROUND

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

PUBLIC USE DATA FILE (PUDF)

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

The 2010 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, 546 hospitals:					
Base data	740,573 records	Fixed field format	1123 MB	Tab-delimited	471 MB
Charges	11,765,826 records	Fixed field format	985 MB	Tab-delimited	570 MB
Second quarter, 555 hospitals	3:				
Base data	725,658 records	Fixed field format	1055 MB	Tab-delimited	443 MB
Charges	10,994,457 records	Fixed field format	874 MB	Tab-delimited	505 MB
Third quarter, 550 hospitals:					
Base data	736,262 records	Fixed field format	1072 MB	Tab-delimited	449 MB
Charges	10,978,715 records	Fixed field format	880 MB	Tab-delimited	508 MB
Fourth quarter, 553 hospitals:	:				
Base data	741,885 records	Fixed field format	1078 MB	Tab-delimited	453 MB
Charges	11,344,149 records	Fixed field format	908 MB	Tab-delimited	525 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
CMS_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 self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the 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:

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.

BASE DATA FILE

Field 1:	DISCHARGE					
Description:	Discharge Quarter. Year	and quarter of disc	charge. $yyyyQn$.			
Beginning Position:	1	Data Source:	Assigned			
Length:	6	Type:	Alphanumeric			
Field 2:	THCIC_ID		-			
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.					
Suppression:	Hospitals with fewer that	n 50 discharges hav	we been aggregated into the Provider ID '999999'.			
	If a hospital has fewer th	an 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	by the hospital.				
Suppression:			ovider ID equals '999999') are assigned the			
	<u> </u>		a hospital has fewer than 5 discharges of a			
	particular gender, includ	ing 'unknown', Ho	spital Name is blank.			
Beginning Position:	13	Data Source:	Provider			
Length:	55	Type:	Alphanumeric			
Field 4:	FAC_TEACHING_INI	D				
Description:	Teaching Facility Indicate	tor.				
Suppression:			discharges (Provider ID equals '999999').			
Coding Scheme:	A Member, Council of T	eaching Hospitals				
	X Other teaching facility	7				
Beginning Position:	68	Data Source:	Provider			

Length:	1	Type:	Alphanumeric	
Field 5:	FAC_PSYCH_IND			
Description:	Psychiatric Facility India	cator.		
Suppression:	Suppressed for hospitals	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 In	ndicator.		
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID e	quals '999999').
Beginning Position:	70	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 7:	FAC_ACUTE_CARE_	IND		
Description:	Acute Care Facility Indi	cator.		
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID e	quals '999999').
Beginning Position:	71	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 8:	FAC_SNF_IND			
Description:	Skilled Nursing Facility	Indicator. Hospital	facility type indicator prov	vided by the hospital.
Suppression:			discharges (Provider ID e	quals '999999').
Beginning Position:	72	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 9:	FAC_LONG_TERM_A			
Description:	Long Term Acute Care I			
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID e	quals '999999').
Beginning Position:	73	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 10:	FAC_OTHER_LTC_II			
Description:	Other Long Term Care F			
Suppression:			discharges (Provider ID e	quals '999999').
Beginning Position:	74	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 11:	FAC_PEDS_IND			
Description:	Pediatric Facility Indicat			
Suppression:			discharges (Provider ID e	
Coding Scheme:			n's Hospitals and Related	Institutions (NACHRI)
D	X Facilities that also trea		D ! 1	
Beginning Position:	75	Data Source:	Provider	
Length:	CDEC INIT	Type:	Alphanumeric	
Field 12:	SPEC_UNIT	most davis duning	story accumund based on muun	nhan of days by Tyma of
Description:			stay occurred based on nur of days in the unit. SPEC_1	
			n the Tab Delimited file an	
	individually in the fixed		The Tab Dennined file an	id can be accessed
Coding Scheme:	-	Coronary Care Unit	P	Pediatric Unit
Coung Scheme.		Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
		Hospice Unit	U	Sub-acute Care Unit
		Nursery Obstetric Unit	S Blank	Skilled Nursing Unit Acute Care
		Oncology Unit	Blank	Acute Care
Beginning Position:	76	Data Source:	Calculated	
Length:	5	Type:	Alphanumeric	
Field 12a:	SPEC_UNIT_1 (fixed l	* *		
Description:			ay occurred based on num	ber of days by Type of
•	Bill or Revenue Code.		•	1
Coding Scheme:				
County Scheme.	Same as Field 12.			
Beginning Position:	Same as Field 12.	Data Source:	Calculated	

Length: Type: Alphanumeric SPEC UNIT 2 (fixed length file only) Field 12b: **Description:** Specialty Unit in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as Field 12. **Coding Scheme: Beginning Position:** 77 **Data Source:** Length: Type: Alphanumeric SPEC_UNIT_3 (fixed length file only) Field 12c: Specialty Unit in which 3rd most days during stay occurred based on number of days by Type **Description:** of Bill or Revenue Code. **Coding Scheme:** Same as Field 12. **Beginning Position:** 78 **Data Source:** Length: Type: Alphanumeric Field 12d: SPEC UNIT 4 (fixed length file only) **Description:** Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as Field 12. **Coding Scheme: Beginning Position: Data Source:** Length: Type: Alphanumeric SPEC UNIT 5 (fixed length file only) Field 12e: Specialty Unit in which 5th most days during stay occurred based on number of days by Type **Description:** of Bill or Revenue Code. Coding Scheme: Same as Field 12. **Beginning Position:** 80 **Data Source:** Length: Type: Alphanumeric Field 13: **ENCOUNTER INDICATOR Description:** Indicates the number of claims used to create the encounter **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 14: SEX CODE **Description:** Gender of the patient as recorded at date of admission or start of care. **Suppression:** Code is suppressed if an ICD-9-CM code indicates drug or alcohol use or an HIV diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients. M Male **Coding Scheme:** F Female U Unknown Invalid 83 **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 15: TYPE OF ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not available Invalid **Beginning Position:** 84 **Data Source:** Claim Length: Alphanumeric Type: Field 16: SOURCE_OF_ADMISSION **Description:** Code indicating source of the admission. Physician referral **Coding Scheme:** Clinic referral 2 3 HMO referral 4 Transfer from a hospital 5 Transfer from a skilled nursing facility

	 6 Transfer from a 	nother health care facility		
	7 Emergency Roo	om		
	8 Court/Law Enfo	prcement		
	9 Information not			
		sychiatric, substance abuse, re	ehab hospital	
		critical access hospital	Easility Despiting in a Common	to Claim to the Dovin offective
	4-1-2006	iospitai inpatient in the Same	racinty Resulting in a Separat	te Claim to the Payer, effective
	* Invalid			
	If Type of Admission=4	(Newborn)		
	5 Born inside this			
	6 Born outside thi	•		
Beginning Position:	85	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 17:	PAT_STATE			
Description:			xas and contiguous state	s. Standard 2-character
	Postal Service abbre	eviation.		
Coding Scheme:	AR Arkansas			
	LA Louisiana			
	NM New Mexico OK Oklahoma			
	OK Oklahoma TX Texas			
		nd American Territories		
	FC Foreign country			
	XX Foreign country			
Beginning Position:	86	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 18:	PAT_ZIP			
Description:	Patient's five-digit	ZIP code.		
Suppression:	Last two digits are l	blank if a ZIP code has	fewer than 30 discharges	s. If state equals 'ZZ', ZIP
	code equals '88888	'. If state equals 'FC' (f	oreign country) ZIP cod	e is blank. If ICD-9-CM
	indicates alcohol or	drug use or an HIV dia	gnosis the ZIP code is b	lank. If a hospital has
	fewer than fifty disc	1 1 5770 1 1	11 1 TC 1 1 11 C	
	icwei man inty disc	charges the ZIP code is	blank. If a hospital has f	fewer than 5 discharges of
	_	charges the ZIP code is including 'unknown', t	-	ewer than 5 discharges of
Beginning Position:	_	_	-	ewer than 5 discharges of
Beginning Position: Length:	a particular gender,	including 'unknown', t	he ZIP Code is blank.	ewer than 5 discharges of
	a particular gender, 88	including 'unknown', t Data Source:	he ZIP Code is blank. Claim	ewer than 5 discharges of
Length: Field 19:	a particular gender, 88 5 PAT_COUNTRY	including 'unknown', t Data Source: Type:	he ZIP Code is blank. Claim Alphanumeric	
Length:	a particular gender, 88 5 PAT_COUNTRY Country of patient's	including 'unknown', t Data Source: Type: s residential address. Lie	he ZIP Code is blank. Claim Alphanumeric	ernational Organization for
Length: Field 19: Description:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS	including 'unknown', t Data Source: Type: s residential address. Lie O).	he ZIP Code is blank. Claim Alphanumeric st maintained by the Inte	
Length: Field 19: Description: Suppression:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS Suppressed if fewer	including 'unknown', t Data Source: Type: s residential address. List O). t than 5 patients from or	he ZIP Code is blank. Claim Alphanumeric st maintained by the Inte	
Length: Field 19: Description: Suppression: Coding scheme:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS Suppressed if fewer See www.ISO.org for	including 'unknown', t Data Source: Type: s residential address. List O). t than 5 patients from or or complete list.	he ZIP Code is blank. Claim Alphanumeric st maintained by the Intente country.	
Length: Field 19: Description: Suppression: Coding scheme: Beginning Position:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS Suppressed if fewer See www.ISO.org for 93	including 'unknown', t Data Source: Type: s residential address. Lie O). than 5 patients from or or complete list. Data Source:	he ZIP Code is blank. Claim Alphanumeric st maintained by the Intente country. Claim	
Length: Field 19: Description: Suppression: Coding scheme: Beginning Position: Length:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS Suppressed if fewer See www.ISO.org for 93 2	including 'unknown', t Data Source: Type: s residential address. List O). t than 5 patients from or or complete list.	he ZIP Code is blank. Claim Alphanumeric st maintained by the Intente country.	
Length: Field 19: Description: Suppression: Coding scheme: Beginning Position: Length: Field 20:	a particular gender, 88 5 PAT_COUNTRY Country of patient's Standardization (IS Suppressed if fewer See www.ISO.org for 93 2 COUNTY	including 'unknown', t Data Source: Type: s residential address. Lie O). t than 5 patients from or or complete list. Data Source: Type:	he ZIP Code is blank. Claim Alphanumeric st maintained by the Intente country. Claim	
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Brazos	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
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 Madisson 441 Tarylor 059 Callahan 187 Guadalupe 315 Marin 445 Terryl 061 Cameron 189 Hale 317 Martin 445 Terry 063 Camp 191 Hall 319 Mason 447 Throckmorton 065<					297		425	
O47	043	Brewster	171	Gillespie	299	Llano	427	Starr
O47	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
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103 Crane 231 Hunt 359 Oldham 487 Wilbarger 105 Crockett 233 Hutchinson 361 Orange 489 Willacy 107 Crosby 235 Irion 363 Palo Pinto 491 Williamson 109 Culberson 237 Jack 365 Panola 493 Wilson 111 Dallam 239 Jackson 367 Parker 495 Winkler 113 Dallas 241 Jasper 369 Parmer 497 Wise 115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 <td>101</td> <td>Cottle</td> <td>229</td> <td>Hudspeth</td> <td>357</td> <td>Ochiltree</td> <td>485</td> <td>Wichita</td>	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
107 Crosby 235 Irion 363 Palo Pinto 491 Williamson 109 Culberson 237 Jack 365 Panola 493 Wilson 111 Dallam 239 Jackson 367 Parker 495 Winkler 113 Dallas 241 Jasper 369 Parmer 497 Wise 115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Pollk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall * Invalid	103	Crane	231		359	Oldham	487	Wilbarger
109 Culberson 237 Jack 365 Panola 493 Wilson 111 Dallam 239 Jackson 367 Parker 495 Winkler 113 Dallas 241 Jasper 369 Parmer 497 Wise 115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall * Invalid 127 Dimmit 255 Karnes 383 Reagan * Invalid	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
111 Dallam 239 Jackson 367 Parker 495 Winkler 113 Dallas 241 Jasper 369 Parmer 497 Wise 115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
113 Dallas 241 Jasper 369 Parmer 497 Wise 115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	109	Culberson	237	Jack	365	Panola	493	Wilson
115 Dawson 243 Jeff Davis 371 Pecos 499 Wood 117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	111	Dallam	239	Jackson	367	Parker	495	Winkler
117 Deaf Smith 245 Jefferson 373 Polk 501 Yoakum 119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	113	Dallas	241	Jasper	369	Parmer	497	Wise
119 Delta 247 Jim Hogg 375 Potter 503 Young 121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
121 Denton 249 Jim Wells 377 Presidio 505 Zapata 123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	119	Delta	247	Jim Hogg	375	Potter	503	Young
123 Dewitt 251 Johnson 379 Rains 507 Zavala 125 Dickens 253 Jones 381 Randall 127 Dimmit 255 Karnes 383 Reagan * Invalid	121	Denton	249		377	Presidio	505	
127 Dimmit 255 Karnes 383 Reagan * Invalid	123	Dewitt	251	Johnson	379	Rains	507	Zavala
e	125	Dickens	253	Jones	381	Randall		
95 Data Source: Assigned; based on patient ZIP code	127	Dimmit	255	Karnes	383	Reagan	*	Invalid
	95			Data Source:	Assign	ed; based on patier	nt ZIP	code

Beginning Position: Length:

3

Field 21: PUBLIC_HEALTH_REGION

Description: Public Health Region of patient's address.

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

Alphanumeric

- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, 5 San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, 6 Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,
 - McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
- * Invalid

Beginning Position:	98	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 22:	ADMIT_WEEKDAY		
Description:	Code indicating day of weel	k patient is admit	ted
Coding Scheme:	1 Monday 2 Tuesday 3 Wednesday 4 Thursday		5 Friday6 Saturday7 Sunday* Invalid
Beginning Position:	100	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 23:	LENGTH_OF_STAY		
Description:	Length of stay in days equa	ls Statement cove	ers period through date minus Admission/start of
	care date. The minimum len	igth of stay is 1 d	ay. The maximum is 9999 days.
Beginning Position:	101	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 24:	PAT_AGE	•	
To 1 11	~		

Description: Code indicating age of patient in days or years on date of discharge.

Description:	Coae	indicating age of patient if	ı aays	or years on date of discharg	ge.	
Coding Scheme:	00	1-28 days	10	35-39	20	85-89
8	01	29-365 days	11	40-44	21	90+
	02	1-4 years	12	45-49	HIV a	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	18-19	16	65-69	25	65-74
	07	20-24	17	70-74	26	75+
	08	25-29	18	75-79	*	Invalid
	09	30-34	19	80-84		

Beginning Position:105Data Source:AssignedLength:2Type:Alphanumeric

Field 25: PAT_STATUS

Description:

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

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

- Coding Scheme:

 1 Discharged to home or self-care (routine discharged to other short term general hospital
 - 3 Discharged to skilled nursing facility
 - 4 Discharged to intermediate care facility
 - 5 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
 - 6 Discharged to care of home health service
 - 7 Left against medical advice
 - 8 Discharged to care of Home IV provider
 - 9 Admitted as inpatient to this hospital
 - 20 Expired
 - 30 Still patient
 - 40 Expired at home
 - 41 Expired in a medical facility
 - 42 Expired, place unknown
 - 43 Discharged/transferred to federal health care facility
 - 50 Discharged to hospice-home
 - 51 Discharged to hospice-medical facility
 - 61 Discharged/transferred within this institution to Medicare-approved swing bed
 - 62 Discharged/transferred to inpatient rehabilitation facility
 - 63 Discharged/transferred to Medicare-certified long term care hospital
 - 64 Discharged/transferred to Medicaid-certified nursing facility
 - 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
 - 66 Discharged/transferred to Critical Access Hospital (CAH)
 - 71 Discharged/transferred to other outpatient service

	72 Discharged/transferred to	institution outpatient	
	* Invalid		
Beginning Position:	107	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 26:	RACE		
Description:	Code indicating the patient		
Suppression:			ne race that race is changed to 'Other' (code equals 5).
Coding Scheme:	 American Indian/Eskimo Asian or Pacific Islander 	Aleut	
	3 Black		
	4 White		
	5 Other * Invalid		
Beginning Position:	109	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 27:	ETHNICITY		f
Description:	Code indicating the Hispan	ic origin of the pa	atient.
Suppression:			ne race the ethnicity of patients of that race is
11	suppressed (code is blank).	1	J I
Coding Scheme:	1 Hispanic Origin		
	2 Not of Hispanic Origin * Invalid		
Beginning Position:	* Invalid 110	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 28:	FIRST PAYMENT SRO		Aiphanumeric
Description:	Code indicating the expect		of payment
Coding Scheme:	09 Self Pay	ed primary source	HM Health Maintenance Organization
county benefit.	10 Central Certification		LI Liability
	11 Other Non-federal Progra		LM Liability Medical
	12 Preferred Provider Organ13 Point of Service (POS)	ization (PPO)	MA Medicare Part A MB Medicare Part B
	14 Exclusive Provider Organ	nization (EPO)	MC Medicaid
	15 Indemnity Insurance		TV Title V
	16 Health Maintenance Orga Medicare Risk	anization (HMO)	OF Other Federal Program
	AM Automobile Medical		VA Veteran Administration Plan
	BL Blue Cross/Blue Shield		WC Workers Compensation Health Claim
	CH CHAMPUS CI Commercial Insurance		ZZ Charity, Indigent or Unknown ** Codes 09 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		* Invalid
Beginning Position:	111	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 29:	SECONDARY PAYMEN		Aiphanuncie
Description:	Code indicating the expect		rce of payment.
Coding Scheme:	Same as field 28, FIRST_F	•	ar payment.
Beginning Position:	113	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 30:	TYPE_OF_BILL	V .	•
Description:		on about the clair	n data submitted. First digit = type of facility.
	Second digit = type of care		quence of the claim.
Coding Scheme:	1st digit-Type of Facility	2 nd digit–Type	
	1 Hospital		t, including Medicare 0 Non-payment/Zero claim
	2 Skilled nursing	Part A 2 Inpatient	t, Medicare Part B only 1 Admit through discharge claim
	3 Home health	3 Outpatie	•
	4 Religious non-medical heal		ent Other, Medicare 3 Interim–continuing claim
	care–Hospital 5 Religious non-medical heal	Part B of th 5 Intermed	nly liate Care–Level I 4 Interim–last claim
	care–Extended care	ui 5 illerinec	mate Care-Level 1 4 Internii-läst Clänn
	6 Intermediate care	6 Intermed	diate Care–Level II 5 Late charge(s) only claim
	7 Clinic	7 Sub-acu	te inpatient – Level III 6 Adjustment of prior claim (Not
			used by Medicare)

Special facility Swing bed Replacement of prior claim Void/cancel of prior claim **Beginning Position:** 115 **Data Source:** Claim Length: Type: Alphanumeric Field 31: PRIVATE AMOUNT **Description:** Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 11X, 14X **Beginning Position: Data Source:** Calculated 118 Numeric Length: Type: Field 32: SEMI PRIVATE AMOUNT Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X **Beginning Position:** 130 **Data Source:** Calculated Length: 12 Type: Numeric Field 33: WARD AMOUNT Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 15X. **Beginning Position: Data Source:** Calculated Length: 12 Numeric Type: Field 34: ICU AMOUNT Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X. **Beginning Position:** 154 **Data Source:** Calculated Length: 12 Type: Numeric Field 35: CCU AMOUNT Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 21X. **Beginning Position:** 166 Data Source: Calculated Length: 12 Type: Numeric Field 36: OTHER AMOUNT Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X. **Beginning Position:** 178 **Data Source:** Calculated Length: 12 Type: Numeric **Field 37:** PHARM AMOUNT Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 26X, 63X. 25?? 190 **Beginning Position: Data Source:** Calculated Length: 12 Numeric Type: Field 38: MEDSURG_AMOUNT Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X. **Beginning Position:** 202 Data Source: Calculated Length: 12 Numeric Type: Field 39: DME AMOUNT Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299. **Beginning Position: Data Source:** 214 Calculated Length: Type: Numeric Field 40: USED DME AMOUNT

Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-

0219, revenue center 293.

Beginning Position:226Data Source:CalculatedLength:12Type:Numeric

Field 41: PT_AMOUNT

Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center

42X.

Beginning Position:238Data Source:CalculatedLength:12Type:Numeric

Field 42: OT AMOUNT

Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center

42X.

Beginning Position: 250 **Data Source:** Calculated **Length:** 12 **Type:** Numeric

Field 43: SPEECH AMOUNT

Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center

44X, 47X.

Beginning Position:262Data Source:CalculatedLength:12Type:Numeric

Field 44: IT AMOUNT

Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center

41X, 46X.

Beginning Position:274Data Source:CalculatedLength:12Type:Numeric

Field 45: BLOOD_AMOUNT

Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated

with revenue codes other than 0100-0219, revenue center 38X.

