TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CENTER FOR HEALTH STATISTICS

Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF)

Base Data File
Charges File

2006

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

First quarter, 514 hospitals:							
Base data	732,873	records	Fixed field format	1040	MB	Tab-delimited	430 MB
Charges	11,377,458	records	Fixed field format	890	MB	Tab-delimited	493 MB
Second quarter, 515 hospitals:							
Base data	717,374	records	Fixed field format	1019	MB	Tab-delimited	421 MB
Charges	11,088,535	records	Fixed field format	867	MB	Tab-delimited	479 MB
Third quarter, 521 hospitals:							
Base data	733,572	records	Fixed field format	1041	MB	Tab-delimited	430 MB
Charges	11,087,792	records	Fixed field format	868	MB	Tab-delimited	480 MB
Fourth quarter, 523 hospitals:							
Base data	733,369	records	Fixed field format	1041	MB	Tab-delimited	431 MB
Charges	11,439,364	records	Fixed field format	895	MB	Tab-delimited	496 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 EXTERNAL_CAUSE_OF_INJURY_10	Added 2004
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
HCFA_MDC	Added 2004
INBOUND_INDICATOR	Available 2004 only
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004

DATA PROCESSING AND QUALITY

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

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

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

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

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify

an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

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

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

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

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

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

DATA LIMITATIONS

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

- The THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including ‘unknown’. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including ‘unknown’.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is ‘newborn’. Data users can use ICD-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals’ collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly 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 case-mix 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 discharge. *yyyy*Q*n*.		
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 than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 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:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.		
Beginning Position:	13	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 4:	**FAC_TEACHING_IND**		
Description:	Teaching Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Teaching Hospitals X Other teaching facility		
Beginning Position:	68	**Data Source:**	Provider

Length:	1	**Type:**	Alphanumeric
Field 5:	**FAC_PSYCH_IND**		
Description:	Psychiatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	69	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 6:	**FAC_REHAB_IND**		
Description:	Rehabilitation Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	70	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 7:	**FAC_ACUTE_CARE_IND**		
Description:	Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '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 provided by the hospital.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	72	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 9:	**FAC_LONG_TERM_AC_IND**		
Description:	Long Term Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	73	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 10:	**FAC_OTHER_LTC_IND**		
Description:	Other Long Term Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	74	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 11:	**FAC_PEDS_IND**		
Description:	Pediatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children		
Beginning Position:	75	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 12:	**SPEC_UNIT**		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.		
Coding Scheme:	C Coronary Care Unit D Detoxification Unit I Intensive Care Unit H Hospice Unit N Nursery B Obstetric Unit O Oncology Unit P Pediatric Unit Y Psychiatric Unit R Rehabilitation Unit U Sub-acute Care Unit S Skilled Nursing Unit Blank Acute Care		
Beginning Position:	76	**Data Source:**	Calculated
Length:	5	**Type:**	Alphanumeric
Field 12a:	**SPEC_UNIT_1 (fixed length file only)**		
Description:	Specialty Unit in which most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as Field 12.		
Beginning Position:	76	**Data Source:**	Calculated

Length:	1	**Type:**	Alphanumeric
Field 12b:	**SPEC_UNIT_2 (fixed length file only)**		
Description:	Specialty Unit in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as Field 12.		
Beginning Position:	77	**Data Source:**	
Length:	1	**Type:**	Alphanumeric
Field 12c:	**SPEC_UNIT_3 (fixed length file only)**		
Description:	Specialty Unit in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as Field 12.		
Beginning Position:	78	**Data Source:**	
Length:	1	**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.		
Coding Scheme:	Same as Field 12.		
Beginning Position:	79	**Data Source:**	
Length:	1	**Type:**	Alphanumeric
Field 12e:	**SPEC_UNIT_5 (fixed length file only)**		
Description:	Specialty Unit in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as Field 12.		
Beginning Position:	80	**Data Source:**	
Length:	1	**Type:**	Alphanumeric
Field 13:	**ENCOUNTER_INDICATOR**		
Description:	Indicates the number of claims used to create the encounter		
Beginning Position:	81	**Data Source:**	Calculated
Length:	2	**Type:**	Alphanumeric
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.		
Coding Scheme:	M Male F Female U Unknown * Invalid		
Beginning Position:	83	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 15:	**TYPE_OF_ADMISSION**		
Description:	Code indicating the type of admission		
Coding Scheme:	1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not available * Invalid		
Beginning Position:	84	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 16:	**SOURCE_OF_ADMISSION**		
Description:	Code indicating source of the admission.		
Suppression:	If Type of Admission is 'Newborn', Code 4, SOURCE_OF_ADMISSION is suppressed.		
Coding Scheme:	1 Physician referral 2 Clinic referral 3 HMO referral 4 Transfer from a hospital		

	5	Transfer from a skilled nursing facility	
	6	Transfer from another health care facility	
	7	Emergency Room	
	8	Court/Law Enforcement	
	9	Information not available	
	0	Transfer from psychiatric, substance abuse, rehab hospital	
	A	Transfer from a critical access hospital	
	D	Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Payer, effective 4-1-2006	
	*	Invalid	
Beginning Position:	85	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 17: **PAT_STATE**

Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.