Beginning Position:286Data Source:CalculatedLength:12Type:Numeric

Field 46: BLOOD_ADMIN_AMOUNT

Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated

with revenue codes other than 0100-0219, revenue center 39X.

Beginning Position:298Data Source:CalculatedLength:12Type:Numeric

Field 47: OR AMOUNT

Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center

36X, 71X-72X.

Beginning Position: 310 **Data Source:** Calculated **Length:** 12 **Type:** Numeric

Field 48: LITH_AMOUNT

Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X.

Date Comment Colorlated

Beginning Position: 322 **Data Source:** Calculated **Length:** 12 **Type:** Numeric

Field 49: CARD_AMOUNT

Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.

Beginning Position:334Data Source:CalculatedLength:12Type:Numeric

Field 50: ANES AMOUNT Ancillary Service Charge, Anesthesia Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 37X. Data Source: **Beginning Position:** 346 Calculated Length: Numeric Type: Field 51: LAB AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X. **Beginning Position:** 358 **Data Source:** Calculated 12 Length: Numeric Type: Field 52: RAD AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X. Calculated **Beginning Position:** 370 **Data Source:** Length: 12 Numeric Type: Field 53: MRI AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 61X. **Beginning Position:** Data Source: 382 Calculated Numeric Length: 12 Type: Field 54: OP AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X. **Beginning Position:** 394 **Data Source:** Calculated Length: 12 Numeric Type: Field 55: ER AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 45X. **Beginning Position:** 406 **Data Source:** Calculated Length: 12 Type: Numeric Field 56: AMBULANCE AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 54X. **Beginning Position: Data Source:** Calculated 418 Length: 12 Type: Numeric **Field 57:** PRO FEE AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X. **Beginning Position:** 430 **Data Source:** Calculated Length: Numeric 12 Type: Field 58: ORGAN AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X. 442 **Beginning Position: Data Source:** Calculated Length: 12 Type: Numeric Field 59: ESRD AMOUNT

Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,

revenue center 80X, 82X-88X.

Calculated **Beginning Position:** 454 **Data Source:** Length: 12 Type: Numeric Field 60: CLINIC AMOUNT 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. **Beginning Position: Data Source:** Calculated 466 Length: Numeric 12 Type: Field 61: TOTAL_CHARGES Sum of accommodation charges, non-covered accommodation charges, ancillary charges, noncovered ancillary charges. Replaces TOTAL_CHARGES_23. **Beginning Position:** 478 **Data Source:** Claim Length: 12 Type: Numeric Field 62: TOTAL_NON_COV_CHARGES Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position:** 490 Data Source: Claim Length: 12 Type: Numeric Field 63: TOTAL CHARGES ACCOMM Sum of covered and non-covered accommodation charges. **Beginning Position: Data Source:** 502 Claim Length: 12 Numeric Type: Field 64: TOTAL NON COV CHARGES ACCOMM Sum of non-covered accommodations charges. **Beginning Position:** 514 Data Source: Claim Length: 12 Type: Numeric Field 65: TOTAL CHARGES ANCIL Sum of covered and non-covered ancillary charges. **Beginning Position:** 526 **Data Source:** Claim Length: 12 Numeric Type: TOTAL NON COV CHARGES ANCIL Field 66: Sum of non-covered ancillary charges. **Beginning Position:** 538 **Data Source:** Claim Length: 12 Type: Numeric Field 67: ADMITTING_DIAGNOSIS ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 550 **Data Source:** Claim Length: Alphanumeric Type: Field 68: PRINC DIAG CODE ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 556 Claim Alphanumeric Length: 6 Type: Field 69: OTH DIAG CODE 1 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 562 **Data Source:** Claim Length: Alphanumeric 6 Type: Field 70: OTH DIAG CODE 2 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 568 **Data Source:** Claim Length: Type: Alphanumeric Field 71: OTH DIAG CODE 3 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied

following the third character.

Beginning Position: 574 **Data Source:** Claim Length: 6 Type: Alphanumeric Field 72: OTH DIAG CODE 4 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 580 Claim Length: Alphanumeric Type: Field 73: OTH DIAG CODE 5 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 586 Claim Length: 6 Type: Alphanumeric Field 74: OTH DIAG CODE 6 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. Claim **Beginning Position:** 592 **Data Source:** Length: Alphanumeric 6 Type: Field 75: OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 598 **Data Source:** Claim Length: 6 Type: Alphanumeric OTH DIAG CODE 8 **Field 76:** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 604 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH DIAG CODE 9 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 610 Claim Length: Alphanumeric 6 Type: OTH DIAG CODE 10 **Field 78:** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 616 **Data Source:** Claim Length: Alphanumeric Type: **Field 79:** OTH DIAG CODE 11 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 622 Data Source: Claim Length: Type: Alphanumeric 6 OTH DIAG CODE 12 Field 80: ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 628 **Data Source:** Claim Length: Alphanumeric Type: OTH DIAG CODE 13 Field 81: ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 634 **Data Source:** Claim Length: Type: Alphanumeric OTH DIAG CODE 14 **Field 82:** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied

following the third character.

Beginning Position: 640 **Data Source:** Claim

Length: 6 Type: Alphanumeric

Field 83: OTH DIAG CODE 15

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

following the third character.

Beginning Position: Data Source: 646 Claim

Length: Alphanumeric Type:

Field 84: OTH DIAG CODE 16

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

following the third character.

Beginning Position: Data Source: 652 Claim

Length: 6 Type: Alphanumeric

Field 85: OTH DIAG CODE 17

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

following the third character.

Claim **Beginning Position:** 658 **Data Source:**

Length: Alphanumeric 6 Type:

Field 86: OTH_DIAG_CODE_18

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

following the third character.

Beginning Position: Data Source: Claim 664

Length: 6 Type: Alphanumeric

OTH DIAG CODE 19 Field 87:

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

following the third character.

Beginning Position: 670 **Data Source:** Claim

Length: Alphanumeric Type:

Field 88: OTH DIAG CODE 20

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

following the third character.

Length: 6

Beginning Position: Data Source: 676 Claim Alphanumeric Type:

OTH DIAG CODE 21 Field 89:

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

following the third character.

Beginning Position: 682 **Data Source:** Claim

Length: Alphanumeric Type:

Field 90: OTH DIAG CODE 22

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

following the third character.

Beginning Position: 688 Data Source: Claim

Length: Alphanumeric 6 Type:

OTH DIAG CODE 23 Field 91:

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

following the third character.

Beginning Position: 694 **Data Source:** Claim

Length: Alphanumeric Type:

OTH DIAG CODE 24 Field 92:

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

following the third character.

Beginning Position: 700 **Data Source:** Claim

Length: Type: Alphanumeric

Field 93: PRINC SURG PROC CODE

Code for the principal surgical or other procedure performed during the period covered by the

bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 706 **Data Source:** Claim Length: 7 Type: Alphanumeric Field 94: PRINC SURG PROC DAY Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 713 **Data Source:** Calculated Length: Alphanumeric Field 95: PRINC ICD9 CODE ICD-9-CM code for principal surgical or other procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 717 **Data Source:** Assigned Alphanumeric Length: Type: Field 96: OTH_SURG_PROC_CODE_1 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 722 **Data Source:** Claim 7 Length: Alphanumeric Type: Field 97: OTH_SURG_PROC_DAY_1 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 729 **Data Source:** Calculated Length: 4 Type: Alphanumeric OTH ICD9 CODE 1 Field 98: ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 733 **Data Source:** Assigned Length: Alphanumeric Type: OTH SURG PROC CODE 2 Field 99: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 738 Data Source: Claim Length: 7 Type: Alphanumeric OTH SURG PROC DAY 2 **Field 100:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 745 **Data Source:** Calculated Length: Alphanumeric Type: **Field 101:** OTH ICD9 CODE 2 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 749 Assigned Data Source: Alphanumeric Length: 5 Type: OTH SURG PROC CODE 3 **Field 102:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 754 **Data Source:** Claim Length: Type: Alphanumeric OTH SURG PROC DAY 3 **Field 103:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 761 **Data Source:** Calculated Length: Alphanumeric Type: OTH ICD9 CODE 3 **Field 104:**

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ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 765 **Data Source:** Assigned Length: Type: Alphanumeric **Field 105:** OTH SURG PROC CODE 4 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 770 **Data Source:** Claim Length: Type: Alphanumeric **Field 106:** OTH_SURG_PROC_DAY_4 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 777 **Data Source:** Calculated Length: Type: Alphanumeric **Field 107:** OTH_ICD9_CODE_4 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 781 Assigned Alphanumeric Length: Type: **Field 108:** OTH_SURG_PROC_CODE_5 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 786 **Data Source:** Claim Length: 7 Type: Alphanumeric Field 109: OTH SURG PROC DAY 5 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 793 **Data Source:** Calculated Length: Alphanumeric Type: **Field 110:** OTH ICD9 CODE 5 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 797 **Data Source:** Assigned Alphanumeric Length: Type: OTH SURG PROC CODE 6 **Field 111:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 802 **Data Source:** Claim Length: 7 Alphanumeric Type: **Field 112:** OTH SURG PROC DAY 6

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date

Beginning Position: 809 **Data Source:** Calculated **Length:** 4 **Type:** Alphanumeric

Field 113: OTH ICD9 CODE 6

ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 813 **Data Source:** Assigned **Length:** 5 **Type:** Alphanumeric

Field 114: OTH SURG PROC CODE 7

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

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 818 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 115: OTH SURG PROC DAY 7

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date

Calculated **Beginning Position:** 825 **Data Source:** Length: 4 Type: Alphanumeric **Field 116:** OTH ICD9 CODE 7 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 829 **Data Source:** Assigned Length: Type: Alphanumeric **Field 117:** OTH SURG PROC CODE 8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 834 **Data Source:** Claim Length: 7 Type: Alphanumeric Field 118: OTH SURG PROC DAY 8 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 841 **Data Source:** Calculated Length: 4 Alphanumeric Type: **Field 119:** OTH ICD9 CODE 8 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 845 **Data Source:** Assigned Type: Alphanumeric Length: 5 **Field 120:** OTH SURG PROC CODE 9 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 850 **Data Source:** Claim Length: 7 Type: Alphanumeric **Field 121:** OTH SURG PROC DAY 9 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** 857 Calculated Length: Type: Alphanumeric OTH ICD9 CODE 9 **Field 122:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 861 **Data Source:** Assigned Length: 5 Type: Alphanumeric OTH SURG PROC CODE 10 **Field 123:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 866 Data Source: Claim 7 Length: Type: Alphanumeric OTH SURG PROC DAY 10 Field 124: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 873 **Data Source:** Calculated Length: Alphanumeric Type: OTH ICD9 CODE 10 **Field 125:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 877 **Data Source:** Assigned Length: Alphanumeric Type: **Field 126:** OTH SURG PROC CODE 11 Code for surgical or other procedure other than the principal procedure performed during the

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 882 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 127: OTH SURG PROC DAY 11

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 889 **Data Source:** Calculated Length: Alphanumeric

Field 128: OTH_ICD9_CODE_11

ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 893 **Data Source:** Assigned Alphanumeric Length: 5 Type:

Field 129: OTH SURG PROC CODE 12

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

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 898 **Data Source:** Claim 7 Length: Alphanumeric Type:

Field 130: OTH_SURG_PROC_DAY_12

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 905 **Data Source:** Calculated Length: 4 Type: Alphanumeric

Field 131: OTH ICD9 CODE 12

ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 909 **Data Source:** Assigned Alphanumeric Length: Type:

Field 132: OTH SURG PROC CODE 13

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

Claim

Alphanumeric

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 914 Data Source: 7 Length: Type:

OTH SURG PROC DAY 13 **Field 133:**

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 921 **Data Source:** Calculated Length: Alphanumeric Type:

Field 134: OTH ICD9 CODE 13

ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 925 Data Source: Assigned Alphanumeric Length: 5 Type:

OTH SURG PROC CODE 14 **Field 135:**

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

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 930 **Data Source:** Claim

Length: Type: Alphanumeric

OTH SURG PROC DAY 14 **Field 136:**

Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 937 **Data Source:** Calculated Length: Alphanumeric Type:

Field 137: OTH ICD9 CODE 14

ICD-9-CM code for surgical or other procedure other than the principal procedure, including

the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position: 941 **Data Source:** Assigned Length: Type: Alphanumeric **Field 138:** OTH SURG PROC CODE 15 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 946 **Data Source:** Claim Length: Type: Alphanumeric **Field 139:** OTH_SURG_PROC_DAY_15 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Calculated **Beginning Position:** 953 **Data Source:** Length: 4 Type: Alphanumeric Field 140: OTH_ICD9_CODE_15 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 957 Assigned Alphanumeric Length: Type: **Field 141:** OTH_SURG_PROC_CODE_16 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 962 **Data Source:** Claim 7 Alphanumeric Length: Type: **Field 142:** OTH SURG PROC DAY 16 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 969 **Data Source:** Calculated Length: Alphanumeric Type: **Field 143:** OTH ICD9 CODE 16 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Assigned 973 **Data Source:** Alphanumeric Length: Type: OTH SURG PROC CODE 17 **Field 144:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 978 **Data Source:** Claim Length: 7 Alphanumeric Type: **Field 145:** OTH SURG PROC DAY 17 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. 985 **Beginning Position:** Data Source: Calculated Length: 4 Type: Alphanumeric OTH ICD9 CODE 17 **Field 146:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 989 **Data Source:** Assigned Length: Type: Alphanumeric OTH SURG PROC CODE 18 **Field 147:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 994 Data Source: Claim Length: Type: Alphanumeric **Field 148:** OTH SURG PROC DAY 18 Day of other surgical or other procedure equals Other Surgical Procedure Date minus

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Admission/Start of Care Date.

Beginning Position: 1001 **Data Source:** Calculated Length: 4 Type: Alphanumeric **Field 149:** OTH ICD9 CODE 18 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1005 **Data Source:** Assigned Length: Type: Alphanumeric **Field 150:** OTH SURG PROC CODE 19 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 1010 **Data Source:** Claim 7 Length: Type: Alphanumeric **Field 151:** OTH_SURG_PROC_DAY_19 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1017 **Data Source:** Calculated Length: 4 Alphanumeric Type: **Field 152:** OTH ICD9 CODE 19 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1021 **Data Source:** Assigned Alphanumeric Length: 5 Type: Field 153: OTH SURG PROC CODE 20 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 1026 **Data Source:** Claim Length: 7 Type: Alphanumeric **Field 154:** OTH SURG PROC DAY 20 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1033 Data Source: Calculated Length: Alphanumeric Type: OTH ICD9 CODE 20 **Field 155:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1037 **Data Source:** Assigned Length: 5 Alphanumeric Type: OTH SURG PROC CODE 21 **Field 156:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. 1042 **Beginning Position:** Data Source: Claim 7 Length: Type: Alphanumeric OTH SURG PROC DAY 21 **Field 157:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1049 **Data Source:** Calculated Length: Alphanumeric Type: OTH ICD9 CODE 21 **Field 158:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1053 **Data Source:** Assigned Length: Alphanumeric Type: OTH SURG PROC CODE 22 **Field 159:** Code for surgical or other procedure other than the principal procedure performed during the

period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position: 1058 **Data Source:** Claim Length: 7 Type: Alphanumeric **Field 160:** OTH SURG PROC DAY 22 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1065 **Data Source:** Calculated Length: Alphanumeric **Field 161:** OTH ICD9 CODE 22 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1069 **Data Source:** Assigned Alphanumeric Length: 5 Type: Field 162: OTH SURG PROC CODE 23 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Data Source: Beginning Position:** 1074 Claim 7 Length: Type: Alphanumeric **Field 163:** OTH_SURG_PROC_DAY_23 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1081 **Data Source:** Calculated Length: 4 Type: Alphanumeric OTH ICD9 CODE 23 **Field 164:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1085 **Data Source:** Assigned Length: 5 Alphanumeric Type: OTH SURG PROC CODE 24 **Field 165:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. **Beginning Position:** 1090 **Data Source:** Claim 7 Length: Type: Alphanumeric OTH SURG PROC DAY 24 **Field 166:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 1097 **Data Source:** Calculated Length: Alphanumeric Type: OTH ICD9 CODE 24 **Field 167:** ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 1101 **Data Source:** Assigned Length: 5 Alphanumeric Type: E CODE 1 **Field 168:** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. **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 additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 1112 **Data Source:** Claim Length: Type: Alphanumeric E CODE 3 **Field 170:** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional

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external cause of injury. Decimal is implied following the third character.

Beginning Position:	1118	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 171:	E_CODE_4			
				igits if applicable, of an additional
	external cause of injury. De		following	the third character.
Beginning Position:	1124	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 172:	E_CODE_5			
				igits if applicable, of an additional
	external cause of injury. De	ecimal is implied f	following	the third character.
Beginning Position:	1130	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 173:	E_CODE_6			
	ICD-9-CM diagnosis code,	including the 4th	and 5th d	igits if applicable, of an additional
	external cause of injury. De	ecimal is implied f	following	the third character.
Beginning Position:	1136	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 174:	E_CODE_7			
	ICD-9-CM diagnosis code,	including the 4th	and 5th d	igits if applicable, of an additional
	external cause of injury. De	ecimal is implied f	following	the third character.
Beginning Position:	1142	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 175:	E_CODE_8			
	ICD-9-CM diagnosis code,	including the 4th	and 5th d	igits if applicable, of an additional
	external cause of injury. De	ecimal is implied f	following	the third character.
Beginning Position:	1148	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 176:	E_CODE_9			
	ICD-9-CM diagnosis code,	including the 4th	and 5th d	igits if applicable, of an additional
	external cause of injury. De	ecimal is implied f	following	the third character.
Beginning Position:	1154	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 177:	E_CODE_10			
				igits if applicable, of an additional
	external cause of injury. De		_	the third character.
Beginning Position:	1160	Data Source:	Claim	
Length:	5	Type:	Alphanu	meric
Field 178:	CONDITION_CODE_1			
	Code describing a condition	n relating to the cl	o i ma	
Coding Scheme:				
	1 Military service related		76	Back-up in facility dialysis
	2 Condition is employment			Provider accepts or is obligated/required due to a
			76	
	Condition is employmentPatient covered by insurar	related	76 77 78	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO
	 Condition is employment Patient covered by insurar Information only bill. 	related	76 77 78 79	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite
	 Condition is employment Patient covered by insurar Information only bill. Lien has been filed 	related nce not reflected here	76 77 78 79 80	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility
	 Condition is employment Patient covered by insurar Information only bill. Lien has been filed ESRD patient in first 18 n 	related nce not reflected here	76 77 78 79	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite
	 Condition is employment Patient covered by insurar Information only bill. Lien has been filed ESRD patient in first 18 n covered by EGHP Treatment of non-termina 	related nce not reflected here nonths of entitlement	76 77 78 79 80 A0	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient 8 Beneficiary would not pro	related nce not reflected here nonths of entitlement 1 condition for hospice ovide information	76 77 78 79 80 A0	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient	related nce not reflected here nonths of entitlement I condition for hospice ovide information be coverage	76 77 78 79 80 A0	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program EPSDT/CHAP
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient 8 Beneficiary would not pro concerning other insuranc 9 Neither patient or spouse 10 Patient and/or spouse is en	related nce not reflected here nonths of entitlement 1 condition for hospice ovide information be coverage is employed	76 77 78 79 80 A0 A0 A1 A2 A3	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program EPSDT/CHAP Physically handicapped children's program
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient 8 Beneficiary would not pro concerning other insuranc 9 Neither patient or spouse 10 Patient and/or spouse is en exists 11 Disabled beneficiary but n	related nce not reflected here nonths of entitlement I condition for hospice ovide information se coverage is employed mployed but no EGHF	76 77 78 79 80 A0 A0 A1 A2 A3	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program EPSDT/CHAP Physically handicapped children's program Special Federal Funding
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient 8 Beneficiary would not pro concerning other insuranc 9 Neither patient or spouse 10 Patient and/or spouse is en exists 11 Disabled beneficiary but n exists	related nce not reflected here nonths of entitlement I condition for hospice ovide information se coverage is employed mployed but no EGHF	76 77 78 79 80 A0 A0 A2 A3 A4 A5	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program EPSDT/CHAP Physically handicapped children's program Special Federal Funding Family planning Disability
	2 Condition is employment 3 Patient covered by insurar 4 Information only bill. 5 Lien has been filed 6 ESRD patient in first 18 n covered by EGHP 7 Treatment of non-termina patient 8 Beneficiary would not pro concerning other insuranc 9 Neither patient or spouse 10 Patient and/or spouse is en exists 11 Disabled beneficiary but n	related nce not reflected here nonths of entitlement I condition for hospice ovide information se coverage is employed mployed but no EGHF	76 77 78 79 80 A0 A0 A1 A2 A3 A4	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility CHAMPUS external partnership program EPSDT/CHAP Physically handicapped children's program Special Federal Funding Family planning

19	Child retains mother's name	A8	Induced abortion - victim rape/incest
20	Beneficiary requested billing	A9	Second opinion surgery
21	Billing for denial notice	AA	Abortion performed due to rape
22	Patient on multiple drug regimen	AB	Abortion performed due to incest
23	Home care giver available	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
24	Home IV patient also receiving HHA services	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
25	Patient is non-US resident	AE	Abortion performed due to physical health of mother that is not life endangering
26	VA eligible patient chooses to receive services in a Medicare certified facility	AF	Abortion performed due to emotional/psychological health of mother
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AG	Abortion performed due to social or economic reasons
28	Patient and/or spouse's EGHP is secondary to Medicare	AH	Elective abortion
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AI	Sterilization
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
31	Patient is student (full time - day)	AJ	Payer responsible for co-payment
32	Patient is student (cooperative/work study program)	AK	Air ambulance required
33	Patient is student (full time - night)	AL	Specialized treatment/bed unavailable
34	Patient is student (part-time)	AM	Non-emergency medically necessary stretcher transport required
36	General care patient in a special unit	AN	Pre-admission screening not required
37	Ward accommodation at patient request	В0	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	В3	Pregnancy indicator
41	Partial hospitalization	B4	Admission unrelated to discharge on same day
42	Continuing care not related to inpatient admission	C1	Approved as billed
43	Continuing care not provided within prescribed postdischarge window	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	C3	Partial approval
45	Reserved	C4	Admission/services denied
46	Non-availability statement on file	C5	Postpayment review applicable
47	Reserved for CHAMPUS	C6	Admission Preauthorization
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C7	Extended Authorization
49	Product replacement within product lifecycle	D0	Changes to Service Dates
55 56	SNF bed not available Medical appropriateness	D1 D2	Changes to Charges Changes in Revenue Codes/HCPCS/HIPPS rate
57	SNF readmission	D3	code Second or Subsequent Interim PPS Bill
58	Terminated Medicare+Choice organization	D3	Change in ICD-9-CM diagnosis and/or procedure codes.
59	enrollee Non-primary ESRD facility	D5	Cancel to correct HICN or Provider ID
60	Day outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
61	Cost outlier	D7	Change to Make Medicare the Secondary Payer
66	Provider does not wish cost outlier payment	D8	Change to Make Medicare the Primary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D9	Any Other Change
68	Beneficiary elects to use life time reserve (LTR) days	DR	Katrina disaster related
69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
70	Self-administered anemia management drug	G0	Distinct Medical Visit
71	Full care in unit	H0	Delayed Filing, Statement of Intent Submitted
72	Self care in unit	M0	All inclusive rate for outpatient services

	73 Self care training		M1	Roster billed influenza virus vaccine or
			3.50	pneumococcal pneumonia vaccine (PPV)
	74 Home		M2	HHA payment significantly exceeds total charges
	75 Home - 100% reimburse	ement	P1	Do not Resuscitate Order (DNR)
			WO	United Mine Workers of America (UMWA) Demonstration Indicator
Beginning Position:	1166	Data Source:	Claim	
Length:	2	Type:	Alphanur	meric
Field 179:	CONDITION_CODE_2			
	Code describing a condition	on relating to the cl	aim.	
Coding Scheme:	Same as Field 178.			
Beginning Position:	1168	Data Source:	Claim	
Length:	2	Type:	Alphanur	meric
Field 180:	CONDITION_CODE_3			
	Code describing a condition	on relating to the cl	aim.	
Coding Scheme:	Same as Field 178.			
Beginning Position:	1170	Data Source:	Claim	
Length:	2	Type:	Alphanur	meric
Field 181:	CONDITION_CODE_4			
	Code describing a condition	on relating to the cl	aim.	
Coding Scheme:	Same as Field 178.			
Beginning Position:	1174	Data Source:	Claim	
Length:	2	Type:	Alphanur	meric
Field 182:	CONDITION_CODE_5			
	Code describing a condition	on relating to the cl	aim.	
Coding Scheme:	Same as Field 178.			
Beginning Position:	1176	Data Source:	Claim	
Length:	2	Type:	Alphanur	meric
T! 11400	COMPTETON CODE (
Field 183:	CONDITION_CODE_6			
Field 183:	Condition_Code_6 Code describing a condition		aim.	
Coding Scheme:	Code describing a condition Same as Field 178.		aim.	
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	17	1		Split Bill Date
	10	Reviewed		P'dle I ID
		Date of Retirement - Patient/Beneficiary		Birthdate - Insured B
	19	ı		Effective date - Insured B Policy
	20	, .		Payer B benefits exhausted
	21			Birthdate - Insured C
	22			Effective date - Insured C Policy
	24	Date Insurance Denied		Payer C benefits exhausted
	25	Date Benefits Terminated by Primary Payer	DR	Katrina disaster related
	26	Date SNF Bed Became Available		Birthdate - Insured D
	27	Date Home Health Plan Established or Last Reviewd	E2	Effective date - Insured D Policy
	28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed		Payer D benefits exhausted
	29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E
	30	Date Outpatient ST Plan established or last reviewed	F2	Effective date - Insured E Policy
	31	Date beneficiary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted
	32	Date beneficiary notified of intent to bill (procedures or treatments)	G1 G2	Birthdate - Insured F
	37	Date of inpatient hospital discharge for non- covered transplant patients		Effective date - Insured F Policy
	38			Payer F benefits exhausted
	39	Date discharged on a continuous course if IV therapy		
Beginning Position:	1182	Data Source:	Claim	
Length:	2	Type:	Alphanı	umeric
Field 187:	OCC	UR_DAY_1	•	
		rrence Day equals Occurrence Date min	nus Admis	ssion/Start of Care Date.
Beginning Position:	1184	Data Source:	Calculat	ted
Beginning Position: Length:	1184 4	Data Source: Type:		
Length:	4	Type:	Alphani	
	4 OCC	Type: UR_CODE_2	Alphanı	umeric
Length: Field 188:	4 OCC Code	Type: UR_CODE_2 describing a significant event relating	Alphanı	umeric
Length: Field 188: Coding Scheme:	4 OCC Code Same	Type: UR_CODE_2 describing a significant event relating as Field 186.	Alphanuto the claim	umeric
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Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC	Type: UR_CODE_2 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_3	Alphanu Claim Alphanu Rus Admis Calculat Alphanu to the claim Alphanu Claim Alphanu	umeric umeric ssion/Start of Care Date. ted umeric m.
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Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position: Length: Field 191: Beginning Position: Length:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC Occur 1196 4	Type: UR_CODE_2 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type:	Alphanu Claim Alphanu Rus Admis Calcular Alphanu to the claim Alphanu Claim Alphanu	m. meric ssion/Start of Care Date. ted meric m. umeric ssion/Start of Care Date. ted ted ted ssion/Start of Care Date. ted
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Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position: Length: Field 191: Beginning Position: Length: Field 192: Coding Scheme: Beginning Position:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC Occur 1196 4 OCC Code Same 1200	Type: UR_CODE_2 describing a significant event relating as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating as Field 186. Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_4 describing a significant event relating as Field 186. Data Source:	Alphanu Claim Alphanu Rus Admis Calculat Alphanu to the claim Alphanu Claim Alphanu Rus Admis Calculat Alphanu to the claim Calculat Claim Alphanu Calculat Claim Claim Calculat Claim Claim	americ m. americ ssion/Start of Care Date. ted americ m. americ ssion/Start of Care Date. ted americ ssion/Start of Care Date. ted americ m.
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Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position: Length: Field 191: Beginning Position: Length: Field 192: Coding Scheme: Beginning Position:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC Occur 1196 4 OCC Code Same 1200 2 OCC OCC CODE CODE CODE CODE CODE CODE C	Type: UR_CODE_2 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a Significant event relating to as Field 186. Data Source: Type:	Alphanu Claim Alphanu Rus Admis Calculat Alphanu to the claim Alphanu Claim Alphanu Alphanu Calculat Alphanu Calculat Alphanu Calculat Alphanu Claim Alphanu Claim Alphanu	m. meric mssion/Start of Care Date. ted meric m. meric ssion/Start of Care Date. ted meric ssion/Start of Care Date. ted meric m.
Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position: Length: Field 191: Beginning Position: Length: Field 192: Coding Scheme: Beginning Position: Length: Field 193:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC Occur 1196 4 OCC Code Same 1200 2 OCC Occur	Type: UR_CODE_2 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type:	Alphanu Claim Alphanu Alphanu Calculat Alphanu Claim Alphanu Alphanu Calculat Alphanu Cus Admis Calculat Alphanu Cus Admis Calculat Alphanu Cus Admis Calculat Alphanu Cus Admis Calculat Alphanu	m. meric ssion/Start of Care Date. ted meric m. meric ssion/Start of Care Date. ted meric ssion/Start of Care Date. ted meric m.
Length: Field 188: Coding Scheme: Beginning Position: Length: Field 189: Beginning Position: Length: Field 190: Coding Scheme: Beginning Position: Length: Field 191: Beginning Position: Length: Field 192: Coding Scheme: Beginning Position: Length: Field 192: Coding Scheme: Beginning Position: Length:	4 OCC Code Same 1188 2 OCC Occur 1190 4 OCC Code Same 1194 2 OCC Occur 1196 4 OCC Code Same 1200 2 OCC OCC CODE CODE CODE CODE CODE CODE C	Type: UR_CODE_2 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_2 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_3 describing a significant event relating to as Field 186. Data Source: Type: UR_DAY_3 rrence Day equals Occurrence Date min Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a significant event relating to as Field 186. Data Source: Type: UR_CODE_4 describing a Significant event relating to as Field 186. Data Source: Type:	Alphanu Claim Alphanu Rus Admis Calculat Alphanu to the claim Alphanu Claim Alphanu Alphanu Calculat Alphanu Calculat Alphanu Calculat Alphanu Claim Alphanu Claim Alphanu	m. meric ssion/Start of Care Date. ted meric m. meric ssion/Start of Care Date. ted meric ssion/Start of Care Date. ted meric m.

Length: Type: Alphanumeric OCCUR CODE 5 **Field 194:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position:** 1206 **Data Source:** Length: 2 Alphanumeric Type: **Field 195:** OCCUR DAY 5 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. 1208 **Data Source:** Calculated **Beginning Position:** Length: Alphanumeric Type: **Field 196:** OCCUR CODE 6 Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position: Data Source:** 1212 Claim Length: Type: Alphanumeric OCCUR DAY 6 Field 197: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: 1214 Calculated Alphanumeric Length: Type: OCCUR CODE 7 Field 198: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position:** 1218 Data Source: Claim Length: Type: Alphanumeric 2 Field 199: OCCUR DAY 7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 1220 Alphanumeric Length: Type: **Field 200:** OCCUR CODE 8 Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position:** 1224 **Data Source:** Claim Length: Type: Alphanumeric **Field 201:** OCCUR DAY 8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 1226 Data Source: Calculated Length: Alphanumeric Type: **Field 202:** OCCUR CODE 9 Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position:** 1230 **Data Source:** Claim Length: 2 Type: Alphanumeric **Field 203:** OCCUR DAY 9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 1232 **Data Source:** Calculated Length: Alphanumeric Type: OCCUR CODE 10 **Field 204:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field 186. **Beginning Position:** 1236 Data Source: Length: 2 Type: Alphanumeric **Field 205:** OCCUR DAY 10 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. 1238 **Beginning Position: Data Source:** Calculated Length: 4 Type: Alphanumeric

Field 206: OCCUR CODE 11 Code describing a significant event relating to the claim. Same as Field 186. **Coding Scheme: Beginning Position:** 1242 **Data Source:** Claim Length: Alphanumeric Type: **Field 207:** OCCUR DAY 11 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Alphanumeric Length: Type: **Field 208: OCCUR CODE 12** Code describing a significant event relating to the claim. Coding Scheme: Same as Field 186. **Beginning Position:** 1248 **Data Source:** Claim Length: Alphanumeric Type: **Field 209:** OCCUR DAY 12 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 1250 Data Source: Calculated Length: Type: Alphanumeric **Field 210:** OCCUR SPAN CODE 1 Code describing a significant event relating to the claim that may affect payer processing. Qualifying stay dates (for SNF use only) SNF prior stay dates **Coding Scheme:** 71 Prior stay dates 79 Paver use codes 72 First/Last Visit DR Katrina disaster related 73 Benefit eligibility period M0PRO/UR approved stay dates 74 Noncovered level of care/Leave of absence Provider liability - no utilization M1 SNF level of care 75 M2 Inpatient respite dates 76 Patient Liability Period ICF level of care M3 Provider Liability - Utilization Charged 77 M4 Residential level of care Claim **Beginning Position:** 1254 **Data Source:** Alphanumeric Length: Type: OCCUR_SPAN_FROM_1 **Field 211:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 1256 **Data Source:** Calculated Length: Type: Alphanumeric **Field 212:** OCCUR SPAN THRU 1 Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 1262 **Data Source:** Calculated Length: Alphanumeric 6 Type: **Field 213:** OCCUR SPAN CODE 2 Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field 210. **Beginning Position:** 1268 **Data Source:** Claim Length: Type: Alphanumeric **Field 214:** OCCUR SPAN FROM 2 Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. Data Source: Calculated **Beginning Position:** 1270 Length: Alphanumeric Type: OCCUR_SPAN_THRU 2 **Field 215:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. Data Source: Calculated **Beginning Position:** 1276 Length: Alphanumeric 6 Type: OCCUR SPAN CODE 3 **Field 216:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field 210. **Beginning Position:** 1282 Data Source: Claim Length: Alphanumeric Type: **Field 217:** OCCUR_SPAN_FROM_3

	Occu	rrence Span From <i>equa</i>	als Beginning Dat	te of Even	at minus Admission/Start of Care Date.
Beginning Position:	1284		Data Source:	Calculat	
Length:	6		Type:	Alphanu	meric
Field 218:	OCC	CUR_SPAN_THRU_3			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.				
Beginning Position:	1290		Data Source:	Calculat	
Length:	6		Type:	Alphanu	meric
Field 219:	OCC	CUR_SPAN_CODE_4			
	Code	describing a significar	nt event relating to	the clair	n that may affect payer processing.
Coding Scheme:	Same	as Field 210.			
Beginning Position:	1296		Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 220:	OCCUR_SPAN_FROM_4				
					at minus Admission/Start of Care Date.
Beginning Position:	1298		Data Source:	Calculat	
Length:	6		Type:	Alphanu	meric
Field 221:		CUR_SPAN_THRU_4			
		1 1			inus Admission/Start of Care Date.
Beginning Position:	1304		Data Source:	Calculat	
Length:	6		Type:	Alphanu	meric
Field 222:		UE_CODE_1			
		describing information			cessing.
Coding Scheme:	1 2	Most common semi-privat Hospital has no semi-priva		66 67	Medicaid spenddown amount Peritoneal dialysis
	4	Inpatient professional com			EPO-drug
		are combined billed			Ç
	5	Professional component in		69	State charity care percentage
	6	also billed separately to ca Medicare blood deductible		72	Flat rate surgery charge
	8	Medicare life time reserve		73	Drug deductible
	_	calendar year			
	9	Medicare coinsurance amo calendar year	ount in the first	74	Drug coinsurance
	10	Medicare lifetime reserve	amount in the second	77	New technology add-on payment
		calendar year			
	11	Medicare coinsurance amo calendar year	ount in the second	A0	Special zip code reporting
	12	Working aged beneficiary/	spouse with employer	r A1	Deductible payer A
		group health plan			• •
	13	ESRD beneficiary in a Me period with an employer gr		A2	Coinsurance payer A
	14	No fault, including auto/of		A3	Estimated responsibility payer A
	15	Worker's compensation		A4	Covered self-administrable drugs - emergency
	16	Public health service (PHS) or other federal	A5	Covered self-administrable drugs - administrable
		agency			in form and situation furnished to patient
	21	Catastrophic		A6	Covered self-administrable drugs - diagnostic study and other
	22	Surplus		A7	Co-payment payer A
	23	Recurring monthly income	;	A8	Patient weight
	24	Medicaid Rate Code		A9	Patient height
	25	Offset to the patient - payn	nent amount -	AA	Regulatory surcharges, assessments, allowances
		prescription drugs			or health care related taxes - payer A
	26	Offset to the patient - payn	nent amount - hearing	AB	Other assessments or allowances (e.g., medical
	27	and ear services Offset to the patient - payn	nent amount - vision	В1	eduction) - payer A Deductible payer B
		and eye services		21	F F-V
	28	Offset to the patient - payn	nent amount - dental	B2	Coinsurance payer B
	29	services Offset to the patient - payn	nent amount	В3	Estimated responsibility payer B
	43	chiropractic services	nem amount -	ъs	Estimated responsibility payer D
	30	Preadmission testing		В7	Co-payment payer B
	31	Patient Liability Amount		BA	Regulatory surcharges, assessments, allowances
					or health care related taxes - payer B

	32	Multiple patient ambulance	Aultimle metient embylenge transmert		Other assessments or allowances (e.g., medical	
32 Multiple patient ambulance transport		BB	eduction) - payer B			
	33	 Offset to the patient - payment amount - podiatr services Offset to the patient - payment amount - other medical services Offset to the patient - payment amount - health insurance premiums 		ic C1	Deductible payer C	
	34			C2	Coinsurance payer C	
	35			C3	Estimated responsibility payer C	
	37	Pints of blood furnished		C7	Co-payment payer C	
	38	Slood deductible pints Fints of blood replaced		CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C	
	39			СВ	Other assessments or allowances (e.g., medical eduction) - payer C	
	40	New coverage not impleme	-		Patient estimated responsibility	
	41	Black lung			Katrina disaster related	
	42	^r A		E1 E2	Deductible Payer D	
	43	Disabled beneficiary under	sabled beneficiary under age 65 with LGHP		Coinsurance Payer D	
	44	Amount provider agreed to accept from primary ayer when this amount is less than charges but higher than payment received			Coinsurance Payer D	
	45	Accident hour		E7	Co-payment payer D	
Number of grace days		EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D			
	47	7 Any liability insurance		EB	Other assessments or allowances (e.g. medical education) - payer D	
	48	Hemoglobin reading		F1	Deductible Payer E	
	49	Hematocrit reading		F2	Coinsurance Payer E	
	50	PT visits		F3	Coinsurance Payer E	
	51	OT visits		F7	Co-payment payer E	
	52	ST visits Cardiac rehab visits		FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E	
	53			FB G1	Other assessments or allowances (e.g. medical education) - payer E	
	54	Newborn birth weight in gr	ewborn birth weight in grams igibility threshold for charity care illed nurse - home visit hours ome health aide - home visit hours		Deductible Payer F	
	55	Eligibility threshold for cha			Deductible Payer F	
	56	Skilled nurse - home visit h			Coinsurance Payer F	
	57	Home health aide - home v			Coinsurance Payer F	
	58	Arterial blood gas		G7	Co-payment payer F	
	59	Oxygen saturation		GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F	
	60	HHA branch MSA	ation where service is furnished (HHA and		Other assessments or allowances (e.g. medical education) - payer F	
	61	Location where service is f hospice)			Do not resuscitate order (DNR)	
				Y1	Part A Demonstration Payment	
				Y2	Part B Demonstration Payment	
				Y3	Part B Coinsurance	
				Y4	Conventional Provider Payment Amount for Non-Demonstration Claims	
Beginning Position:	1310		Data Source:	Claim		
Length:	2		Type:	Alphanu	ımeric	
Field 223:	VAL	UE_AMOUNT_1				
Dollar amount that may be affected.						
Beginning Position:	1312		Data Source:	Claim		
Length:	9		Type:	Alphanu	imeric	
Field 224:						
		describing information	that may affect	paver pro	cessing.	
Coding Scheme:		as Field 222.		1 F-0	5 .	
Beginning Position:	1321		Data Source:	Claim		
Length:	2		Type:		Alphanumeric	
Field 225:		UE_AMOUNT_2	-JP**	pinant		
I IVIU MAU!		r amount that may be a	affected.			

Beginning Position: 1323 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 226: VALUE_CODE_3

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1332 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 227: VALUE_AMOUNT_3

Dollar amount that may be affected.

Beginning Position: 1334 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 228: VALUE_CODE_4

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1343 **Data Source:** Claim

Length: 2 Type: Alphanumeric

Field 229: VALUE_AMOUNT_4

Dollar amount that may be affected.

Beginning Position: 1345 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 230: VALUE_CODE_5

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1354 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 231 VALUE_AMOUNT_5

Dollar amount that may be affected.

Beginning Position: 1356 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 232: VALUE CODE 6

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1365 **Data Source:** Claim

Length: 2 Type: Alphanumeric

Field 233: VALUE_AMOUNT_6

Dollar amount that may be affected.

Beginning Position: 1367 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 234: VALUE_CODE_7

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1376 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 235: VALUE_AMOUNT_7

Dollar amount that may be affected.

Beginning Position: 1378 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 236: VALUE_CODE_8

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 222.

Beginning Position: 1387 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 237: VALUE_AMOUNT_8

Dollar amount that may be affected.