Coding Scheme:

AR	Arkansas
LA	Louisiana
NM	New Mexico
OK	Oklahoma
TX	Texas
ZZ	All other states and 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 blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-9-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.

Beginning Position:	88	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 19: **PAT_COUNTRY**

Description: Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).

Suppression: Suppressed if fewer than 5 patients from one country.

Coding scheme: See *www.ISO.org* for complete list.

Beginning Position:	93	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 20: **COUNTY**

Description: FIPS code of patient's county.

Coding scheme:

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell

043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
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

Beginning Position: 95 **Data Source:** Assigned; based on patient ZIP code
Length: 3 **Type:** Alphanumeric

Field 21: **PUBLIC_HEALTH_REGION**

Description: Public Health Region of patient's address.

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

2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties

3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties

5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties

10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties	
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 week patient is admitted
Coding Scheme:

1	Monday	5	Friday
2	Tuesday	6	Saturday
3	Wednesday	7	Sunday
4	Thursday	*	Invalid

Beginning Position: 100 **Data Source:** Assigned
Length: 1 **Type:** Alphanumeric

Field 23: **LENGTH_OF_STAY**
Description: Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.
Beginning Position: 101 **Data Source:** Calculated
Length: 4 **Type:** Alphanumeric

Field 24: **PAT_AGE**
Description: Code indicating age of patient in days or years on date of discharge.
Coding Scheme:

00	1-28 days	10	35-39	20	85-89
01	29-365 days	11	40-44	21	90+
02	1-4 years	12	45-49	*HIV 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: 105 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 25: **PAT_STATUS**
Description: Code indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:

1	Discharged to home or self-care (routine discharge)
2	Discharged to other short term general hospital
3	Discharged to skilled nursing facility
4	Discharged to intermediate care facility
5	Discharged to another type of health care facility not elsewhere listed
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's race.

Suppression: If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

Coding Scheme:

1	American Indian/Eskimo/Aleut
2	Asian or Pacific Islander
3	Black
4	White
5	Other
*	Invalid

Beginning Position:	109	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 27: **ETHNICITY**

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

Coding Scheme:

1	Hispanic Origin
2	Not of Hispanic Origin
*	Invalid

Beginning Position:	110	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 28: **FIRST_PAYMENT_SRC**

Description: Code indicating the expected primary source of payment.

Coding Scheme:

09	Self Pay	HM	Health Maintenance Organization
10	Central Certification	LI	Liability
11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
AM	Automobile Medical	VA	Veteran Administration Plan
BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance	**	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_PAYMENT_SRC**

Description: Code indicating the expected secondary source of payment.

Coding Scheme: Same as field 28, FIRST_PAYMENT_SRC

Beginning Position:	113	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 30: **TYPE_OF_BILL**

Description: Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.

Coding Scheme:

1st digis–Type of Facility		*2nd digit–Type of Care*		*3rd digis–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Beginning Position:	115	**Data Source:**	Claim

Length:	3	**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:	118	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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:	142	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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??		
Beginning Position:	190	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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	**Type:**	Numeric
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:	214	**Data Source:**	Calculated
Length:	12	**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:	226	**Data Source:**	Calculated
Length:	12	**Type:**	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:	238	**Data Source:**	Calculated
Length:	12	**Type:**	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:	262	**Data Source:**	Calculated
Length:	12	**Type:**	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:	274	**Data Source:**	Calculated
Length:	12	**Type:**	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:	286	**Data Source:**	Calculated
Length:	12	**Type:**	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:	298	**Data Source:**	Calculated
Length:	12	**Type:**	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.		
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:	334	**Data Source:**	Calculated
Length:	12	**Type:**	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.		

Beginning Position:	346	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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
Length:	12	**Type:**	Numeric
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.		
Beginning Position:	370	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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:	382	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
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	**Type:**	Numeric
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:	418	**Data Source:**	Calculated
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:	12	**Type:**	Numeric
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.		
Beginning Position:	442	**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.		
Beginning Position:	454	**Data Source:**	Calculated
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:	466	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 61:	**TOTAL_CHARGES**

Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered 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:	502	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

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	**Type:**	Numeric

Field 66:	**TOTAL_NON_COV_CHARGES_ANCIL**

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:	6	**Type:**	Alphanumeric

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:	556	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	6	**Type:**	Alphanumeric

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:	6	**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:	580	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	586	**Data Source:**	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.

Beginning Position:	592	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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

Field 76: **OTH_DIAG_CODE_8**

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

Beginning Position:	604	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	610	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 78: **OTH_DIAG_CODE_10**

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:	6	**Type:**	Alphanumeric

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:	6	**Type:**	Alphanumeric

Field 80: **OTH_DIAG_CODE_12**

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:	6	**Type:**	Alphanumeric

Field 81: **OTH_DIAG_CODE_13**

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:	6	**Type:**	Alphanumeric

Field 82: **OTH_DIAG_CODE_14**

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:	646	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	652	**Data Source:**	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.

Beginning Position:	658	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	664	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 87: **OTH_DIAG_CODE_19**

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:	6	**Type:**	Alphanumeric

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.

Beginning Position:	676	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 89: **OTH_DIAG_CODE_21**

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

Beginning Position:	682	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

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:	6	**Type:**	Alphanumeric

Field 91: **OTH_DIAG_CODE_23**

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:	6	**Type:**	Alphanumeric

Field 92: **OTH_DIAG_CODE_24**

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

Beginning Position:	700	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 93: **PRINC_SURG_PROC_CODE**

Code for the principal surgical or obstetrical 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 procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	713	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 95:	**PRINC_ICD9_CODE** ICD-9-CM diagnosis code for principal surgical procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	717	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 96:	**OTH_SURG_PROC_CODE_1** Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	722	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 97:	**OTH_SURG_PROC_DAY_1** Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	729	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 98:	**OTH_ICD9_CODE_1** ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	733	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 99:	**OTH_SURG_PROC_CODE_2** Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	738	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 100:	**OTH_SURG_PROC_DAY_2** Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	745	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 101:	**OTH_ICD9_CODE_2** ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	749	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 102:	**OTH_SURG_PROC_CODE_3** Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	754	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 103:	**OTH_SURG_PROC_DAY_3** Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	761	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 104:	**OTH_ICD9_CODE_3** ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		

Beginning Position:	765	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 105:	**OTH_SURG_PROC_CODE_4**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	770	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 106:	**OTH_SURG_PROC_DAY_4**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	777	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 107:	**OTH_ICD9_CODE_4**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	781	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 108:	**OTH_SURG_PROC_CODE_5**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	786	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 109:	**OTH_SURG_PROC_DAY_5**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	793	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 110:	**OTH_ICD9_CODE_5**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	797	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 111:	**OTH_SURG_PROC_CODE_6**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	802	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 112:	**OTH_SURG_PROC_DAY_6**		
	Day of other surgical or obstetrical 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 diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	813	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 114:	**OTH_SURG_PROC_CODE_7**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	818	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 115:	**OTH_SURG_PROC_DAY_7**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	825	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 116:	**OTH_ICD9_CODE_7**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	829	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 117:	**OTH_SURG_PROC_CODE_8**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	834	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 118:	**OTH_SURG_PROC_DAY_8**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	841	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 119:	**OTH_ICD9_CODE_8**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	845	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 120:	**OTH_SURG_PROC_CODE_9**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the 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 obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	857	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 122:	**OTH_ICD9_CODE_9**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	861	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 123:	**OTH_SURG_PROC_CODE_10**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	866	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 124:	**OTH_SURG_PROC_DAY_10**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	873	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 125:	**OTH_ICD9_CODE_10**		

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	877	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 126: **OTH_SURG_PROC_CODE_11**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	882	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 127: **OTH_SURG_PROC_DAY_11**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	889	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 128: **OTH_ICD9_CODE_11**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

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

Field 129: **OTH_SURG_PROC_CODE_12**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

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

Field 130: **OTH_SURG_PROC_DAY_12**

Day of other surgical or obstetrical 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 diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	909	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 132: **OTH_SURG_PROC_CODE_13**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	914	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 133: **OTH_SURG_PROC_DAY_13**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	921	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 134: **OTH_ICD9_CODE_13**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