Beginning Position: 1389 **Data Source:** Claim

Length:	9	Type:	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	Type:	Alphanumeric
Field 239:	VALUE_AMOUNT_9		
	Dollar amount that may be	affected.	
Beginning Position:	1400	Data Source:	Claim
Length:	9	Type:	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	Type:	Alphanumeric
Field 241:	VALUE_AMOUNT_10		
	Dollar amount that may be	affected.	
Beginning Position:	1411	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 242:	VALUE_CODE_11		
	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 222.		
Beginning Position:	1420	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 243:	VALUE_AMOUNT_11		
	Dollar amount that may be	affected.	
Beginning Position:	1422	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 244:	VALUE_CODE_12		
	Code describing information	n that may affect	payer processing.
Coding Scheme:	Same as Field 222.		
Beginning Position:	1431	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 245:	VALUE_AMOUNT_12		
	Dollar amount that may be		
Beginning Position:	1433	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 246:	CMS-MDC	a.m.a. :	
			ned by Centers for Medicare and Medicaid Services
			ministration (HCFA)) for hospital payment for
n n	Medicare beneficiaries. Firs		
Beginning Position:	1442	Data Source:	Assigned
Length:	ADD MDC	Type:	Alphanumeric
Field 247:	APR-MDC	(MDC) as assign	and by 2M ADD DDC Crowner version 26
Paginning Pagition	1444	Data Source:	ned by 3M APR-DRG Grouper, version 26. Assigned
Beginning Position:	2		Alphanumeric
Length:	CMS-DRG	Type:	Aipilanumenc
Field 248:		Medicaid Sarvicas	(CMS) Diagnosis Related Group (DRG), version
	26, as assigned for hospital		
Beginning Position:	1446	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 249:	APR-DRG	Type.	1 inplication of the second of
riciu 477.		Diagnosis Relate	d Group (DRG) as assigned by 3M APR-DRG
	Grouper, version 26.	Diagnosis Relate	a Group (DRG) as assigned by SWI AI K-DRG
	Grouper, version 20.		

Beginning Position: 1449 **Data Source:** Assigned Length: 3 Type: Alphanumeric **Field 250:** RISK MORTALITY Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper, version 26. Indicates the likelihood of dying. Minor **Coding Scheme:** 2 Moderate 3 Major 4 Extreme **Beginning Position:** 1452 **Data Source:** Assigned Length: Type: Alphanumeric **Field 251: ILLNESS SEVERITY** Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper, version 26. Indicates the extent of physiologic decompensation. Minor **Coding Scheme:** 2 Moderate 3 Major 4 Extreme 1453 **Beginning Position:** Assigned **Data Source:** Alphanumeric Length: Type: **Field 252:** ATTENDING PHYSICIAN UNIF ID Attending Physician Uniform Identifier, Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. 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. 1454 **Beginning Position: Data Source:** Assigned 10 Alphanumeric Length: Type: OPERATING PHYSICIAN UNIF ID **Field 253:** 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 **Suppression:** Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 999999998 Cell size less than 5 **Coding Scheme:** 999999999 Temporary license or license number could not be matched **Beginning Position:** 1464 **Data Source:** Assigned Length: 10 Alphanumeric Type: **Field 254: CERT STATUS** Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999. Certified, without comment **Coding Scheme:** 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data **Beginning Position:** 1474 **Data Source:** Assigned Length: Alphanumeric Type:

Field 255: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. First available

1st quarter 2002.

Beginning Position:1475Data Source:AssignedLength:12Type:Alphanumeric

References:

There are currently three major versions of the Diagnosis Related Groups (DRGs) in use. The basic DRGs are used by the Centers for Medicare and Medicaid Services (CMS) (formerly known as 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 CMS DRGs and the APR-DRGs are included in this data.

CHARGES DATA FILE

		CHARGES DATA F	ILE	
Field 1:	DECC	ORD_ID		-
Description:		I Identification Number. Unique number	assione	to identify the record. First available
Description.		rter 2002.	assignee	to identify the feedfu. I fist available
Beginning Position:	1	Data Source:	Assigne	ed
Length:	12	Type:	Alphan	
Field 2:	REVE	ENUE_CODE	•	
Description:	Code o	corresponding to each specific accommod	dation, a	ncillary service or billing calculation
	related	to the services being billed.		
Coding Scheme:	100	All-inclusive room charges plus ancillary	516 517	Clinic - urgent care
	101 110	All-inclusive room charges Room charges for private rooms - general	517	Clinic - family practice Clinic - other
	111	Room charges for private rooms -	520	Freestanding Clinic - general
	112	medical/surgical/GYN Room charges for private rooms - obstetrics	521	Francianding Clinic Clinic Visit by Mamber to
	112	Room charges for private rooms - obstetrics	321	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	113	Room charges for private rooms - pediatric	522	Freestanding Clinic - Home Visit by
	114	Room charges for private rooms - psychiatric	523	RHC/FQHC Practitioner Freestanding Clinic - family practice
	115	Room charges for private rooms - psychiatric	524	Freestanding Clinic - Visit by RHC/FQHC
				Practitioner to a Member in a Covered Part A
	116	Room charges for private rooms - detoxification	525	Stay at SNF Freestanding Clinic - Visit by RHC/FQHC
	110	Room charges for private rooms actoxineation	323	Practitioner to a Member in a SNF (not Covered
				Part A Stay) or NF or ICF MR or Other
	117	Room charges for private rooms - oncology	526	Residential Facility Freestanding Clinic - urgent care
	118	Room charges for private rooms - rehabilitation	527	Freestanding Clinic - Visiting Nurse Services(s)
				to a Member's Home when in a Home Health
	119	Room charges for private rooms - other	528	Shortage Area Freestanding Clinic – Visit by RHC/FQHC
				Practitioner to Other non RHC/FQHC Site (e.g.
	120	Room charges for semi-private rooms - general	529	Scene of Accident) Freestanding Clinic - other
	120	Room charges for semi-private rooms -	530	Osteopathic service - general
		medical/surgical/GYN		•
	122	Room charges for semi-private rooms - obstetrics	531	Osteopathic service - therapy
	123	Room charges for semi-private rooms -	539	Osteopathic service - other
	124	pediatric	5.40	A 1 1
	124	Room charges for semi-private rooms - psychiatric	540	Ambulance service - general
	125	Room charges for semi-private rooms - hospice	541	Ambulance service - supplies
	126	Room charges for semi-private rooms -	542	Ambulance service - medical transport
	127	detoxification Room charges for semi-private rooms -	543	Ambulance service - heart mobile
	127	oncology	5 15	rimodiance service mean moone
	128	Room charges for semi-private rooms -	544	Ambulance service - oxygen
	129	rehabilitation Room charges for semi-private rooms - other	545	Ambulance service - air ambulance
	130	Room charges for semi-private - 3/4 beds -	546	Ambulance service - neonatal
		rooms - general		
	131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	547	Ambulance service - pharmacy
	132	Room charges for semi-private - 3/4 beds -	548	Ambulance service - telephone transmission
	122	rooms - obstetrics	5.40	EKG
	133	Room charges for semi-private - 3/4 beds - rooms - pediatric	549	Ambulance service - other
	134	Room charges for semi-private - 3/4 beds -	550	Skilled nursing - general
	125	rooms - psychiatric	551	Skilled pursing visit shares
	135	Room charges for semi-private - 3/4 beds - rooms - hospice	551	Skilled nursing - visit charge
	136	Room charges for semi-private - 3/4 beds -	552	Skilled nursing - hourly charge
	137	rooms - detoxification Room charges for semi-private - 3/4 beds -	559	Skilled nursing - other
	137	rooms - oncology	337	Skined hursing - Other
		<u> </u>		

138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	560	Medical social services - general
139	Room charges for semi-private - 3/4 beds - rooms - other	561	Medical social services - visit charge
140	Room charges for private (deluxe) rooms -	562	Medical social services - hourly charge
141	general Room charges for private (deluxe) rooms - medical/surgical/GYN	569	Medical social services - other
142	Room charges for private (deluxe) rooms -	570	Home health aide - general
143	obstetrics Room charges for private (deluxe) rooms -	571	Home health aide - visit charge
144	pediatric Room charges for private (deluxe) rooms -	572	Home health aide - hourly charge
145	psychiatric Room charges for private (deluxe) rooms -	579	Home health aide - other
146	hospice Room charges for private (deluxe) rooms -	580	Other visits (home health) - general
147	detoxification Room charges for private (deluxe) rooms -	581	Other visits (home health) - visit charge
148	oncology Room charges for private (deluxe) rooms -	582	Other visits (home health) - hourly charge
149	rehabilitation Room charges for private (deluxe) rooms -	583	Other visits (home health) - assessment
150	other	500	Otherwick (house houlds) other
150	Room charges for ward rooms - general	589	Other visits (home health) - other
151	Room charges for ward rooms - medical/surgical/GYN	590	Units of service (home health) - general
152	Room charges for ward rooms - obstetrics	599	Units of service (home health) - other
153	Room charges for ward rooms - pediatric	600	Oxygen (home health) - general
154	Room charges for ward rooms - psychiatric	601	Oxygen (home health) - stat/equip/supply or contents
155	Room charges for ward rooms - hospice	602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
156	Room charges for ward rooms - detoxification	603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
157	Room charges for ward rooms - oncology	604	Oxygen (home health) - portable add-in
158	Room charges for ward rooms - rehabilitation	610	MRI - general
159	Room charges for ward rooms - other	611	MRI - brain (including brain stem)
160	Room charges for other rooms - general	612	MRI - spinal cord (including spine)
161	Room charges for other rooms - medical/surgical/GYN	619	MRI - other
162	Room charges for other rooms - obstetrics	621	Medical/surgical supplies - incident to radiology
163	Room charges for other rooms - pediatric	622	Medical/surgical supplies - incident to other diagnostic services
164	Room charges for other rooms - psychiatric	623	Medical/surgical supplies - surgical dressings
165	Room charges for other rooms - hospice	624	Medical/surgical supplies - FDA investigational devices
166	Room charges for other rooms - detoxification	630	Drugs requiring specific identification - general
167	Room charges for other rooms - oncology	631	Drugs requiring specific identification - single source
168	Room charges for other rooms - rehabilitation	632	Drugs requiring specific identification - multiple source
169	Room charges for other rooms - other	633	Drugs requiring specific identification - restrictive prescription
170	Room charges for nursery - general	634	Drugs requiring specific identification - EPO, less than 10,000 units
171	Room charges for nursery - newborn level I	635	Drugs requiring specific identification - EPO, 10,000 or more units
172	Room charges for nursery - newborn level II	636	Drugs requiring specific identification - requiring detailed coding
173	Room charges for nursery - newborn level III	637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
174	Room charges for nursery - newborn level IV	640	Home IV therapy services - general
179	Room charges for nursery - other	641	Home IV therapy services - nonroutine nursing, central line
180	Room charges for LOA - general	642	Home IV therapy services - IV site care, central line

182	Room charges for LOA - patient convenice- charges billable	643	Home IV therapy services - IV start/change, peripheral line
183	Room charges for LOA - therapeutic leave	644	Home IV therapy services - nonroutine nursing, peripheral line
184	Room charges for LOA - ICF mentally retarded	645	Home IV therapy services - training
185	- any reason Room charges for LOA - hospitalization	646	patient/caregiver, central line Home IV therapy services - traning, disabled
189	Room charges for LOA - other	647	patient, central line Home IV therapy services - training,
190	Room charges for subacute care - general	648	patient/caregiver, peripheral Home IV therapy services - training, disabled
191	Room charges for subacute care - Level I	649	patient, peripheral Home IV therapy services - other
192	(skilled care) Room charges for subacute care - Level II	650	Hospice services - general
193	(comprehensive care) Room charges for subacute care - Level III	651	Hospice services - routine home care
194	(complex care) Room charges for subacute care - Level IV	652	Hospice services - continuous home care
199	(intensive care) Room charges for subacute care - other	655	Hospice services - inpatient respite care
200	Room charges for intensive care - general	656	Hospice services - general inpatient care
201	Room charges for intensive care - surgical	657	(nonrespite) Hospice services - physician services
202	Room charges for intensive care - medical	658	Hospice services - physician services Hospice services - room and board - nursing
202	Room charges for intensive care - medicar	036	facility
203	Room charges for intensive care - pediatric	659	Hospice services - other
204	Room charges for intensive care - psychiatric	660	Respite care - general
206	Room charges for intensive care - intermediate intensive care unit (ICU)	661	Respite care - hourly charge/skilled nursing
207	Room charges for intensive care - burn care	662	Respite care - hourly charge/aide/homemaker/companion
208	Room charges for intensive care - trauma	663	Respite care - daily charge
209	Room charges for intensive care - other	669	Respite care - other
210	Room charges for coronary care - general	670	Outpatient special residence - general
211	Room charges for coronary care - myocardial infarction	671	Outpatient special residence - hospital based
212	Room charges for coronary care - pulmonary care	672	Outpatient special residence - contracted
213	Room charges for coronary care - heart transplant	679	Outpatient special residence - other
214	Room charges for coronary care - intermediate coronary care unit (CCU)	681	Trauma response - level I
219	Room charges for coronary care - other	682	Trauma response - level II
220	Special charges - general	683	Trauma response - level III
221	Special charges - admission charge	684	Trauma response - level IV
222	Special charges - technical support charge	689	Trauma response - other
223	Special charges - UR service charge	700	Cast Room services - general
224	Special charges - late discharge, medically necessary	709	Cast Room services - other
229	Special charges - other	710	Recovery Room services - general
230	Incremental nursing care - general	719	Recovery Room services - other
231	Incremental nursing care - nursery	720	Labor/Delivery Room services - general
232	Incremental nursing care - OB	721	Labor/Delivery Room services - labor
233	Incremental nursing care - ICU (includes	722	Labor/Delivery Room services - delivery
234	transitional care) Incremental nursing care - CCU (includes	723	Labor/Delivery Room services - circumcision
235	transitional care) Incremental nursing care - hospice	724	Labor/Delivery Room services - birthing center
239		729	•
	Incremental nursing care - other		Labor/Delivery Room services - other
240 249	All inclusive ancillary - general	730 731	EKG/ECG services - general EKG/ECG services - holter monitor
249	All-inclusive ancillary - other	731 732	
	Pharmacy - general		EKG/ECG services - telemetry
251	Pharmacy - generic drugs	739	EKG/ECG services - other

252	Pharmacy - nongeneric drugs	740	EEG services - general
253	Pharmacy - take-home drugs	749	EEG services - other
254	Pharmacy - drugs incident to other diagnostic services	750	Gastrointestinal services - general
255	Pharmacy - drugs incident to radiology	759	Gastrointestinal services - other
256	Pharmacy - experimental drugs	760	Treatment or observation room services - general
257	Pharmacy - nonprescription	761	Specialty Room - Treatment/ Observation Room - Treatment Room
258	Pharmacy - IV solutions	762	Specialty Room - Treatment/ Observation Room - Observation Room
259	Pharmacy - other		0 55 52 7 44.15 5.1 7 10 0 1.1
260	IV Therapy - general	769	Treatment or observation room services - other
261	IV Therapy - infusion pump	770	Preventive care services - general
262	IV Therapy - pharmacy services	771	Preventive care services - vaccine
262	IV There are described allowers	770	administration
263	IV Therapy - durg/supply delivery	779	Preventive care services - other
264	IV Therapy - supplies	780	Telemedicine services - general
269	IV Therapy - other	789	Telemedicine services - other
270	Medical surgical supplies and devices - general	790	Extra-corporeal shockwave therapy - general
271	Medical surgical supplies and devices - nonsterile	799	Extra-corporeal shockwave therapy - other
272	Medical surgical supplies and devices - sterile		
273	Medical surgical supplies and devices - take-		
274	home Medical surgical supplies and devices -	800	Inpatient renal dialysis services - general
275	prosthetic/orthotic Medical surgical supplies and devices - pacemaker	801	Inpatient renal dialysis services - hemodialysis
276	Medical surgical supplies and devices - intraocular lens (IOL)	802	Inpatient renal dialysis services - peritoneal (non-CAPD)
277	Medical surgical supplies and devices - oxygen - take-home	803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
278	Medical surgical supplies and devices - other implants	804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
279	Medical surgical supplies and devices - other	809	Inpatient renal dialysis services - other
280	Oncology - general	810	Organ acquisition - general
289	Oncology - other	811	Organ acquisition - living donor
290	DME - general	812	Organ acquisition - cadaver donor
291	DME - rental	813	Organ acquisition - unknown donor
292	DME - purchase of new	814	Organ acquisition - unsuccessful organ search- donor bank charges
293	DME - purchase of used	819	Organ acquisition - other donor
294	DME - supplies/drugs for DME effectiveness	820	Hemodialysis - outpatient or home - general
299	DME - other equipment	821	Hemodialysis - outpatient or home - composite
300	Laboratory - general	825	or other rate Hemodialysis - outpatient or home - support
201		020	services
301	Laboratory - chemistry	829	Hemodialysis - outpatient or home - other
302	Laboratory - immunology	830	Peritoneal dialysis - outpatient or home - general
303	Laboratory - renal patient (home)	831	Peritoneal dialysis - outpatient or home - composite or other rate
304	Laboratory - nonroutine dialysis	835	Peritoneal dialysis - outpatient or home - support services
305	Laboratory - hemotology	839	Peritoneal dialysis - outpatient or home - other
306	Laboratory - bacteriology and microbiology	840	CAPD - outpatient or home - general
307	Laboratory - urology	841	CAPD - outpatient or home - composite or other rate
309	Laboratory - other	845	CAPD - outpatient or home - support services
310	Laboratory pathological - general	849	CAPD - outpatient or home - other
311	Laboratory pathological - cytology	850	CCPD - outpatient or home - general
312	Laboratory pathological - histology	851	CCPD - outpatient or home - composite or other rate

313	Laboratory pathological - biopsy	855	CCPD - outpatient or home - support services
319	Laboratory pathological - other	859	CCPD - outpatient or home - other
320	Radiology - diagnostic - general	880	Miscellaneous dialysis - general
321	Radiology - diagnostic - angiocardiography	881	Miscellaneous dialysis - ultrafiltration
322	Radiology - diagnostic - arthrography	882	Miscellaneous dialysis - home aide visit
323	Radiology - diagnostic - arteriography	889	Miscellaneous dialysis - other
324	Radiology - diagnostic - chest x-ray	900	Behavior health reatments/services - general
329	Radiology - diagnostic - other	901	Behavior health treatments/services - electroshock
330	Radiology - therapeutic and/or chemotherapy adminstration - general	902	Behavior health treatments/services - milieu therapy
331	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - injected	903	Behavioral health treatments/services - play therapy
332	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	904	Behavior health treatments/services - activity therapy
333	Radiology - therapeutic and/or chemotherapy adminstration - radiation therapy	905	Behavior health treatments/services - intensive outpatient services - psychiatric
335	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - IV	906	Behavior health treatments/services - intensive outpatient services - chemical dependency
339	Radiology - therapeutic and/or chemotherapy adminstration - other	907	Behavior health treatments/services - community behavioral health program
340	Nuclear medicine - general	909	Behavior health treatments - other
341	Nuclear medicine - diagnostic procedures	910	Reserved
342	Nuclear medicine - therapeutic procedures	911	Behavior health treatment/services - rehabilitation
343	Nuclear medicine - diagnostic radiopharmaceuticals	912	Behavior health treatment/services - partial hospitalization - less intensive
344	Nuclear medicine - therapeutic	913	Behavior health treatment/services - partial
349	radiopharmaceuticals Nuclear medicine - other	914	hospitalization - intensive Behavior health treatment/services - individual
350	CT scan - general	915	therapy Behavior health treatment/services - group therapy
351	CT scan - head	916	Behavior health treatment/services - family therapy
352	CT scan - body	917	Behavior health treatment/services - biofeedback
359	CT scan - other	918	Behavior health treatment/services - testing
360	Operating room services - general	919	Behavior health treatment/services - other
361	Operating room services - minor surgery	920	Other diagnostic services - general
362	Operating room services - organ transplant other than kidney	921	Other diagnostic services - peripheral vascular lab
367	Operating room services - kidney transplant	922	Other diagnostic services - electromyelogram
369	Operating room services - other	923	Other diagnostic services - pap smear
370	Anesthesia - general	924	Other diagnostic services - allergy test
371	Anesthesia - incident to radiology	925	Other diagnostic services - pregnancy test
372	Anesthesia - incident to other diagnostic services	929	Other diagnostic services - other
374	Anesthesia - acupuncture	931	Medical rehabilitation day program - half day
379	Anesthesia - other	932	Medical rehabilitation day program - full day
380	Blood - general	940	Other therapeutic services - general
381	Blood - packed red cells	941	Other therapeutic services - recreational therapy
382	Blood - whole blood	942	Other therapeutic services - education/training
383	Blood - plasma	943	Other therapeutic services - cardiac
384	Blood - platelets	944	rehabilitation Other therapeutic services - drug rehabilitation
385	Blood - leukocytes	945	Other therapeutic services - alcohol
386	Blood - other components	946	rehabilitation Other therapeutic services - complex medical equipment - routine
387	Blood - other derivatives (cryoprecipitates)	947	Other therapeutic services - complex medical equipment - ancillary
389	Blood - other	949	Other therapeutic services - other