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

Field 135: **OTH_SURG_PROC_CODE_14**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	930	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 136: **OTH_SURG_PROC_DAY_14**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	937	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 137: **OTH_ICD9_CODE_14**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	941	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 138: **OTH_SURG_PROC_CODE_15**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	946	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 139: **OTH_SURG_PROC_DAY_15**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	953	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 140: **OTH_ICD9_CODE_15**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	957	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 141: **OTH_SURG_PROC_CODE_16**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	962	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 142: **OTH_SURG_PROC_DAY_16**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	969	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 143: **OTH_ICD9_CODE_16**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	973	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 144: **OTH_SURG_PROC_CODE_17**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	978	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 145: **OTH_SURG_PROC_DAY_17**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	985	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 146:	**OTH_ICD9_CODE_17**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	989	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 147:	**OTH_SURG_PROC_CODE_18**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	994	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 148:	**OTH_SURG_PROC_DAY_18**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1001	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 149:	**OTH_ICD9_CODE_18**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1005	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 150:	**OTH_SURG_PROC_CODE_19**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1010	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 151:	**OTH_SURG_PROC_DAY_19**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1017	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 152:	**OTH_ICD9_CODE_19**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1021	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 153:	**OTH_SURG_PROC_CODE_20**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1026	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 154:	**OTH_SURG_PROC_DAY_20**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1033	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 155:	**OTH_ICD9_CODE_20**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1037	**Data Source:**	Assigned

Length:	5	**Type:**	Alphanumeric
Field 156:	**OTH_SURG_PROC_CODE_21**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1042	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 157:	**OTH_SURG_PROC_DAY_21**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1049	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 158:	**OTH_ICD9_CODE_21**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1053	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 159:	**OTH_SURG_PROC_CODE_22**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1058	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 160:	**OTH_SURG_PROC_DAY_22**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1065	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 161:	**OTH_ICD9_CODE_22**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1069	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 162:	**OTH_SURG_PROC_CODE_23**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1074	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 163:	**OTH_SURG_PROC_DAY_23**		
	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1081	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 164:	**OTH_ICD9_CODE_23**		
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	1085	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 165:	**OTH_SURG_PROC_CODE_24**		
	Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	1090	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 166:	**OTH_SURG_PROC_DAY_24**		

	Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	1097	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 167:	**OTH_ICD9_CODE_24** ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the 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	**Type:**	Alphanumeric
Field 168:	**E_CODE_1** 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:	5	**Type:**	Alphanumeric
Field 170:	**E_CODE_3** 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:	1118	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 171:	**E_CODE_4** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	1124	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 172:	**E_CODE_5** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	1130	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 173:	**E_CODE_6** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	1136	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 174:	**E_CODE_7** 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:	1142	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 175:	**E_CODE_8** ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	1148	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 176:	**E_CODE_9** 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:	1154	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 177: **E_CODE_10**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position: 1160 **Data Source:** Claim

Length: 5 **Type:** Alphanumeric

Field 178: **CONDITION_CODE_1**

Code describing a condition relating to the claim.

Coding Scheme:

1	Military service related	49	Product replacement within product lifecycle
		70	Self-Administered Anemia Management Drug
2	Condition is employment related	76	Back-up in facility dialysis
3	Patient covered by insurance not reflected here	77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
4	Information only bill.	78	New coverage not implemented by HMO
4	Patient is HMO enrollee	79	CORF services provided offsite
5	Lien has been filed	80	Home dialysis - nursing facility
6	ESRD patient in first 18 months of entitlement covered by EGHP	A0	CHAMPUS external partnership program
7	Treatment of non-terminal condition for hospice patient	A1	EPSDT/CHAP
8	Beneficiary would not provide information concerning other insurance coverage	A2	Physically handicapped children's program
9	Neither patient or spouse is employed	A3	Special Federal Funding
10	Patient and/or spouse is employed but no EGHP exists	A4	Family planning
11	Disabled beneficiary but no LGHP coverage exists	A5	Disability
17	Patient is homeless	A6	Vaccines/Medicare 100% payment
18	Maiden name retained	A7	Induced abortion - danger to life
19	Child retains mother's name	A8	Induced abortion - victim rape/incest
20	Beneficiary requested billing	A9	Second opinion surgery
21	Billing for denial notice	AA	Abortion performed due to rape
22	Patient on multiple drug regimen	AB	Abortion performed due to incest
23	Home care giver available	AC	Abortion performed due to serious fatal 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	B0	Medicare coordinated care demonstration claim
38	Semi-private room not available	B1	Beneficiary is ineligible for demonstration program
39	Private room medically necessary	B2	Critical access hospital ambulance attestation
40	Same day transfer	B3	Pregnancy indicator
41	Partial hospitalization	B4	Admission unrelated to discharge on same day
42	Continuing care not related to inpatient admission	C1	Approved as billed

C2	Automatic approval as billed based on focused review	75	Home - 100% reimbursement
43	Continuing care not provided within prescribed postdischarge window	C3	Partial approval
44	Inpatient admission changed to outpatient	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
55	SNF bed not available	D0	Changes to Service Dates
56	Medical appropriateness	D1	Changes to Charges
57	SNF readmission	D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
58	Terminated Medicare+Choice organization enrollee	D3	Second or Subsequent Interim PPS Bill
59	Non-primary ESRD facility	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
60	Day outlier	D5	Cancel to correct HICN or Provider ID
61	Cost outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
66	Provider does not wish cost outlier payment	D7	Change to Make Medicare the Secondary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D8	Change to Make Medicare the Primary Payer
68	Beneficiary elects to use life time reserve (LTR) days	D9	Any Other Change
69	IME payment only bill.	DR	Katrina disaster related
69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
69	IME/DGME/N&AH Payment Only	G0	Distinct Medical Visit
70	Self-administered anemia management drug	H0	Delayed Filing, Statement of Intent Submitted
71	Full care in unit	M0	All inclusive rate for outpatient services
72	Self care in unit	M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
73	Self care training	M2	HHA payment significantly exceeds total charges
74	Home	P1	Do not Resuscitate Order (DNR)
		WO	United Mine Workers of America (UMWA) Demonstration Indicator

Beginning Position: 1166 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 179: **CONDITION_CODE_2**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field 178.
Beginning Position: 1168 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 180: **CONDITION_CODE_3**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field 178.
Beginning Position: 1170 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 181: **CONDITION_CODE_4**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field 178.
Beginning Position: 1174 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 182: **CONDITION_CODE_5**
Code describing a condition relating to the claim.
Coding Scheme: Same as Field 178.
Beginning Position: 1176 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 183: **CONDITION_CODE_6**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 178.

Beginning Position: 1178 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 184: **CONDITION_CODE_7**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 178.

Beginning Position: 1180 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 185: **CONDITION_CODE_8**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 178.

Beginning Position: 1182 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 186: **OCCUR_CODE_1**

Code describing a significant event relating to the claim.

Coding Scheme:

1	Auto accident	40	Scheduled date of admission
2	No Fault Insurance Involved - Including Auto Accident/Other	41	Date of first test of pre-admission testing
3	Accident/ Tort Liability	42	Date of discharge (hospice only)
4	Accident/ Employment Related	43	Scheduled date of canceled surgery
5	Other accident	44	Date treatment started - OT
6	Crime Victim	45	Date treatment started - ST
9	Start of Infertility Treatment Cycle	46	Date treatment started - Cardiac rehabiliation
10	Last Menstrual Period	47	Date cost outlier status begins
11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A
12	Date of Onset for a Chronically Dependent Individual	A2	Effective Date - Insured A Policy
16	Date of Last Therapy	A3	Payer A benefits exhausted
17	Date Outpatient OT Plan Established or Last Reviewed	A4	Split Bill Date
18	Date of Retirement - Patient/Beneficiary	B1	Birthdate - Insured B
19	Date of Retirement - Spouse	B2	Effective date - Insured B Policy
20	Date Guarantee of Payment Began	B3	Payer B benefits exhausted
21	Date UR Notice Received	C1	Birthdate - Insured C
22	Date Active Care Ended	C2	Effective date - Insured C Policy
24	Date Insurance Denied	C3	Payer C benefits exhausted
25	Date Benefits Terminated by Primary Payer	DR	Katrina disaster related
26	Date SNF Bed Became Available	E1	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	E3	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	Birthdate - Insured F
37	Date of inpatient hospital discharge for non-covered transplant patients	G2	Effective date - Insured F Policy
38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted
39	Date discharged on a continuous course if IV therapy		

Beginning Position: 1182 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 187: **OCCUR_DAY_1**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position: 1184 **Data Source:** Calculated

Length: 4 **Type:** Alphanumeric

Field 188: **OCCUR_CODE_2**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1188	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 189: **OCCUR_DAY_2**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1190	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 190: **OCCUR_CODE_3**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1194	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 191: **OCCUR_DAY_3**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1196	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 192: **OCCUR_CODE_4**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1200	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 193: **OCCUR_DAY_4**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1202	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 194: **OCCUR_CODE_5**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1206	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 195: **OCCUR_DAY_5**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1208	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 196: **OCCUR_CODE_6**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1212	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 197: **OCCUR_DAY_6**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1214	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 198: **OCCUR_CODE_7**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	1218	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 199: **OCCUR_DAY_7**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	1220	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

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: 2 **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: 4 **Type:** Alphanumeric

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: 4 **Type:** Alphanumeric

Field 204: **OCCUR_CODE_10**

Code describing a significant event relating to the claim.

Coding Scheme: Same as Field 186.

Beginning Position: 1236 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 205: **OCCUR_DAY_10**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position: 1238 **Data Source:** Calculated

Length: 4 **Type:** Alphanumeric

Field 206: **OCCUR_CODE_11**

Code describing a significant event relating to the claim.