390	Blood amd blood component administration,	960	Professional fees - general
391	storage and processing - general Blood and blood component administration,	961	Professional fees - psychiatric
399	storage and processing - administration Blood and blood component administration,	962	Professional fees - ophthalmology
	storage and processing - other		. ••
400	Other imaging services - general	963	Professional fees - anesthesiologist (MD)
401	Other imaging services - diagnostic mammography	964	Professional fees - anesthetist (CRNA)
402	Other imaging services - ultrasound	969	Professional fees - other
403	Other imaging services - screening	970	Professional fees - general
	mammography		Ü
404	Other imaging services - PET	971	Professional fees - laboratory
409	Other imaging services - other	972	Professional fees - radiology - diagnostic
410	Respiratory services - general	973	Professional fees - radiology - therapeutic
412	Respiratory services - inhalation	974	Professional fees - readiology - nuclear medicine
413	Respiratory services - hyperbaric oxygen	975	Professional fees - operating room
	therapy		
419	Respiratory services - other	976	Professional fees - respiratory therapy
420	Physical therapy - general	977	Professional fees - physical therapy
421	Physical therapy - visit charge	978	Professional fees - occupational therapy
422	Physical therapy - hourly charge	979	Professional fees - speech therapy
423	Physical therapy - group rate	980	Professional fees - general
424	Physical therapy - evaluation or reevaluation	981	Professional fees - emergency room
429	Physical therapy - other	982	Professional fees - outpatient services
430	Occupational therapy - general	983	Professional fees - clinic
431	Occupational therapy - visit charge	984	Professional fees - medical social services
432	Occupational therapy - hourly charge	985	Professional fees - EKG
433	Occupational therapy - group rate	986	Professional fees - EEG
434	Occupational therapy - evaluation or reevaluation	987	Professional fees - hospital visit
439	Occupational therapy - other	988	Professional fees - consultation
440	Speech-language pathology - general	989	Professional fees - private duty nurse
441	Speech-language pathology - visit charge	990	Patient convenience items - general
442	Speech-language pathology - hourly charge	991	Patient convenience items - cafeteria/guest tray
443	Speech-language pathology - group rate	992	Patient convenience items - private linen service
444	Speech-language pathology - evaluation or reevaluation	993	Patient convenience items - telephone/telegraph
449	Speech-language pathology - other	994	Patient convenience items - TV/radio
450	Emergency room - general	995	Patient convenience items - nonpatient room rentals
451	Emergency room - EMTALA emergency medical screening services	996	Patient convenience items - late discharge charge
452	Emergency room - beyond EMTALA screening	997	Patient convenience items - admission kits
456	Emergency room - urgent care	998	Patient convenience items - beauty shop/barber
459	Emergency room - other	999	Patient convenience items - other
460	Pulmonary function - general	1000	Behavior health accommodations - general
469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
472	Audiology - treatment	1004	Behavior health accommodations - halfway house
479	Audiology - other	1005	Behavior health accommodations - group home
480	Cardiology - general	2100	Alternative therapy services - general
481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
482	Cardiology - stress test	2102	Alternative therapy services - acupressure
483	Cardiology - echocardiology	2103	Alternative therapy services - massage
489	Cardiology - other	2104	Alternative therapy services - reflexology

	490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
	499	Ambulatory surgical care - other	2106	Alternative therapy services - hypnosis
	500	Outpatient services - general	2109	Alternative therapy services - other
	509	Outpatient services - other	3101	Adult day care, medical and social - hourly
	510	Clinic - general	3102	Adult day care, social - hourly
	511	Clinic - chronic pain	3103	Adult day care, medical and social - daily
	512	Clinic - dental	3104	Adult day care, social - daily
	513	Clinic - psychiatric	3105	Adult foster care - daily
	514	Clinic - OB/GYN	3109	Adult foster care - other
	515	Clinic - pediatric		
Beginning Position:	13	Data Source:	Claim	
Length:	4	Type:	Alphan	umeric
Field 3:		CS_QUALIFIER		
Description:				
Beginning Position:	17	Data Source:	Claim	
Length:	2	Type:		umeric
Field 4		CS_PROCEDURE_CODE	7 IIpiidi	
Description:		A Common Procedure Coding System (H	CPCS) c	ode applicable to ancillary services or
bescription.		amodations.	CI CB) C	ode applicable to alientary services of
Coding Scheme:		ttp://www.cms.hhs.gov/HCPCSReleaseCo	ode Sets/	ANHCPCS/list asp for complete list
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	5			umaria
Length:		Type:	Aipiiai	numeric
Field 5:		OIFIER_1	C	
Description:		fies special circumstances related to the p No assessment completed		Left hand, third digit
Coding Scheme:	0 1	Medicare 5 day assessment (full)	F2 F3	Left hand, fourth digit
	2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
	3	Medicare 60 day assessment (full)	F5	Right hand, thumb
	4	Medicare 90 day assessment (full)	F6	Right hand, second digit
	7	Medicare 14 day assessment (comprehensive or	F7	Right hand, third digit
	8	full) Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
	0 11	Admission assessment - Medicare 5 day	F9	Right hand, fifth digit
		assessment (comprehensive)	• /	Tagair amai, anni aagar
	25	Significant, separately identifiable evaluation and	FA	Left hand, thumb
		management service by the same physician on		
	31	the same day of the procedure o SCSA or OMRA/Medicare 5 day assessment	G1	Most recent URR of less than 60%
	31	(replacement)	Gī	Wost recent CKK of less than 00%
	32	SCSA or OMRA/Medicare 30 day assessment	G2	Most recent URR of 60% to 64%
		(replacement)		
	33	SCSA or OMRA/Medicare 60 day assessment	G3	Most recent URR of 65% to 69.9%
		(mamla aamamt)		11100011000110 01111 01 00 /0 10 00 10 /0
	34	(replacement) SCSA or OMRA/Medicare 90 day assessment		
	34	(replacement) SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
	34 37	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment		
	37	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement)	G4 G5	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater
		SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment	G4	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-
	37	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement)	G4 G5	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient
	37	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement)	G4 G5	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
	37 38	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA)	G4 G5 GN	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational
	37 38 41	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment	G4 G5 GN GO	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
	37 38	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full	G4 G5 GN	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapy plan of care. Service delivered personally by an physical
	37 38 41	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment	G4 G5 GN GO	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapist or under an outpatient physical therapy
	37 38 41	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full	G4 G5 GN GO	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapy plan of care. Service delivered personally by an physical
	37 38 41 42 43	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full assessment/Medicare 30 day assessment Significant correction of prior full assessment/Medicare 60 day assessment	G4 G5 GN GO GP LC	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care. Left circulflex coronary artery
	37 38 41 42	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full assessment/Medicare 30 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 60 day assessment	G4 G5 GN GO	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapinal of care.
	37 38 41 42 43 44	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full assessment/Medicare 30 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 90 day assessment	G4 G5 GN GO GP LC LD	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapist or under an outpatient physical therapy plan of care. Left circulflex coronary artery Left anterior descending coronary artery
	37 38 41 42 43	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full assessment/Medicare 30 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 90 day assessment Significant correction of prior full assessment/Medicare 90 day assessment Significant correction of prior full	G4 G5 GN GO GP LC	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care. Left circulflex coronary artery
	37 38 41 42 43 44	SCSA or OMRA/Medicare 90 day assessment (replacement) SCSA or OMRA/Medicare 14 day assessment (replacement) Significant change in status assessment (SCSA) Significant correction of prior full assessment/Medicare 5 day assessment Significant correction of prior full assessment/Medicare 30 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 60 day assessment Significant correction of prior full assessment/Medicare 90 day assessment	G4 G5 GN GO GP LC LD	Most recent URR of 70% to 74.9% Most recent URR of 75% or greater Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care. Left circulflex coronary artery Left anterior descending coronary artery

	50	Bilateral procedure		QN	Ambulance service furnished directly by a provider of services	
	52	Reduced services		QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as	
	53	Discontinued procedure		RC	CPT-recognized panel other than profil Right coronary artery	
	54	Quarterly review assessme	ent - Medicare 90	RT	Right side of the body procedure	
	58	assessment (full) Staged or related procedur		T1	Left foot, second digit	
	59	same physician during the Distinct procedural service		T2	Left foot, third digit	
	76	Repeat procedure by same	physician	T3	Left foot, fourth digit	
	77	Repeat procedure by anoth	ner physician	T4	Left foot, fifth digit	
	78	Return to the operating roo	om for a related	T5	Right foot, great toe	
	79	procedure during the postor Unrelated procedure of ser	vice by the same	Т6	Right foot, second digit	
	E1	physician during the posto Upper left eyelid	perative period	Т7	Right foot, third digit	
		• •		T8		
	E2	Lower left eyelid			Right foot, fourth digit	
	E3	Upper right eyelid		T9	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		Type:	Alphar	numeric	
Field 6:	MOI	DIFIER_2				
Description:	Ident	tifies special circumstar	nces related to the	performa	ance of the service.	
Coding Scheme:	Same	e as Field 5		-		
Beginning Position:	26		Data Source:	Claim		
Length:	2		Type:	Alphanumeric		
Field 7:		DIFIER_3	V 1			
Description:		tifies special circumstar	nces related to the	performa	ance of the service.	
Coding Scheme:		e as Field 5	ices related to the	periorina	ance of the service.	
Beginning Position:	28	, us i icia s	Data Source:	Claim		
Length:	2		Type:		numeric	
Field 8:		DIFIER_4	турс.	Tilphai	idilione	
Description:		tifies special circumstar	aces related to the	narforme	once of the service	
Coding Scheme:		e as Field 5	ices related to the	periorina	ince of the service.	
Beginning Position:	30	as inclus				
beginning i osition.			Data Sources	Claim		
Longth			Data Source:	Claim	numorio	
Length:	2	F MEASHDEMENT	Type:		numeric	
Field 9:	2 UNI	T_MEASUREMENT	Type: _CODE	Alphar		
Field 9: Description:	2 UNI Code	e specifying the units in	Type: _CODE	Alphar		
Field 9:	2 UNI	e specifying the units in	Type: _CODE	Alphar		
Field 9: Description:	2 UNI Code DA	e specifying the units in Days International unit	Type: _CODE which a value is	Alphar		
Field 9: Description:	UNI' Code DA F2	e specifying the units in Days International unit	Type: _CODE	Alphar		
Field 9: Description: Coding Scheme: Beginning Position: Length:	UNI Code DA F2 UN	e specifying the units in Days International unit	Type: _CODE which a value is	Alphar being exp Claim		
Field 9: Description: Coding Scheme: Beginning Position:	UNI Code DA F2 UN 32 2	e specifying the units in Days International unit	Type: _CODE which a value is Data Source:	Alphar being exp Claim	pressed.	
Field 9: Description: Coding Scheme: Beginning Position: Length:	UNI Code DA F2 UN 32 2 UNI	e specifying the units in Days International unit Unit	Type: _CODE which a value is Data Source:	Alphar being exp Claim	pressed.	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10:	UNI Code DA F2 UN 32 2 UNI	e specifying the units in Days International unit Unit TS_OF_SERVICE	Type: _CODE which a value is Data Source:	Alphar being exp Claim	pressed.	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position:	UNI' Code DA F2 UN 32 2 UNI' Num	e specifying the units in Days International unit Unit TS_OF_SERVICE	Type: _CODE which a value is Data Source: Type: Data Source:	Alphai being exp Claim Alphai	numeric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description:	UNI' Code DA F2 UN 32 2 UNI' Num 34 7	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity	Type: _CODE which a value is Data Source: Type:	Alphai being exp Claim Alphai Claim	numeric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE	Type: _CODE which a value is Data Source: Type: Data Source:	Alphai being exp Claim Alphai Claim	numeric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description:	UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity	Type: _CODE which a value is Data Source: Type: Data Source: Type:	Alphai being exp Claim Alphai Claim Numer	numeric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position:	UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE	Type: _CODE which a value is Data Source: Type: Data Source: Type:	Alphai being exp Claim Alphai Claim Numer	numeric ric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Length:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41 12	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit	Type: _CODE which a value is Data Source: Type: Data Source: Type:	Alphai being exp Claim Alphai Claim Numer	numeric ric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41 12	e specifying the units in Days International unit Unit TS_OF_SERVICE Peric value of quantity T_RATE Per unit RGS_LINE_ITEM	Type: _CODE which a value is Data Source: Type: Data Source: Type:	Alphai being exp Claim Alphai Claim Numer	numeric ric	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41 12 CHR Total	e specifying the units in Days International unit Unit TS_OF_SERVICE eric value of quantity T_RATE per unit	Type: _CODE which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Alphar being exp Claim Alphar Claim Numer	numeric ric	
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: Beginning Position:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41 12 CHE Total 53	e specifying the units in Days International unit Unit TS_OF_SERVICE Peric value of quantity T_RATE Per unit RGS_LINE_ITEM	Type: CODE which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Alphar being exp Claim Alphar Claim Numer Claim Numer	numeric ic	
Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	2 UNI' Code DA F2 UN 32 2 UNI' Num 34 7 UNI' Rate 41 12 CHE Total 53 14	e specifying the units in Days International unit Unit TS_OF_SERVICE Peric value of quantity T_RATE Per unit RGS_LINE_ITEM	Type: _CODE which a value is Data Source: Type: Data Source: Type: Data Source: Type:	Alphar being exp Claim Alphar Claim Numer	numeric ic	

Total non-covered amount of the charge

Description: Beginning Position: Length: 67 Assigned Numeric **Data Source:** 14 Type:



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
	_		12	
39	DME_AMOUNT	214		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	418	12	Numeric
57	PRO_FEE_AMOUNT	430	12	Numeric
58	ORGAN_AMOUNT	442	12	Numeric
59	ESRD_AMOUNT	454	12	Numeric
60	CLINIC AMOUNT	466	12	Numeric
61	TOTAL CHARGES	478	12	Numeric
62	TOTAL_NON_COV_CHARGES	490	12	Numeric
63	TOTAL_CHARGES_ACCOMM	502	12	Numeric
64	TOTAL_NON_COV_CHARGES_ACCOMM	514	12	Numeric
65	TOTAL_CHARGES_ANCIL	526	12	Numeric
66	TOTAL_NON_COV_CHARGES_ANCIL	538	12	Numeric
67	ADMITTING DIAGNOSIS	550	6	Alphanumeric
68	PRINC_DIAG_CODE	556	6	Alphanumeric
69	OTH DIAG CODE 1	562	6	Alphanumeric
70	OTH_DIAG_CODE_2	568	6	Alphanumeric
71	OTH_DIAG_CODE_3	574	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_12 OTH_DIAG_CODE_13	634	6	Alphanumeric
82	OTH_DIAG_CODE_14	640	6	
83	OTH_DIAG_CODE_15	646	6	Alphanumeric
84		652	6	Alphanumeric
	OTH_DIAG_CODE_16			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_19	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		749	5	Alphanumeric
101	OTH_ICD9_CODE_2 OTH_SURG_PROC_CODE_3	754	7	Alphanumeric
		761	4	Alphanumeric
103	OTH_SURG_PROC_DAY_3		5	_
104	OTH_ICD9_CODE_3	765	7	Alphanumeric
105	OTH_SURG_PROC_CODE_4	770		Alphanumeric
106	OTH_SURG_PROC_DAY_4	777	4	Alphanumeric
107	OTH_ICD9_CODE_4	781	5	Alphanumeric
108	OTH_SURG_PROC_CODE_5	786	7	Alphanumeric
109	OTH_SURG_PROC_DAY_5	793	4	Alphanumeric
110	OTH_ICD9_CODE_5	797	5	Alphanumeric
111	OTH_SURG_PROC_CODE_6	802	7	Alphanumeric
112	OTH_SURG_PROC_DAY_6	809	4	Alphanumeric
113	OTH_ICD9_CODE_6	813	5	Alphanumeric
114	OTH_SURG_PROC_CODE_7	818	7	Alphanumeric
115	OTH_SURG_PROC_DAY_7	825	4	Alphanumeric
116	OTH_ICD9_CODE_7	829	5	Alphanumeric
117	OTH_SURG_PROC_CODE_8	834	7	Alphanumeric
118	OTH_SURG_PROC_DAY_8	841	4	Alphanumeric
119	OTH_ICD9_CODE_8	845	5	Alphanumeric
120	OTH_SURG_PROC_CODE_9	850	7	Alphanumeric
121	OTH_SURG_PROC_DAY_9	857	4	Alphanumeric
122	OTH_ICD9_CODE_9	861	5	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
140	OTH_ICD9_CODE_15	957	5	Alphanumeric
141	OTH_SURG_PROC_CODE_16	962	7	Alphanumeric
142	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
145	OTH_SURG_PROC_DAY_17	985	4	Alphanumeric
146	OTH_ICD9_CODE_17	989	5	Alphanumeric
147	OTH_SURG_PROC_CODE_18	994	7	Alphanumeric
148	OTH_SURG_PROC_DAY_18	1001	4	Alphanumeric
149	OTH_ICD9_CODE_18	1005	5	Alphanumeric
150	OTH_SURG_PROC_CODE_19	1010	7	Alphanumeric
151	OTH_SURG_PROC_DAY_19	1017	4	Alphanumeric
152	OTH_ICD9_CODE_19	1021	5	Alphanumeric
153	OTH_SURG_PROC_CODE_20	1026	7	Alphanumeric
154	OTH_SURG_PROC_DAY_20	1033	4	Alphanumeric
155	OTH_ICD9_CODE_20	1037	5	Alphanumeric
156	OTH SURG PROC CODE 21	1042	7	Alphanumeric
157	OTH_SURG_PROC_DAY_21	1049	4	Alphanumeric
158	OTH_ICD9_CODE_21	1053	5	Alphanumeric
159	OTH SURG PROC CODE 22	1058	7	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_7 E CODE 8	1142	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	1170	2	Alphanumeric
182	CONDITION_CODE_4 CONDITION_CODE_5	1174	2	Alphanumeric
183	CONDITION_CODE_6	1174	2	Alphanumeric
184	CONDITION_CODE_6 CONDITION_CODE_7	1178	2	Alphanumeric
185	CONDITION_CODE_8	1178	2	Alphanumeric
186	OCCUR_CODE_1	1180	2	Alphanumeric
187	OCCUR_CODE_1 OCCUR_DAY_1	1184	4	•
187		1184	2	Alphanumeric
188	OCCUR_CODE_2 OCCUR_DAY_2	1188	4	Alphanumeric
190	OCCUR_DAY_2 OCCUR_CODE_3	1190	2	Alphanumeric
				Alphanumeric
191	OCCUR_DAY_3	1196	4	Alphanumeric

192 OCCUI	R_CODE_4	1200	2	Alphanumeric
	R_DAY_4	1202	4	Alphanumeric
	R_CODE_5	1206	2	Alphanumeric
	R_DAY_5	1208	4	Alphanumeric
	R_CODE_6	1212	2	Alphanumeric
	R DAY 6	1214	4	Alphanumeric
	R_CODE_7	1218	2	Alphanumeric
	R_DAY_7	1220	4	Alphanumeric
	R_CODE_8	1224	2	Alphanumeric
	R_DAY_8	1226	4	Alphanumeric
	R CODE 9	1230	2	Alphanumeric
	R DAY 9	1232	4	Alphanumeric
	R_CODE_10	1236	2	Alphanumeric
	R_DAY_10	1238	4	Alphanumeric
	R_CODE_11	1242	2	Alphanumeric
	R_DAY_11	1244	4	Alphanumeric
	R_CODE_12	1248	2	Alphanumeric
	R_DAY_12	1250	4	Alphanumeric
	R_SPAN_CODE_1	1254	2	Alphanumeric
	R_SPAN_FROM_1	1256	6	Alphanumeric
	R_SPAN_THRU_1	1262	6	Alphanumeric
	R_SPAN_CODE_2	1268	2	Alphanumeric
	R_SPAN_FROM_2	1270	6	Alphanumeric
	R_SPAN_THRU_2	1276	6	Alphanumeric
	R_SPAN_CODE_3	1282	2	Alphanumeric
	R_SPAN_FROM_3	1284	6	Alphanumeric
	R_SPAN_THRU_3	1290	6	Alphanumeric
	R_SPAN_CODE_4	1296	2	Alphanumeric
	R_SPAN_FROM_4	1298	6	Alphanumeric
	R_SPAN_THRU_4	1304	6	Alphanumeric
	E_CODE_1	1310	2	Alphanumeric
	E_AMOUNT_1	1312	9	Alphanumeric
	E_CODE_2	1321	2	Alphanumeric
	E AMOUNT 2	1323	9	Alphanumeric
	E_CODE_3	1332	2	Alphanumeric
	E_AMOUNT_3	1334	9	Alphanumeric
	E CODE 4	1343	2	Alphanumeric
	E_AMOUNT_4	1345	9	Alphanumeric
	E_CODE_5	1354	2	Alphanumeric
	E_AMOUNT_5	1356	9	Alphanumeric
	E CODE 6	1365	2	Alphanumeric
	E_AMOUNT_6	1367	9	Alphanumeric
	E_CODE_7	1376	2	Alphanumeric
	E_AMOUNT_7	1378	9	Alphanumeric
	E_CODE_8	1387	2	Alphanumeric
	E_AMOUNT_8	1389	9	Alphanumeric
	E_CODE_9	1398	2	Alphanumeric
	E_AMOUNT_9	1400	9	Alphanumeric
	E_CODE_10	1409	2	Alphanumeric
	E_AMOUNT_10	1411	9	Alphanumeric
	E_CODE_11	1420	2	Alphanumeric
	E_AMOUNT_11	1422	9	Alphanumeric
	E_CODE_12	1431	2	Alphanumeric

245	VALUE_AMOUNT_12	1433	9	Alphanumeric
246	CMS_MDC	1442	2	Alphanumeric
247	APR_MDC	1444	2	Alphanumeric
248	CMS_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, 2010

	Reports With	1010	With	2Q10	With	3Q10	With	4Q10	With
Abilene	With		Comment	,	Comment		Comment		Comment
091001 Abilene Regional Medical Center		X		X		X		X	
500000 Hendrick Medical Center		v		v		X		x	
688000 Hendrick Center–Extended Care		x ^{LV}		x ^{LV}		x ^{LV}		x ^{LV}	
846000 Acadia Abilene		X		x ^{OC}		X		X	
920000 Reliant Rehab Hospital Abilene		X		X		X		X	
Alice		Λ		Λ		Λ		Λ	
689400 CHRISTUS Spohn Hospital Alice–Laviana Reports 4 st quarter 2010 with 689401		x ^{LV}		x ^{LV}		x ^{LV}			
689401 CHRISTUS Spohn Hospital Alice		X		X		X		X	
Allen									
724200 Texas Health Presbyterian Hospital Allen		X	X	X	X	X	X	X	X
854000 Twin Creeks Hospital		X		X		X		Х	
Alpine									
711900 Big Bend Regional Medical Center		X		X		X		Х	
Alvin									
212001 Clear Lake Regional Medical Center Alvin Emergency Center	212000								
Amarillo									
001000 Baptist St Anthonys Health System–Baptist Campus		X		X		X		X	
318000 Northwest Texas Hospital		X		X		X		Х	
318001 Pavilion	318000								
714000 Northwest Texas Surgery Center		x ^{LV}		x^{LV}		\mathbf{x}^{LV}		\mathbf{x}^{LV}	
796000 Plum Creek Specialty Hospital		X		X		X		Х	
818000 Triumph Hospital Amarillo		X		X		X		Х	
841400 Northwest Texas Rehab Hospital		X		X		X		Х	
852900 Physicians Surgical Hospital–Quail Creek		X		X		X		Х	
852901 Physicians Surgical Hospital–Panhandle Campus		X		X		X		X	
Anahuac									
442000 Bayside Community Hospital		*		*		*		*	
Andrews									
187000 Permian Regional Medical Center		*		*		*		*	
Angleton									
126000 Angleton Danbury Medical Center		X	X	X		X		X	
Anson									
016000 Anson General Hospital		*		*		*		*	
Aransas Pass									
239001 North Bay Hospital		X	X	X		X		X	
Arlington									
409001 Diagnostic & Surgery Center–Arlington		\mathbf{x}^{LV}		***		\mathbf{x}^{LV}		***	
422000 Texas Health Arlington Memorial Hospital		X	X	X	X	X	X	Х	X

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
502000 Medical Center–Arlington	With	X	Comment	X	Comment	X	Comment	X	Comment
660000 HEALTHSOUTH Rehab Hospital-		X		X		X		X	
Arlington									
690000 Kindred Hospital-Tarrant County		Х	Х	Х	X	X	X	Х	X
765001 Millwood Hospital		X		Х		X		x ^{OC}	
799001 USMD Hospital–Arlington		X		Х		X		Х	
831800 RehabCare Physical Rehab		X		Х		X		X	
936000 Baylor Orthopedic and Spine Hospital–				X		X		Х	
Arlington									
First reports 2 nd quarter 2010									
Aspermont									
666000 Stonewall Memorial Hospital		*		*		*		*	
Athens									
374000 East Texas Medical Center-Athens		X		X		X		X	
Atlanta						_		_	
131000 Atlanta Memorial Hospital		*		*		*		*	
Aubrey		LV		IV		IV		IV	
873200 Emerus Hospital		x ^{LV}		x ^{LV}		x ^{LV}		x ^{LV}	
Austin									
000100 Austin State Hospital		X	X	X	X	X	X	X	X
000119 UTMB Austin Womens Hospital		X		X		X		X	
035000 St Davids Hospital		X		X		X		X	
335000 University Medical Center–Brackenridge		X	X	X	X	X	X	X	X
497000 Seton Medical Center		X	X	X	X	X	X	X	X
602000 South Austin Hospital		X		X		X		X	
622001 Texas NeuroRehab Center		X		X		X		X	
649000 St Davids Rehab Center		X X ^{OC}		X		X		X	
663000 HEALTHSOUTH Rehab Hospital-Austin				X		X		X	
700000 Cornerstone Hospital–Austin		X		X		X		X	
739001 Texas NeuroRehab Center		X		X		X		X	
770000 Seton Shoal Creek Hospital		X		X		X		X	
794000 Northwest Hills Surgical Hospital 797500 Seton Southwest Hospital		X	w	X	**	X	**	X	***
797600 Seton Northwest Hospital		X	X	X	X	X	X	X	X
798500 Austin Surgical Hospital		X	X	X	X	X	X	X	X
822800 Westlake Medical Center		X		X X		X		X X	
829000 Westfake Medical Center 829000 Heart Hospital–Austin		X X	X	X		X X		X	
829900 North Austin Medical Center		X	Λ			X		X	
852000 Dell Childrens Medical Center		X	X	X	X	X	X	X	X
854400 Central Texas Rehab Hospital		X	Λ	X	Λ	X	Λ	X	Λ
855200 Austin Lakes Hospital		X		X		X		X	
Azle		A		Λ		Α		Λ	
469000 Texas Health Harris Methodist Hospital Azle		Х	X	X	X	X	X	X	X
Ballinger		A	A	A	A	A	A	A	A
234000 Ballinger Memorial Hospital District		*x		*x		*xLV		x ^{LV}	
Bastrop		A		Λ		71		A.	
831400 Lakeside Hospital Bastrop		x ^{OC}		x ^{OC}					
Last reports 2 nd quarter 2010		L"		<u> </u>					
Bay City									
006000 Matagorda Regional Medical Center		X	X	X	X	X	X	X	X
006001 Matagorda Regional Medical Center		\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X
Baytown									
405000 San Jacinto Methodist Hospital		X		X		X		X	

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
405002 San Jacinto Methodist Hospital–Alexander	405000	1010	Comment	2010	Comment	3Q10	Comment	4Q10	Comment
±	403000								
Campus									
720401 Triumph Hospital Baytown		X		X		X		X	
Beaumont Country of the Country of t									
389000 Baptist Hospitals of Southeast Texas	*****	X		X		X		X	
389002 Baptist Hospitals of Southeast Texas Fannin	389000								
Behavioral Ctr									
444001 CHRISTUS Hospital		X		X		X		X	
671000 HEALTHSOUTH Rehab Hospital–Beaumont		X		X		X		X	
708000 CHRISTUS Dubuis Hospital-Beaumont		X	X	X	X	X	X	X	X
826500 Beaumont Bone & Joint Institute		***		\mathbf{x}^{LV}		***		***	
861900 Kate Dishman Rehab Hospital		X	X	X		X		X	X
Bedford									
182000 Texas Health Harris Methodist HEB		X	X	X	X	X	X	X	X
182001 Texas Health Harris Methodist HEB	182000								
778000 Texas Health Springwood Hospital		X	X	X	X	X	X	X	X
Beeville									
429001 CHRISTUS Spohn Hospital–Beeville		X		X		X		X	
Bellaire									
831900 Foundation Surgical Hospital		X		X		X		X	
840100 First Street Hospital		X		X		X		X	
Bellville		Λ		Λ		Λ		Λ	
552000 Bellville General Hospital		*		*		*		*	
Belton									
806002 Cedar Crest Hospital		X		X		X		X	
Big Lake		*		*		*		*	
343000 Reagan Memorial Hospital		*		*		*		*	
Big Spring									
000101 Big Spring State Hospital		X	X	X	X	X	X	X	X
221000 Scenic Mountain Medical Center		X		X		X		X	
Bonham									
106001 Red River Regional Hospital		X		X		X		X	
Borger									
654000 Golden Plains Community Hospital		X		X		X		X	
Bowie									
440000 Bowie Memorial Hospital		*		*		*		*	
Brady									
362000 Heart of Texas Memorial Hospital		*		*		*		*	
Breckenridge									
430000 Stephens Memorial Hospital		*		*		*		*	
Brenham									
066000 Scott & White Hospital-Brenham		*		*		*		*	
Bridgeport									
868700 North Texas Community Hospital		X		X		X		X	
Brownfield									
078000 Brownfield Regional Medical Center		*		*		*		*	
Brownsville									
019000 Valley Regional Medical Center		X		X		X		X	
314001 Valley Baptist Medical Center–Brownsville		X ^{OC}		X		X		X	
314002 Valley Baptist Medical Center–Brownsville	314001	Λ		Λ	 	Λ	 	Λ	
Psych Unit	517001								
724900 Brownsville Doctors Hospital		37		37	1	x ^{OC}	1	x ^{OC}	
		X		X					
821100 South Texas Rehab Hospital		X	1	X	 	X	 	X	
847500 Solara Hospital–Brownsville Campus		X		X	l	X	l	X	

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
Brownwood	,,,,,,,		Comment		Comment		Comment		Comment
058000 Brownwood Regional Medical Center		x ^{OC}		Х		x ^{OC}		X	
Bryan									
002001 St Joseph Regional Health Center		х	X	Х	X	X	X	X	Х
002002 St Joseph Regional Rehab Center	002001								
717500 Physicians Centre		Х		Х		Х		X	
864800 CHRISTUS Dubuis Hospital–Bryan		x^{LV}	X	Х	X	Х	X	X	Х
Burnet									
559000 Seton Highland Lakes		x ^{OC}		Х	X	Х	Х	X	Х
Caldwell									
679000 Burleson St Joseph Health Center-Caldwell		Х	Х	Х	X	Х	Х	Х	Х
Cameron									
665000 Central Texas Hospital		Х		Х		x ^{OC}		Х	
Canadian									
457000 Hemphill County Hospital		*		*		*		*	
Carrizo Springs									
156000 Dimmit County Memorial Hospital		*		*		*		*	
Carrollton									
042000 Baylor Medical Center at Carrollton		X	х	X	х	X	Х	X	Х
835100 Regency Hospital North Dallas		x ^{OC}		C					
Last reports 2 nd quarter 2010									
Carthage									
484000 East Texas Medical Center-Carthage		Х		Х		X		X	
Cedar Park									
858300 Cedar Park Regional Medical Center		Х		Х		X		x ^{OC}	
Center									
860500 Shelby Regional Medical Center		Х		Х		x ^{OC}		X	
Channelview									
720400 Triumph Hospital-East Houston		Х		Х		Х		Х	
Childress									
026000 Childress Regional Medical Center		Х		Х		Х		Х	
Chillicothe									
523000 Chillicothe Hospital		*		*		*		*	
Clarksville									
292000 East Texas Medical Center-Clarksville		Х		Х		Х		X	
Cleburne									
323000 Texas Health Harris Methodist Hospital		Х	X	Х	Х	X	х	X	X
Cleburne									
Cleveland									
108000 Cleveland Regional Medical Center		х		Х		X		X	
840400 Doctors Diagnostic Hospital		x ^{OC}		x ^{OC}		OC		x ^{OC}	
Clifton									
070000 Goodall–Witcher Healthcare Foundation		*		*		*		*	
Coleman									
049000 Coleman County Medical Center		*		*		*		*	
College Station									
071000 College Station Medical Center		X		X		X		X	
Colorado City									
075000 Mitchell County Hospital		X		Х		X		X	
Columbus						-		-	
014000 Columbus Community Hospital		*		*		*		*	
Comanche									
495001 Comanche County Medical Center		x ^{OC}		X		X		X	
						_		_	

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
Commerce	with		Comment		Comment		Comment		Comment
087000 Hunt Regional Community Hospital		X		X		X		X	
Conroe									
508001 Conroe Regional Medical Center		X		X		X		X	
695000 HEALTHSOUTH Rehab Hospital–North		X		X		X		X	
Houston									
854100 Solara Hospital Conroe		X		X		X		X	
915000 Aspire Behavioral Health–Conroe		x ^{LV}		x ^{LV}		X		X	
Corpus Christi		71		7.		71		74	
398000 CHRISTUS Spohn Hospital Corpus Christi		X		X		x ^{OC}		X	
398001 CHRISTUS Spohn Hospital Corpus Christi–		X		X		X		X	
Shoreline		71		71		21		71	
398002 CHRISTUS Spohn Hospital Corpus Christi–		X		X		X		X	
South		A		74		A		74	
488000 Driscoll Childrens Hospital		X		X		X		X	
699000 Corpus Christi Specialty Hospital		X		X		X		X	
703000 Corpus Christi Medical Center–Bay Area		X	X	X	X	X	X	X	X
703002 Corpus Christi Medical Center–Doctors		X	X	X	X	X	X	X	X
Regional		A	Λ	Λ	Λ	Α	Λ	Α	Λ
703003 Corpus Christi Medical Center–Heart		X	X	X	X	X	X	X	X
Hospital		A	Λ	Λ	Λ	Α	Λ	Α	A
704004 Corpus Christi Medical Center–Northwest				X	X	X	X	X	X
Reports 1 st quarter 2010 with 703000				Λ	Λ	Α	Λ	Α	A
716500 Padre Behavioral Hospital		X		X		X		X	X
797001 Dubuis Hospital—Corpus Christi		X	X	X	X	x ^{LV}	X	X	X
804100 Kindred Hospital–Corpus Christi		v	X	X	Λ	X	Λ	X	Λ
931000 South Texas Surgical Hospital		xLV	Λ	X		X		X	
Corsicana		Λ		A		Α		A	
141000 Navarro Regional Hospital		X		X		X		X	
Crane		A		A		A		A	
467000 Crane Memorial Hospital		*		*		*		*	
Crockett									
185000 East Texas Medical Center–Crockett		X		X		X		X	
Crosbyton		A		A		A		A	
176000 Crosbyton Clinic Hospital		*		*		*		*	
Cuero									
074000 Cuero Community Hospital		*		*		*		*	
Cypress									
843200 North Cypress Medical Center		X		X		X		X	
Dalhart		71		74		74		74	
262000 Coon Memorial Hospital & Home		*		*		*		*	
Dallas									
008001 Baylor Medical Center at Uptown		x ^{LV}		x ^{LV}		X		X	
028000 Kindred Hospital–Dallas		X	X	X	X	X	X	X	X
054000 Texas Scottish Rite Hospital for Children		*	A	*	A	*	A	*	A
142000 Methodist Charlton Medical Center		X		X		X		X	
143000 Childrens Medical Center–Dallas		X		X		X		X	
255000 Methodist Dallas Medical Center		X		X		X		X	
331000 Baylor University Medical Center		X	X	X	X	X	X	X	X
340000 Medical City Dallas Hospital		x ^{OC}	- 1	X	A	X	- 11	X	24
431000 Texas Health Presbyterian Hospital Dallas		X	X	X	X	X	X	X	X
448001 UT Southwestern University Hospital–St Paul		X	Α	X	Λ	X	Α.	X	Α
449000 RHD Memorial Medical Center		X		X		X		X	
474000 Parkland Memorial Hospital		X	X	X	X	X	X	X	X
T/TOOO I arkiana Momorial Hospital		Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
511000 Doctors Hospital–White Rock Lake	With	X	Comment	X	Comment	X	Comment	X	Comment
586000 Baylor Specialty Hospital		X	X	X	X	Х	Х	X	
642000 Baylor Institute for Rehab–Gaston Episcopal		X	X	X		Х	Х	X	
Hospital									
653001 UT Southwestern University Hospital–Zale		X		X		Х		X	
Lipshy									
661001 Texas Specialty Hospital–Dallas		X		X		Х		x ^{OC}	
672000 Select Specialty Hospital–Dallas		X		X		Х		X	
680001 Reliant Rehab Hospital Dallas								x ^{OC}	
First reports 4 th quarter 2010									
710000 Our Childrens House Baylor		X	X	X		X	X	X	
717000 LifeCare Hospital–Dallas		X		X		X		X	
719400 Kindred Hospital–White Rock		X	X	X	X	X	X	X	X
752000 Timberlawn Mental Health System		X		X		X		X	
766000 Green Oaks Hospital		X		X		X		X	
784400 Baylor Heart & Vascular Center		X	X	X		X		X	
813100 Texas Institute for Surgery–Texas Health		x^{LV}		x ^{LV}		x ^{LV}		\mathbf{x}^{LV}	
Presbyterian-D									
818200 Pine Creek Medical Center		X		X		X		X	
839100 Vibra Specialty Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
860600 North Central Surgical Center		X	X	X	X	X		X	
862000 Methodist Rehab Hospital		X		X		X		X	
872100 Global Rehab		X		X		X		X	
900000 Forest Park Medical Center		X		X		X		X	
908000 South Hampton Community Hospital		X		X		X		X	
914000 Dallas LTAC		X		X		X		X	X
De Soto									
785900 Select Specialty Hospital–South Dallas		X		X		X		X	
837800 Hickory Trail Hospital		X		x ^{OC}		X	X	X	
Decatur		00		OC		000		000	
254000 Wise Regional Health System		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
254001 Wise Regional Health System		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Del Rio									
462000 Val Verde Regional Medical Center		X	X	X		X		X	
Denison									
847000 Texoma Medical Center		X	X	X		X	X	X	X
847001 Reba McEntire Center–Rehab	847000								
847002 Texoma Medical Center Behavioral Health	847000								
Center		IV						OC	
864600 Carrus Specialty Hospital		x ^{LV}		X		X		x ^{OC}	
Denton									
336001 Denton Regional Medical Center		X OC		X X ^{OC}		X X ^{OC}		X X ^{OC}	
816500 North Texas Hospital		x ^{OC}							
820800 Texas Health Presbyterian Hospital–Denton		X	X	X	X	X	X	X	X
826800 University Behavioral Health–Denton		X		X		X		X	
831700 Mayhill Hospital		X		X		X		X	
844200 Integrity Transitional Hospital	-	X		X		X		X	
847200 Atrium Medical Center–Corinth	1	X		X		X		X	
871500 Select Rehab Hospital–Denton		X		X		X		X	X
Denver City		,i.		,ii-		ji.		ų.	
485000 Yoakum County Hospital		*		*		*		*	
Dilley		OC		OC		OC		OC	
803000 Community General Hospital Dilley Texas		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
						<u> </u>			

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
Dimmitt	With		Comment		Comment		Comment		Comment
260000 Plains Memorial Hospital		*		*		*		*	
Dumas									
199000 Memorial Hospital		*x		*x		*x		X	
Eagle Lake									
560000 Rice Medical Center		X		X		X		x ^{LV}	
Eagle Pass		A		A		A		A	
547001 Fort Duncan Regional Medical Center		X		X		X		X	
Eastland		A		A		A		A	
222000 Eastland Memorial Hospital		*		*		*		*	
Eden									
202000 Concho County Hospital		*		*		*		*	
Edinburg									
140002 Edinburg Regional Medical Center		v		v		v		v	
797100 Doctors Hospital–Renaissance		X		X		X		X	
797101 Womens Hospital–Renaissance	797100	Λ		Λ		Λ		Λ	
797101 Womens Hospital—Renaissance 797102 Behavioral Medicine—Renaissance	797100								
	797100								
797103 Rehab Center at Renaissance									
802004 South Texas Behavioral Health Center	802001								
830000 Cornerstone Regional Hospital		X		X		X		X	
816301 Solara Hospital		X		X		X		X	
Edna									
017000 Jackson Healthcare Center		*		*		*		*	
El Campo									
426000 El Campo Memorial Hospital		X		X		X		X	
El Paso									
000118 El Paso Psychiatric Center		X	X	X	X	X	X	X	X
130000 Providence Memorial Hospital		X		X		X		X	
180000 Las Palmas Medical Center		X		x ^{OC}		X		X	
180001 Las Palmas Rehab Hospital	180000								
263000 The University Medical Center of El Paso		X	X	X	X	X	X	X	X
266000 Sierra Medical Center		X		X		X		X	
319000 Del Sol Medical Center		X		X		X		X	
701000 Mesa Hills Specialty Hospital		X		X		OC		X	
718002 Highlands Regional Rehab Hospital		X		X		X		X	
727100 Triumph Hospital El Paso		X		X		X		X	
728200 El Paso Specialty Hospital		X		X		X		X	
801300 East El Paso Physicians Medical Center		X		X		X		X	
841300 El Paso LTAC Hospital		X		X		\mathbf{x}^{LV}	X	X	
858600 University Behavioral Health–El Paso		X		X		X		X	
865000 Sierra Providence East Medical Center		X		X		X		X	
Eldorado									
136000 Schleicher County Medical Center		\mathbf{x}^{LV}		\mathbf{x}^{LV}		\mathbf{x}^{LV}		\mathbf{x}^{LV}	
Electra									
490000 Electra Memorial Hospital		X		x ^{LV}		x ^{LV}		x ^{LV}	
Ennis									
714500 Ennis Regional Medical Center		X	X	X		X		X	Х
Fairfield									
401000 East Texas Medical Center-Fairfield		X		X		X		X	
Floresville									
433000 Connally Memorial Medical Center		X		X		X		X	
,									
-	•								