Coding Scheme: Same as Field 186.

Beginning Position: 1242 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 207: **OCCUR_DAY_11**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position: 1244 **Data Source:** Calculated

Length: 4 **Type:** Alphanumeric

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: 2 **Type:** Alphanumeric

Field 209: **OCCUR_DAY_12**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position: 1250 **Data Source:** Calculated

Length: 4 **Type:** Alphanumeric

Field 210: **OCCUR_SPAN_CODE_1**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme:

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	79	Payer use codes
72	First/Last Visit	DR	Katrina disaster related
73	Benefit eligibility period	M0	PRO/UR approved stay dates
74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
75	SNF level of care	M2	Inpatient respite dates
76	Patient Liability Period	M3	ICF level of care
77	Provider Liability - Utilization Charged	M4	Residential level of care

Beginning Position: 1254 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 211: **OCCUR_SPAN_FROM_1**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1256	**Data Source:**	Calculated
Length:	6	**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:	6	**Type:**	Alphanumeric

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:	2	**Type:**	Alphanumeric

Field 214: **OCCUR_SPAN_FROM_2**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1270	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 215: **OCCUR_SPAN_THRU_2**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1276	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 216: **OCCUR_SPAN_CODE_3**

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:	2	**Type:**	Alphanumeric

Field 217: **OCCUR_SPAN_FROM_3**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1284	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 218: **OCCUR_SPAN_THRU_3**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1290	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 219: **OCCUR_SPAN_CODE_4**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme:	Same as Field 210.		
Beginning Position:	1296	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 220: **OCCUR_SPAN_FROM_4**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1298	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 221: **OCCUR_SPAN_THRU_4**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	1304	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 222: **VALUE_CODE_1**

Code describing information that may affect payer processing.

Coding Scheme:

1	Most common semi-private rate	66	Medicaid spenddown amount
2	Hospital has no semi-private rooms	67	Peritoneal dialysis
4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance

10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable 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 - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical eduction) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical eduction) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical eduction) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	DR	Katrina disaster related
42	VA	E1	Deductible Payer D
43	Disabled beneficiary under age 65 with LGHP	E2	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E3	Coinsurance Payer D
45	Accident hour	E7	Co-payment payer D
46	Number of grace days	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
47	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	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
53	Cardiac rehab visits	FB	Other assessments or allowances (e.g. medical education) - payer E
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G1	Deductible Payer F

56	Skilled nurse - home visit hours	G2	Coinsurance Payer F
57	Home health aide - home visit hours	G3	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	GB	Other assessments or allowances (e.g. medical education) - payer F
61	Location where service is furnished (HHA and hospice)	P1	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:** Alphanumeric

Field 223: **VALUE_AMOUNT_1**
Dollar amount that may be affected.
Beginning Position: 1312 **Data Source:** Claim
Length: 9 **Type:** Alphanumeric

Field 224: **VALUE_CODE_2**
Code describing information that may affect payer processing.
Coding Scheme: Same as Field 222.
Beginning Position: 1321 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 225: **VALUE_AMOUNT_2**
Dollar amount that may be 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 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 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 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 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 affected.		
Beginning Position:	1433	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 246:	**HCFA-MDC**		
	Major Diagnostic Category (MDC) as assigned by Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries. First available 2004.		
Beginning Position:	1442	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 247:	**APR-MDC**		
	Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper, version 20.		
Beginning Position:	1444	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 248:	**HCFA-DRG**		
	Health Care Financing Administration (HCFA) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries.		
Beginning Position:	1446	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 249:	**APR-DRG**		
	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-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 20. Indicates the likelihood of dying.		
Coding Scheme:	1 Minor 2 Moderate 3 Major 4 Extreme		
Beginning Position:	1452	**Data Source:**	Assigned
Length:	1	**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 20. Indicates the extent of physiologic decompensation.		
Coding Scheme:	1 Minor 2 Moderate 3 Major 4 Extreme		
Beginning Position:	1453	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
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.		
Beginning Position:	1454	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric

Field 253:	**OPERATING_PHYSICIAN_UNIF_ID**		
	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched		
Beginning Position:	1464	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 254:	**CERT_STATUS**		
	Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified		
Beginning Position:	1474	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 255:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002.		
Beginning Position:	1475	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

References:

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

CHARGES DATA FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

Field 2:	**REVENUE_CODE**			
Description:	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.			
Coding Scheme:	100	All-inclusive room charges plus ancillary	516	Clinic - urgent care
	101	All-inclusive room charges	517	Clinic - family practice
	110	Room charges for private rooms - general	519	Clinic - other
	111	Room charges for private rooms - medical/surgical/GYN	520	Freestanding Clinic - general
	112	Room charges for private rooms - obstetrics	521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	113	Room charges for private rooms - pediatric	522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	114	Room charges for private rooms - psychiatric	523	Freestanding Clinic - family practice
	115	Room charges for private rooms - hospice	524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
	116	Room charges for private rooms - detoxification	525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
	117	Room charges for private rooms - oncology	526	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 Shortage Area
	119	Room charges for private rooms - other	528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	120	Room charges for semi-private rooms - general	529	Freestanding Clinic - other
	121	Room charges for semi-private rooms - medical/surgical/GYN	530	Osteopathic service - general
	122	Room charges for semi-private rooms - obstetrics	531	Osteopathic service - therapy
	123	Room charges for semi-private rooms - pediatric	539	Osteopathic service - other
	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 - detoxification	542	Ambulance service - medical transport
	127	Room charges for semi-private rooms - oncology	543	Ambulance service - heart mobile
	128	Room charges for semi-private rooms - rehabilitation	544	Ambulance service - oxygen
	129	Room charges for semi-private rooms - other	545	Ambulance service - air ambulance
	130	Room charges for semi-private - 3/4 beds - rooms - general	546	Ambulance service - neonatal
	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 - rooms - obstetrics	548	Ambulance service - telephone transmission 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 - rooms - psychiatric	550	Skilled nursing - general
	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 - rooms - detoxification	552	Skilled nursing - hourly charge
	137	Room charges for semi-private - 3/4 beds - rooms - oncology	559	Skilled nursing - other

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 - general	562	Medical social services - hourly charge
141	Room charges for private (deluxe) rooms - medical/surgical/GYN	569	Medical social services - other
142	Room charges for private (deluxe) rooms - obstetrics	570	Home health aide - general
143	Room charges for private (deluxe) rooms - pediatric	571	Home health aide - visit charge
144	Room charges for private (deluxe) rooms - psychiatric	572	Home health aide - hourly charge
145	Room charges for private (deluxe) rooms - hospice	579	Home health aide - other
146	Room charges for private (deluxe) rooms - detoxification	580	Other visits (home health) - general
147	Room charges for private (deluxe) rooms - oncology	581	Other visits (home health) - visit charge
148	Room charges for private (deluxe) rooms - rehabilitation	582	Other visits (home health) - hourly charge
149	Room charges for private (deluxe) rooms - other	583	Other visits (home health) - assessment
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 - any reason	645	Home IV therapy services - training patient/caregiver, central line
185	Room charges for LOA - hospitalization	646	Home IV therapy services - traning, disabled patient, central line
189	Room charges for LOA - other	647	Home IV therapy services - training, patient/caregiver, peripheral
190	Room charges for subacute care - general	648	Home IV therapy services - training, disabled patient, peripheral
191	Room charges for subacute care - Level I (skilled care)	649	Home IV therapy services - other
192	Room charges for subacute care - Level II (comprehensive care)	650	Hospice services - general
193	Room charges for subacute care - Level III (complex care)	651	Hospice services - routine home care
194	Room charges for subacute care - Level IV (intensive care)	652	Hospice services - continuous home care
199	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 (nonrespite)
201	Room charges for intensive care - surgical	657	Hospice services - physician services
202	Room charges for intensive care - medical	658	Hospice services - room and board - nursing 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 transitional care)	722	Labor/Delivery Room services - delivery
234	Incremental nursing care - CCU (includes transitional care)	723	Labor/Delivery Room services - circumcision
235	Incremental nursing care - hospice	724	Labor/Delivery Room services - birthing center
239	Incremental nursing care - other	729	Labor/Delivery Room services - other
240	All-inclusive ancillary - general	730	EKG/ECG services - general
249	All-inclusive ancillary - other	731	EKG/ECG services - holter monitor
250	Pharmacy - general	732	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		
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 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	Lithotripsy services - general
271	Medical surgical supplies and devices - nonsterile	790	Extra-corporeal shockwave therapy - general
272	Medical surgical supplies and devices - sterile	799	Extra-corporeal shockwave therapy - other
273	Medical surgical supplies and devices - take-home	799	Lithotripsy services - other
274	Medical surgical supplies and devices - prosthetic/orthotic	800	Inpatient renal dialysis services - general
275	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 or other rate
300	Laboratory - general	825	Hemodialysis - outpatient or home - support 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 radiopharmaceuticals	913	Behavior health treatment/services - partial hospitalization - intensive
349	Nuclear medicine - other	914	Behavior health treatment/services - individual therapy
350	CT scan - general	915	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 rehabilitation
384	Blood - platelets	944	Other therapeutic services - drug rehabilitation
385	Blood - leukocytes	945	Other therapeutic services - alcohol rehabilitation
386	Blood - other components	946	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, storage and processing - general	960	Professional fees - general
391	Blood and blood component administration, storage and processing - administration	961	Professional fees - psychiatric
399	Blood and blood component administration, storage and processing - other	962	Professional fees - ophthalmology
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 mammography	970	Professional fees - general
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 therapy	975	Professional fees - operating room
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:** Alphanumeric