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
Flower Mound	with		Comment		Comment		Comment		Comment
943000 Texas Health Presbyterian Hospital Flower				X		X		X	
Mound									
First reports 2 nd quarter 2010									
Fort Stockton									
356000 Pecos County Memorial Hospital		*		*		*		*	
Fort Worth									
047000 Huguley Memorial Medical Center		X	X	X	X	X	X	X	X
235000 Texas Health Harris Methodist Hospital–Fort		X	X	X	X	X	X	X	X
Worth									
332000 Cook Childrens Medical Center		X	X	X	X	X	X	X	X
363000 Baylor All Saints Medical Center-Fort Worth		X	X	X	X	X	X	X	X
363001 Baylor Medical Center–Southwest Fort Worth		X	X	X	X	X	X	X	X
409000 John Peter Smith Hospital		Х	X	X	X	X	X	X	Х
477000 Plaza Medical Center–Fort Worth		Х		X		X		X	
627000 Texas Health Harris Methodist Hospital-		Х	X	X	X	X	X	X	Х
Southwest									
652000 Texas Health Specialty Hospital–Fort Worth		x^{LV}	X	\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X	x ^{LV}	Х
659000 HEALTHSOUTH Rehab Hospital		Х		X		X		X	
662000 HEALTHSOUTH City View Rehab Hospital		Х		X		X		Х	
690600 LifeCare Hospital–Fort Worth		Х		X		X		Х	
800000 Kindred Hospital–Tarrant County		Х	Х	X	Х	X	х	Х	Х
800700 Kindred Hospital–Fort Worth		X	X	X	X	X	X	X	X
804500 Baylor Surgical Hospital–Fort Worth		X		X		X		X	
839200 Regency Hospital–Fort Worth		X		X		X		X	
861400 USMD Hospital Fort Worth		X		X		X		X	
873800 Global Rehab–Fort Worth		X		X		X		X	
Fredericksburg				71		74		71	
219000 Hill Country Memorial Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Friona		A		A		A		A	
200000 Parmer Medical Center		*		*		*		*	
Frisco									
787400 Baylor Medical Center–Frisco		X		x ^{OC}		x ^{OC}		X	
806300 Centennial Medical Center		X		X		X		X	
942000 Kessler Rehabilitation Hospital		Λ.		Λ		***		x ^{LV}	
First reports 3 rd quarter 2010								Λ	
Gainesville									
298000 North Texas Medical Center		x ^N		x ^N		X	X	x ^{OC}	
Galveston									
000102 UT Medical Branch Hospital		х		X		X		X	
247000 Shriners Burns Hospital–Galveston		*		*		*		*	
Garland									
027000 Baylor Medical Center–Garland		х	Х	X	х	X	X	X	х
359002 Vista Hospital–Dallas		x ^{OC}		X		x ^{LV}		x ^{LV}	
Gatesville									
346000 Coryell Memorial Hospital		х		X		X		X	
Georgetown									
835700 St Davids Georgetown Hospital		Х		X		X		X	
Gilmer		**							
806800 East Texas Medical Center-Gilmer		X		X		X		X	
Glen Rose				А		Λ		Λ	
059000 Glen Rose Medical Center		*		*		*		*	
Gonzales									
103000 Memorial Hospital		*		*		*		*	
105000 Memoriai 110spitai		l							

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
Graham	With		Comment		Comment		Comment		Comment
094000 Graham Regional Medical Center		*		*		*		*	
Granbury									
424000 Lake Granbury Medical Center		X		X		X		X	
Grand Saline		A							
138000 Cozby–Germany Hospital		X		x ^{OC}		x ^{OC}		x ^{OC}	
Grapevine		Λ		Λ		Λ		Λ	
513000 Baylor Regional Medical Center-Grapevine		X	X	X		X		X	
858200 Ethicus Hospital DFW		X	Λ	X		X		X	
Greenville		Λ		Λ		Λ		Λ	
085000 Hunt Regional Medical Center Greenville		X	X	X		X		X	
754000 Glen Oaks Hospital		X	Λ	X		X		X	
Groesbeck		Λ		Α		Α			
052000 Limestone Medical Center		*		*		*		*	
Groves				-		-		-	
907000 Renaissance Hospital–Groves		v		x ^{OC}		x ^{OC}		x ^{OC}	
Hallettsville		X		Λ		Λ		Λ	
527000 Lavaca Medical Center		*		*		*		*	
Hamilton		**		••		••		••	
640000 Hamilton General Hospital		*		*		*		*	
Hamlin		**		••		••		••	
305000 Hamlin Memorial Hospital		*		*		*		*	
Harlingen		•		•		•		•	
000104 Rio Grande State Center		***	v	***	**	***	W.	***	v
400000 Valley Baptist Medical Center		X	X	X	X	X	X	X X ^{OC}	X
788002 Harlingen Medical Center		X		X	X	X	X		
		X		X		X		X	
840700 Solara Hospital Harlingen Haskell		X		X		X		X	
572000 Haskell Memorial Hospital		*		*		*		*	
Hemphill		**		••		••		••	
522000 Sabine County Hospital		v		v		v		v	
Henderson		X		X		X		X	
248000 East Texas Medical Center Henderson		x ^{OC}		XOC		x ^{OC}		X ^{OC}	
Henrietta		A		X		X		X	
		*		*		*		*	
193000 Clay County Memorial Hospital Hereford		**						•••	
420000 Hereford Regional Medical Center		*		*		*		*	
		·		·		·		•	
Hillsboro 383000 Hill Regional Hospital									
		X		X		X		X	
Hondo 427000 Medina Pagianal Hagnital		*		*		*		*	
427000 Medina Regional Hospital Houston		**						•••	
000105 UT MD Anderson Cancer Center									
000105 01 MD Anderson Cancer Center		X		X		X	X	X	
		X		X		X		X X ^{OC}	
007000 Womans Hospital-Texas		X		X		X			
030000 Doctors Hospital-Tidwell		X		X		X		X	
117000 Texas Childrens Hospital		X		X		X		X	
118000 St Lukes Episcopal Hospital		X	X	X	X	X	X	X	X
119000 Memorial Hermann Southeast Hospital		X		X		X		X	
124000 Methodist Hospital	124000	X		X		X		X	
124001 West Pavillion	124000								
164000 TIRR Memorial Hermann		X		X		X		X	
172000 Memorial Hermann Northwest Hospital		X		X		X		X	
206003 Select Specialty Hospital-Houston Heights		X		X		X		X	

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
206004 Select Specialty Hospital-Houston West	with	X	Comment	X	Comment	X	Comment	X	Comment
206005 Select Specialty Hospital–Houston Medical		х		X		X		X	
Center									
229000 Houston Northwest Medical Center		X	X	X	X	X		X	
302000 Memorial Hermann Memorial City Medical		X		X		X		X	X
Center									
337001 West Houston Medical Center		X	X	X	X	X	X	X	
347000 Memorial Hermann Hospital		X		X		X		X	
384000 Lyndon B Johnson General Hospital		X		X		X		X	
390000 Park Plaza Hospital		X		X		X		X	
407000 Memorial Hermann Southwest Hospital		X		X		X		X	
421000 Spring Branch Medical Center		X		X		***		***	
458001 East Houston Regional Medical Center		X		X		X		x ^{OC}	
459000 Ben Taub General Hospital		X		X		X		X	
459001 Quentin Mease Community Hospital		X		X		X		X	
460000 Riverside General Hospital		X		X		X		X	
526000 Shriners Hospitals For Children		*		*		*		*	
606000 Cypress Fairbanks Medical Center		X		X		X		X	
646000 HEALTHSOUTH Hospital-Houston		X		X		X		X	
674000 TOPS Surgical Specialty Hospital		X		X		X		X	
676000 Kindred Hospital-Houston		X	X	x ^{OC}		X	X	X	X
678000 Triumph Hospital–Central Houston		X		X	X	x ^{LV}		X	
698005 Cornerstone Hospital Houston–Bellaire		X		X		X		X	
706000 Kindred Hospital Houston NW		X		X		X		x ^{OC}	
712500 HealthBridge Childrens Hospital-Houston		X		X		x ^{OC}		X	
713400 Triumph Hospital–North Houston		X		X		X		X	
715001 Texas Specialty Hospital–Houston		X		X		x^{LV}		X	
724700 Methodist Willowbrook Hospital		X		X	X	X		X	
740000 St Lukes Hospital at the Vintage First reports 4 th quarter 2010								X	X
744001 Cypress Creek Hospital		Х		X		X		X	
755001 West Oaks Hospital		X		X		X		X	
758000 Houston Hospital for Specialized Surgery		X ^{LV}		x ^{LV}		x ^{LV}		x ^{LV}	
762001 IntraCare Medical Center Hospital		X		X		X		X	
763000 Plaza Specialty Hospital		X		X		X		X	
782001 Intracare North Hospital		X		X		X		X	
792000 Texas Orthopedic Hospital		X	X	X		X		X	
792600 Triumph Hospital–Northwest		X	A	X		X		X	
792702 Triumph Hospital Town & Country		X		X		X		X	X
794200 Menninger Clinic		X		X		X		X	
807000 CHRISTUS Dubuis Hospital-Houston		xLV	Х	x ^{LV}	X	x ^{LV}	X	x ^{LV}	X
838400 Memorial Hermann Rehab Hospital		X		X	X	X		X	
838600 St Joseph Medical Center		X	X	X	X	X	X	X	X
840200 University General Hospital		OC		X	х	v	Х	Х	X
844900 Behavioral Hospital–Bellaire		X		x ^{OC}		XOC		x ^{OC}	
Last reports 3 rd quarter 2010									
856300 Acuity Hospital-Houston		\mathbf{x}^{LV}		\mathbf{x}^{LV}		X		\mathbf{x}^{LV}	
909000 St Anthonys Hospital		X		X		X		X	
941000 Triumph Hospital–The Heights First reports 2 nd quarter 2010				X		X		X	
956000 Westbury Community Hospital First reports 3 rd quarter 2010						***		X	X
969200 Behavioral Hospital–Bellaire First reports 3 rd quarter 2010						x ^{OC}		X	X

Humble		Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
516000 HEALTHSOUTH Rehab Hospital	Humble	ma		Comment		Comment		Comment		Comment
SA7100 Memorial Hermann Northeast			X		х		X		x	
SE5900 Lean Hospital						X			v	
Solution Surgical Hospital Surgical Hosp									x ^{LV}	
First reports 4" quarter 2010									x ^{LV}	
Section Sect	First reports 4 th quarter 2010									
Last reports 2 ²⁶ quarter 2010	Hunt									
Huntsvile			X		C^{N}					
March Marc										
Hurst										
S12300 Southwest Surgical Hospital			X		X		X		X	
Sozoo Cook Childrens Northeast Hospital x x x x x x x x x			1.1/							
Frank					X		X			
258000 Iraan General Hospital	850200 Cook Childrens Northeast Hospital		x ^{OC}		x ^{oc}		x ^{oc}		x ^{oc}	
Irving										
300000 Baylor Medical Center-Irving			*		*		*		*	
799500 Irving Coppell Surgical Hospital										
State			X	X	X	X	X	X	X	X
Jacksboro			X		X		X		X	
046000 Faith Community Hospital	814000 Las Colinas Medical Center		X		X		X		X	
Jacksonville										
A16000 East Texas Medical Center-Jacksonville			*		*		*		*	
725400 Mother Frances Hospital-Jacksonville	Jacksonville									
Jasper	416000 East Texas Medical Center–Jacksonville		X		X		X		X	
038001 CHRISTUS Jasper Memorial Hospital	725400 Mother Frances Hospital–Jacksonville		X		X		X		X	
Jourdanton	Jasper									
334002 South Texas Regional Medical Center	038001 CHRISTUS Jasper Memorial Hospital		X		X		X		X	
Sunction	Jourdanton									
205000 Kimble Hospital	334002 South Texas Regional Medical Center		X		X		X		X	
Naty Say	Junction									
S34001 Memorial Hermann Katy Hospital X	205000 Kimble Hospital		\mathbf{x}^{LV}		\mathbf{x}^{LV}		X		\mathbf{x}^{LV}	
T15901 CHRISTUS St Catherine Hospital	Katy									
Section State St	534001 Memorial Hermann Katy Hospital		X		X		X		X	
Last reports 3"d quarter 2010	715901 CHRISTUS St Catherine Hospital		X		X				X	
Kaufman x </td <td>848000 Kingsland Hospital of Katy</td> <td></td> <td>X</td> <td></td> <td>C^{NLV}</td> <td></td> <td>x^{OC}</td> <td></td> <td></td> <td></td>	848000 Kingsland Hospital of Katy		X		C^{NLV}		x^{OC}			
303000 Texas Health Presbyterian Hospital–Kaufman	Last reports 3 rd quarter 2010									
Kenedy 357000 Otto Kaiser Memorial Hospital *										
357000 Otto Kaiser Memorial Hospital			X	X	X	X	X	X	X	X
Kermit x ^{LV} x x <th< td=""><td>V</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	V									
Name			*		*		*		*	
Kerrville xLV x XLV <			***		* * * * * * * * * * * * * * * * * * * *		* * * * *		* * * *	
000106 Kerrville State Hospital x ^{LV} x x <td></td> <td></td> <td>xLV</td> <td></td> <td>x^{LV}</td> <td></td> <td>XLV</td> <td></td> <td>XLV</td> <td></td>			xLV		x ^{LV}		XLV		XLV	
406000 Peterson Regional Medical Center x			1.1/		1.37		137		***	
Kilgore x </td <td></td> <td></td> <td>XLV</td> <td>X</td> <td>XLV</td> <td>X</td> <td>XLV</td> <td>X</td> <td>XLV</td> <td>X</td>			XLV	X	XLV	X	XLV	X	XLV	X
031001 Allegiance Specialty Hospital–Kilgore x x x x x Killeen 397001 Metroplex Hospital x x x x x x 397002 Metroplex Pavilion 397001 <			X		X		X	X	X	
Killeen x										
397001 Metroplex Hospital x x x x 397002 Metroplex Pavilion 397001 397001 397001 Kingsville x x x x 216001 CHRISTUS Spohn Hospital–Kleberg x x x x Kingwood x x x x	<u> </u>		X		X		X		X	
397002 Metroplex Pavilion 397001										
Kingsville 216001 CHRISTUS Spohn Hospital–Kleberg x x x x Kingwood			X		X		X		X	
216001 CHRISTUS Spohn Hospital–Kleberg x x x x x X Kingwood		397001								
Kingwood										
Kingwood			X		X		X		X	
	Kingwood									
	675000 Kingwood Medical Center		X		X		X		x ^{OC}	

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
813800 Memorial Hermann Specialty Hospital	With	xLV	Comment	XLV	Comment	x ^{LV}	Comment	X ^{OC}	Comment
Kingwood		A		Α.		74		A	
818600 Kingwood Pines Hospital		Х		X		X		X	
Knox City		Λ		Λ		Λ		Λ	
568000 Knox County Hospital		*		*		*		*	
Kyle									
921000 Seton Medical Center Hays		37		***	77	**	**	***	
		X	X	X	X	X	X	X	X
La Grange 823400 St Marks Medical Center									
		X		X		X		X	
Lake Jackson									
436000 Brazosport Regional Health System		X		X		X		X	
Lamesa								*	
341000 Medical Arts Hospital		*		*		*		*	
Lampasas									
397000 Rollins–Brooks Community Hospital		X		X		X		X	
Laredo									
207001 Laredo Medical Center		X		X		X		X	X
301000 Doctors Hospital-Laredo		X		X		X		X	
836300 Laredo Specialty Hospital		X		X		X		X	X
League City									
718000 Devereux Texas Treatment Network		X		X		X		X	
Levelland									
307000 Covenant Hospital–Levelland		X		X		X		X	
Lewisville									
394000 Medical Center-Lewisville		Х	Х	X		X		X	
Liberty									
089001 Liberty-Dayton Regional Medical Center		Х		X		X		X	
Linden									
822100 Good Shepherd Medical Center-Linden		x ^{OC}		X		X		x ^{OC}	
Littlefield									
217000 Lamb Healthcare Center		*		*		*		*	
Livingston									
466000 Memorial Medical Center-Livingston		Х		X		X		X	
Llano									
476000 Llano Memorial Hospital		*		*		*		X	
Lockney									
010000 WJ Mangold Memorial Hospial		*		*		*		*	
Longview									
029000 Good Shepherd Medical Center		X		X		X		X	
525000 Longview Regional Medical Center		X		X		X		X	
794600 Select Specialty Hospital–Longview				X		X		X	
862100 Behavioral Hospital Longview		X X ^{LV}		X ^{OC}		Λ		Λ	
Last reports 2 nd quarter 2010		Λ.		Λ					
944000 Behavioral Hospital Longview				X		X		X	
First reports 2 nd quarter 2010									
Lubbock									
013001 Grace Medical Center		X		X		X		X	
109000 Covenant Medical Center-Lakeside		X	X	X	X	X	X	X	X
145000 University Medical Center		X	X	X	X	X	X	X	X
465000 Covenant Medical Center		X	Х	X	X	X	X	X	
686000 Covenant Childrens Hospital		X	X	X	X	X	х	X	
786001 Southwest Regional Specialty Hospital		X		X		X		X	
801500 Lubbock Heart Hospital		x ^N		x ^N		x ^N		x ^N	
804000 Sunrise Canyon		X		X		x ^{OC}		X	
July July July July July July July July	1		1			**	1	41	

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
846200 Covenant Specialty Hospital	With	X	Comment	X	Comment	X	Comment	X	Comment
865800 Trustpoint Hospital		X ^N		x ^N		X ^N		X ^N	
940000 Texas Specialty Hospital Lubbock		Λ		x ^{LV}		X ^{LV}		X ^{LV}	
First reports 2 nd quarter 2010				Λ		Λ		А	
Lufkin									
129000 Memorial Medical Center East Texas		X		X		X		X	
481000 Woodland Heights Medical Center		X		X		X		X	
691000 Memorial Specialty Hospital		x ^{LV}		X		X		X	
Luling		Λ		Λ		Λ		Α	
597000 Seton Edgar B Davis Hospital		x ^{OC}			**				
				X	X	X	X	X	X
848200 Warm Springs Specialty Hospital–Luling		X		X		X		X	
Madisonville									
041000 Madison St Joseph Health Center		X	X	X	X	X	X	X	X
Mansfield									
657000 Kindred Hospital–Mansfield		X	X	X	X	X	X	X	X
842800 Methodist Mansfield Medical Center		X		X		X		X	
Marlin									
517000 Falls Community Hospital & Clinic		*		*		*		*	
Marshall									
020000 Good Shepherd Medical Center–Marshall		X	X	X	X	X	X	X	X
McAllen									
601000 Rio Grande Regional Hospital		X		X		X		Х	
802001 McAllen Medical Center		X		X		X		X	
802003 McAllen Heart Hospital	802001								
816300 Solara Hospital		X		X		X		X	
821001 LifeCare Hospital—South Texas—South		X		X		X		X	
821002 LifeCare Hospitals—South Texas—South		X		X		X		X	
McCamey		А		Λ		А		Λ	
240000 McCamey Hospital		*		*		*		*	
McKinney									
246000 Columbia Medical Center–McKinney									
	246000	X		X		X		X	
246001 Medical Center McKinney–Wysong Campus	240000								
922000 The Hospital at Craig Ranch		X		X X ^{LV}		X		X	
937000 Methodist McKinney Hospital First reports 2 nd quarter 2010				X		X		X	
Mesquite									
315003 Dallas Regional Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
<u> </u>									
840000 Mesquite Specialty Hospital		X		X		X	X	X	
Mexia									
505000 Parkview Regional Hospital		X		X		X		X	
Midland									
452000 Midland Memorial Hospital	453000	X		X		X		X	
452002 Midland Memorial Hospital–West Campus	452000								
693000 HEALTHSOUTH Rehab Hospital-		X		X		X		X	
Midland/Odessa									
789900 Select Specialty Hospital-Midland		X		X		X		X	
874500 BCA Permian Basin		X		X		X		X	
924000 Allegiance Health Center Permian Basin		\mathbf{x}^{LV}		X		X		X	
Mineral Wells									
034000 Palo Pinto General Hospital		X		X		X		X	
Mission									
370000 Mission Regional Medical Center		X		X		x ^{OC}		x ^{OC}	
Missouri City									
609001 Memorial Hermann Sugar Land		X		X		X		X	
	1				1				l

	Reports	1010	With	2Q10	With	3Q10	With	4Q10	With
Monahans	With		Comment		Comment		Comment		Comment
468000 Ward Memorial Hospital		*		*		*		*	
Morton									
159000 Cochran Memorial Hospital		*		*		*		*	
Mount Pleasant									
137000 Titus Regional Medical Center		*		*		*		*	
Mount Vernon									
282000 East Texas Medical Center–Mount Vernon		X		X		X		X	
Muenster		71				71		74	
365000 Muenster Memorial Hospital		*		*		*		*	
Muleshoe									
631000 Muleshoe Area Medical Center		*		*		*		*	
Nacogdoches									
392000 Nacogdoches Medical Center		X		X		X		X	
478000 Nacogdoches Memorial Hospital		X		X		X		XOC	
478001 Cecil R Bomar Rehab Center	478000	71		71		71		71	
Nassau Bay	.,								
600001 CHRISTUS St John Hospital		X		X		X		X	
Navasota								A	
002000 St Joseph Regional Health Center Behavioral Health	002001								
728800 Grimes St Joseph Health Center		X	X	X	X	X	Х	X	X
New Braunfels									
851800 Gulf States LTAC–New Braunfels		x ^N		X	Х	X		X	
863300 CHRISTUS Santa Rosa Hospital New Braunfels		X		X		X		X	
Nocona									
348000 Nocona General Hospital		*		*		*		*	
Odessa									
181000 Medical Center-Hospital		X		X		X		X	
425000 Odessa Regional Medical Center–6th Street		X		X		X		X	
791001 Regency Hospital-Odessa		X		X		x ^{LV}		X	
938000 Basin Healthcare Center				Х		X		X	
First reports 2 nd quarter 2010									
Olney									
294000 Hamilton Hospital		*		*		*		*	
Orange									
121000 Memorial Hermann Baptist Orange Hospital		X		X		X		X	
851400 Harbor Hospital–Southeast Texas		X		X		X		X	
Palacios									
574001 Palacios Community Medical Center		X	X	\mathbf{x}^{OC}		X		\mathbf{x}^{OC}	
Palestine									
377001 Palestine Regional Rehab Hospital		x ^{LV}		\mathbf{x}^{LV}		x ^{LV}		\mathbf{x}^{LV}	
629001 Palestine Regional Medical Center		X		X		X		X	
629002 Palestine Regional Medical Center Psych	629001								
Services									
Pampa									
832900 Pampa Regional Medical Center		X		X		X		X	
Paris									
095002 Paris Regional Medical Center South Campus		X		X	X	X		X	X
095003 Paris Regional Medical Center North Campus	095002								
787500 Dubuis Hospital–Paris		\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X	\mathbf{x}^{LV}	X
Pasadena									
349001 Bayshore Medical Center		X		X		X		X	

	Reports	1010	With	2Q10	With	3010	With	4010	With
694100 Surgery Specialty Hospitals of America-	With	X	Comment	X	Comment	X	Comment	XLV	Comment
Southeast Houston		A		Λ		Α		Α	
801000 Kindred Hospital		Х	X	x ^{OC}		X	X	X	X
846100 Patients Medical Center		X	71	X		X	71	X	71
Pearsall				71		71		71	
441000 Frio Regional Hospital		*		*		*		*	
Pecos									
367000 Reeves County Hospital		*		*		*		*	
Perryton									
098000 Ochiltree General Hospital		*		*		*		*	
Pittsburg									
438000 East Texas Medical Center-Pittsburg		х		X		X		X	
Plainview									
146000 Covenant Hospital–Plainview		х	Х	X		x ^{OC}		X	
816001 Allegiance Behavioral Health Center-		Х		X		X		X	
Plainview									
Plano									
143001 Childrens Medical Center Legacy		X		X		X		X	
214000 Medical Center-Plano		х		X		X		X	
664000 Texas Health Presbyterian Hospital-Plano		Х	X	X	X	X	Х	X	X
670000 HEALTHSOUTH Plano Rehab Hospital		х	X	X	X	X	Х	X	X
720000 Texas Health Seay Behavioral Health Center		Х	X	X	X	X	Х	X	X
789800 LifeCare Hospital–Plano		Х	X	X	X	X	Х	X	X
805000 Plano Specialty Hospital		Х		X		X		X	
814001 Baylor Regional Medical Center-Plano		Х	X	X	X	X	Х	X	X
815300 Texas Health Center–Diagnostics & Surgery		Х		X		X		X	
Plano									
844000 Heart Hospital Baylor Plano		X	X	X		X	X	X	
913000 Integra Hospital Plano		X		X		X		\mathbf{x}^{OC}	
Port Arthur									
299001 CHRISTUS Hospital–St Mary		X		X		X		X	
464002 Medical Center–Southeast Texas		X		x ^{OC}		x ^{OC}		X	
708001 CHRISTUS Dubuis Hospital–Port Arthur		x ^{LV}	X	x^{LV}	X	x ^{LV}	X	XLV	X
792100 Promise Specialty Hospital–Southeast Texas		X		X		\mathbf{x}^{OC}		X	
Port Lavaca									
487000 Memorial Medical Center		*		*		*		*	
Quanah									
102000 Hardeman County Memorial Hospital		*		*		*		*	
Quitman									
411000 East Texas Medical Center–Quitman		X		X		X		X	
Rankin									
290000 Rankin County Hospital District		*		*		*		*	
Refugio									
368000 Refugio County Memorial Hospital District		*		*		*		*	
Richardson									
549000 Methodist Richardson Medical Center		X	X	X	X	X	X	X	X
549001 Bush Renner		***		***		***		***	
861300 Reliant Rehab Hospital North Texas		X		X		X		x ^{OC}	
Richland Hills									
437000 North Hills Hospital		X		X		X		X	
Richmond									
230000 Oakbend Medical Center		X		X		X		X	
230001 Oakbend Medical Center		X		X		X		X	

	Reports With	1Q10	With	2Q10	With	3Q10	With	4Q10	With Comment
Rio Grande City	with		Comment		Comment		Comment		Comment
393000 Starr County Memorial Hospital		X		X		X		X	
Rockdale									
369000 Richards Memorial Hospital		X		X		X		X	
Rockwall									
859900 Texas Health Presbyterian Hospital–Rockwall		X		X		X		X	
Rotan									
355000 Fisher County Hospital District		*		*		*		*	
Round Rock									
608000 Round Rock Medical Center		X	X	X	X	X	Х	X	Х
852600 Scott & White Hospital–University Medical		X		X		X		X	
Campus									
861700 Seton Medical Center Williamson		X	X	X	X	X	Х	X	Х
866100 Reliant Rehab Hospital Central Texas		X		X		X		X	
Rowlett									
625000 Lake Pointe Medical Center		X		X		X		X	
Rusk									
000107 Rusk State Hospital		X	X	X	X	X	Х	X	Х
San Angelo									
056000 San Angelo Community Medical Center		X		X		X		X	
168000 Shannon West Texas Memorial Hospital		X		X		x ^{OC}		X	
445000 Shannon Medical Center–St Johns Campus	168000								
747000 River Crest Hospital		X		X		X		X	
San Antonio									
000108 Texas Center for Infectious Disease		OC		x ^{LV}		\mathbf{x}^{LV}		\mathbf{x}^{LV}	Х
000110 San Antonio State Hospital		X	X	X	X	X	Х	X	Х
081001 Southeast Baptist Hospital		X		X		X		X	
114001 Baptist Medical Center		X		X		X		X	
134001 Northeast Baptist Hospital		X		X		X		X	
154000 Methodist Hospital		X		X		X		X	
154001 Methodist Specialty & Transplant Hospital		x ^{OC}		X		X		X	
154002 Northeast Methodist Hospital		X		X		X		X	
158000 University Hospital		X		X		X		X	
228001 Southwest General Hospital		X		X		X		X	
283000 Metropolitan Methodist Hospital		x ^{OC}		XOC		X		X	
339000 CHRISTUS Santa Rosa Hospital		X		X		X		X	
339001 CHRISTUS Santa Rosa Medical Center		X		X		X		X	
339002 CHRISTUS Santa Rosa Hospital–Westover		X		X		X		X	
Hills									
396001 Nix Specialty Health Center	396002								
396002 Nix Health Care System		X		X		X		X	
503001 St Lukes Baptist Hospital		X		X		X		X	
634000 CHRISTUS Santa Rosa Childrens Hospital		X		X		X		X	
636000 HEALTHSOUTH Rehab Institute–San Antonio		X		X		X		X	
645000 Kindred Hospital–San Antonio		X		X		X		X	
677001 North Central Baptist Hospital		X		X		X		X	
681001 Methodist Ambulatory Surgery Hospital-		X		X		X		X	
Northwest		1 17		1 1/				1.17	
702001 Acuity Hospital South Texas		\mathbf{x}^{LV}		x^{LV}		X		\mathbf{x}^{LV}	
711000 COMPASS Hospital San Antonio		X							
Last reports 1 st quarter 2010								_	
719300 Select Specialty Hospital—San Antonio		X		X		X		X	
723001 Laurel Ridge Treatment Center		X		X		X		X	
737000 Southwest Mental Health Center		X		X		X		X	

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
786800 South Texas Spine & Surgical Hospital	With	X	Comment	X	Comment	X	Comment	X	Comment
799200 Promise Specialty Hospital–San Antonio			Λ	X		x ^{LV}		x ^{LV}	
800600 Texsan Heart Hospital		X							
815000 LifeCare Hospital–San Antonio		X		X		X		X	
		X		X		X		X	
820600 Innova Hospital–San Antonio		X		X		X		X	
844600 Warm Springs Rehab Hospital–San Antonio		X		X X ^{LV}		X		X	
852100 Foundation Bariatric Hospital–San Antonio		X		X		X		X	
874100 Methodist Stone Oak Hospital		x ^{OC}		x ^{OC}		X		X	
939000 GlobalRehab Hospital–San Antonio First reports 2 nd quarter 2010				X		X		X	
First reports 2 nd quarter 2010									
San Augustine									
072000 Memorial Medical Center–San Augustine		X		X		X		X	
San Marcos									
556000 Central Texas Medical Center		X		X		X		X	
Seguin									
155000 Guadalupe Regional Medical Center		X		X		X		X	
Seminole									
113000 Memorial Hospital		*		*		*		*	
Seymour									
546000 Seymour Hospital		*		*		*		*	
Shamrock									
571000 Shamrock General Hospital		*		*		*		*	
Shenandoah									
795000 Nexus Specialty Hospital Shenandoah Campus		Х	Х	X		x ^{OC}		OC	
873700 Reliant Rehab Hospital North Houston		x ^{OC}	74	x ^{OC}		x ^{OC}		x ^{OC}	
Sherman		Λ		Λ		Λ		Λ	
297000 Wilson N Jones Medical Center		X		X		X		X	
875300 Lifelong Independence and Fitness									
Enrichment Center		X		X		X		X	
957000 Carrus Rehab Hospital						x ^{LV}		x ^{OC}	
First reports 3 rd quarter 2010						X		X	
Smithville									
385000 Smithville Regional Hospital		X		X		X		X	
Snyder		Λ		Λ		Λ		Λ	
439000 Cogdell Memorial Hospital		*		*		*		*	
Sonora		·		•					
		Ψ.		Ψ.		*x ^{LV}			
147000 Lillian M Hudspeth Memorial Hospital		*x		*x		*X		X	
Southlake									
812800 Texas Health Harris Methodist Hospital		X		X		X		X	
Southlake									
Spearman									
395000 Hansford County Hospital		*		*		*		*	
Stafford									
874000 Atrium Medical Center		X		X		X		X	
Stamford									
043000 Stamford Memorial Hospital		*		*		*		*	
Stanton									
388000 Martin County Hospital District		*		*		*		*	
Stephenville									
256000 Texas Health Harris Methodist Hospital–		х	Х	X	Х	X	Х	X	Х
Stephenville		1		-	1 -	_	1	-	_
Sugar Land									
790500 Sugar Land Surgical Hospital		Х		X		X		X	
792700 Triumph Hospital–Southwest		X		X		X		X	
172100 Humph Hospital-Southwest		^		Λ	1	Λ	1	Λ	

	Reports	1Q10	With	2Q10	With	3Q10	With	4Q10	With
823000 Methodist Sugar Land Hospital	With	X	Comment	X	Comment	X	Comment	X	Comment
844500 Sugar Land Rehab Hospital		x ^{OC}		C^{N}		21		21	
Last reports 2 nd quarter 2010		A		C					
869700 St Lukes Sugar Land Hospital		X	X	X	X	X	X	X	X
916000 Sugar Land 24 Hour Hospital		***		\mathbf{x}^{LV}		\mathbf{x}^{LV}		\mathbf{x}^{LV}	
969000 HEALTHSOUTH Sugar Land Rehab								X	
Hospital									
First reports 4 th quarter 2010									
Sulphur Springs									
280000 Hopkins County Memorial Hospital		*		*		*		*	
Sunnyvale									
919000 Texas Regional Medical Center		X		X		X		x ^{OC}	
Sweeny									
178000 Sweeny Community Hospital		X		X	X	X		X	
Sweetwater									
471000 Rolling Plains Memorial Hospital		*		*		*		*	
Tahoka									
192000 Lynn County Hospital District		*		*		*		*	
Taylor									
044000 Johns Community Hospital		X		X		X		x ^{OC}	
Temple									
186000 Kings Daughters Hospital		x ^{OC}		X		X		***	
537000 Scott & White Memorial Hospital		X		X		X		X	
537001 Scott & White Santa Fe Center	537000								
537002 Scott & White Pavilion	537000								
537003 Scott & White Memorial Hospital–SNF		X		X		X		X	
537004 Scott & White Memorial Hospital–Rehab		X		X		X			
Last reports 3 rd quarter 2010									
537005 Scott & White Memorial Hospital-Psych		X		X		X		X	
850300 Scott & White Continuing Care		X		X		X		X	
Terrell									
000111 Terrell State Hospital		X	X	X	Х	X	X	X	Х
848600 Renaissance Hospital Terrell		X		X		x ^{OC}		X	
Texarkana									
144000 Wadley Regional Medical Center		Х		X		X		x ^{OC}	
684000 HEALTHSOUTH Rehab Hospital-Texarkana		X		X		Х		X	
713001 CHRISTUS St Michael Rehab Hospital		X		X		X		X	
788001 CHRISTUS St Michael Health System		X		X	X	X	X	X	X
822000 Dubuis Hospital–Texarkana		X	X	X	X	X	X	X	X
847600 Dubuis Hospital–Texarkana–Wadley		X	X	x ^{LV}	X	X	X	X	X
Texas City									
793000 Mainland Medical Center		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
The Woodlands		71		7.		71		71	
615000 Memorial Hermann The Woodlands Hospital		X		X		X		X	
793100 St Lukes Community Medical Center–The		X	X	X	X	X	X	X	X
Woodlands		^	^	Λ	^	Λ	^	Λ	Α
795001 Nexus Specialty Hospital		x ^{LV}		x ^{LV}		x ^{OC}		x ^{LV}	
923000 St Lukes Lakeside Hospital		X	X	X	X	X	X	X	X
Throckmorton		Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ
		*		*		*		*	
428000 Throckmorton County Memorial Hospital									
Tomball 076000 Tomball Pagional Hamital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
076000 Tomball Regional Hospital									
792601 Triumph Hospital Tomball		X		X		X		X	
	1						I		

	Reports With	1Q10	With	2Q10	With	3Q10	With	4Q10	With Comment
Trinity	With		Comment		Comment		Comment		Comment
287000 East Texas Medical Center–Trinity		X		X		X		X	
Trophy Club									
805100 Baylor Medical Center Trophy Club		X		X		X		X	
Tulia									
273000 Swisher Memorial Hospital		*		*		*		*	
Tyler									
000112 UT Health Center–Tyler		X		X		X		X	
286000 Mother Frances Hospital		X		X		X		X	
410000 East Texas Medical Center		X		X		X		X	
410001 East Texas Medical Center Behavioral Health Center	410000								
692000 Trinity Mother Frances Rehab Hospital		X	X	X		X		X	
777000 East Texas Medical Center Specialty Hospital		X		X		X		X	
790200 Texas Spine & Joint Hospital		X		X		X		X	
799000 East Texas Medical Center Rehab Hospital		X		X		X		X	
806500 Tyler Continue Care Hospital–Mother		X		X		X		X	
Frances									
Uvalde									
063000 Uvalde Memorial Hospital		X		X		X		X	
Van Horn		7 7 7		7 37		7 77		7 77	
139000 Culberson Hospital		\mathbf{x}^{LV}		x ^{LV}		\mathbf{x}^{LV}		x^{LV}	
Vernon									
000113 North Texas State Hospital–Vernon	000114								
084000 Wilbarger General Hospital		*		*		*		*	
Victoria									
064000 Citizens Medical Center		X		X		X		X	
453000 DeTar Hospital–Navarro		X	X	X	X	X	X	X	X
453001 DeTar Hospital–North	453000								
812000 Triumph Hospital Victoria		X		X		X		X	
848100 Warm Springs Specialty Hospital–Victoria		X		X		X		X	
Waco				, , ,		7.77			
000117 Waco Center for Youth		x^{LV}	X	x^{LV}	X	\mathbf{x}^{LV}	X	x^{LV}	X
040000 Providence Health Center		X		X		X		X	
506000 Hillcrest Baptist Medical Center		X		X		x ^{OC}		X	
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center–Div of Providence Health Center		X		\mathbf{x}^{OC}		X		X	
Waxahachie									
285000 Baylor Medical Center-Waxahachie		X	X	X	X	X	X	X	X
Weatherford									
844800 Weatherford Regional Medical Center		X		X		X		X	
Webster									
212000 Clear Lake Regional Medical Center		X		X		X		X	
680000 Clear Lake Rehab Hospital		X		X		X		X	
698004 Cornerstone Hospital Houston–Clear Lake		X		X		X		X	
720402 Triumph Hospital–Clearlake		X		X		X		X	
822001 Houston Physicians Hospital		X		X		X		X	
Weimar								-	
005000 Colorado–Fayette Medical Center		*		*		*		*	
Wellington									
195000 Collingsworth General Hospital		X		x ^{LV}		X		X	
		41		-1		21		41	
	1		<u> </u>		1				

	Reports With	1Q10	With Comment	2Q10	With Comment	3Q10	With Comment	4Q10	With Comment
Weslaco									
480000 Knapp Medical Center		Х		X		X		X	
808500 Weslaco Rehab Hospital		X		X		X		X	
Wharton									
833000 Gulf Coast Medical Center		X		X		X		X	
Wheeler									
116000 Parkview Hospital		*		*		*		*	
Whitney									
161000 Lake Whitney Medical Center		X		X		X		X	
Wichita Falls									
000114 North Texas State Hospital		X	X	X	X	X	X	X	X
417000 United Regional Health Care System		Х		X		X		X	
681400 Kell West Regional Hospital		X		X		X		X	
685000 HEALTHSOUTH Rehab Hospital–Wichita Falls		Х		X		Х		X	
709001 Red River Hospital		X		X		X	X	X	
820002 Texas Specialty Hospital–Wichita Falls		X		X		x ^{OC}		X	
Winnie									
781400 Winnie Community Hospital		X		X		X		X	
Winnsboro									
446000 Texas Health Presbyterian Hospital— Winnsboro Last reports 1st quarter 2010		X	X						
446001 Mother Frances Hospital Winnsboro		х		X		X		X	
Winters									
151000 North Runnels Hospital		*		*		*		*	
Woodville									
569000 Tyler County Hospital		*		*		*		*	
Yoakum									
023000 Yoakum Community Hospital		x ^{OC}		x ^{OC}		x ^{OC}		x ^{OC}	
Total exempt hospitals		88		88		88		84	
Total exempt hospitals voluntarily reporting		3		3		3		0	
Total hospitals not in compliance. No data submitted		2		0		2		1	
Total hospitals with discharges reported by another hospital		32		31		30		31	
Total reporting		546		555		550		553	

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

C Closed, no data submitted.

C^N Closed, data not certified.

NC Certification comments not submitted to DSHS.

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

x Hospital submitted and certified data, submitted comments. x^{lv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.

 x^N Hospital elected not to certify data. x^{OC} Hospital did not certify data. Not in compliance for this quarter.

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

**** No discharges for this quarter.