Field 3: **HCPCS_QUALIFIER**
Description:
Beginning Position: 17 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 4 **HCPCS_PROCEDURE_CODE**
Description: HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
Coding Scheme: See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.
Beginning Position: 19 **Data Source:** Claim
Length: 5 **Type:** Alphanumeric

Field 5: **MODIFIER_1**
Description: Identifies special circumstances related to the performance of the service
Coding Scheme:

0	No assessment completed	F2	Left hand, third digit
1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
3	Medicare 60 day assessment (full)	F5	Right hand, thumb
4	Medicare 90 day assessment (full)	F6	Right hand, second digit
7	Medicare 14 day assessment (comprehensive or full)	F7	Right hand, third digit
8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o	FA	Left hand, thumb
31	SCSA or OMRA/Medicare 5 day assessment (replacement)	G1	Most recent URR of less than 60%
32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
33	SCSA or OMRA/Medicare 60 day assessment (replacement)	G3	Most recent URR of 65% to 69.9%
34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
37	SCSA or OMRA/Medicare 14 day assessment (replacement)	G5	Most recent URR of 75% or greater
38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care.
43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circulflex coronary artery
44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure
48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services

50	Bilateral procedure	QN	Ambulance service furnished directly by a provider of services
52	Reduced services	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
53	Discontinued procedure	RC	Right coronary artery
54	Quarterly review assessment - Medicare 90 assessment (full)	RT	Right side of the body procedure
58	Staged or related procedure or service by the same physician during the postoperative period	T1	Left foot, second digit
59	Distinct procedural service	T2	Left foot, third digit
76	Repeat procedure by same physician	T3	Left foot, fourth digit
77	Repeat procedure by another physician	T4	Left foot, fifth digit
78	Return to the operating room for a related procedure during the postoperative period	T5	Right foot, great toe
79	Unrelated procedure of service by the same physician during the postoperative period	T6	Right foot, second digit
E1	Upper left eyelid	T7	Right foot, third digit
E2	Lower left eyelid	T8	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:** Alphanumeric

Field 6: **MODIFIER_2**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field 5
Beginning Position: 26 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 7: **MODIFIER_3**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field 5
Beginning Position: 28 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 8: **MODIFIER_4**
Description: Identifies special circumstances related to the performance of the service.
Coding Scheme: Same as Field 5
Beginning Position: 30 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 9: **UNIT_MEASUREMENT_CODE**
Description: Code specifying the units in which a value is being expressed.
Coding Scheme:

DA	Days
F2	International unit
UN	Unit

Beginning Position: 32 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 10: **UNITS_OF_SERVICE**
Description: Numeric value of quantity
Beginning Position: 34 **Data Source:** Claim
Length: 7 **Type:** Numeric

Field 11: **UNIT_RATE**
Description: Rate per unit
Beginning Position: 41 **Data Source:** Claim
Length: 12 **Type:** Numeric

Field 12: **CHRGS_LINE_ITEM**
Description: Total amount of the charge
Beginning Position: 53 **Data Source:** Assigned
Length: 14 **Type:** Numeric

Field 13: **CHRGS_NON_COV**

Description:	Total non-covered amount of the charge		
Beginning Position:	67	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

Texas Hospital Inpatient Discharge
Public Use Data File

Base Data File
Charges Data File

Data Fields

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

Base Data File

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

33	WARD_AMOUNT	142	12	Numeric
34	ICU_AMOUNT	154	12	Numeric
35	CCU_AMOUNT	166	12	Numeric
36	OTHER_AMOUNT	178	12	Numeric
37	PHARM_AMOUNT	190	12	Numeric
38	MEDSURG_AMOUNT	202	12	Numeric
39	DME_AMOUNT	214	12	Numeric
40	USED_DME_AMOUNT	226	12	Numeric
41	PT_AMOUNT	238	12	Numeric
42	OT_AMOUNT	250	12	Numeric
43	SPEECH_AMOUNT	262	12	Numeric
44	IT_AMOUNT	274	12	Numeric
45	BLOOD_AMOUNT	286	12	Numeric
46	BLOOD_ADM_AMOUNT	298	12	Numeric
47	OR_AMOUNT	310	12	Numeric
48	LITH_AMOUNT	322	12	Numeric
49	CARD_AMOUNT	334	12	Numeric
50	ANES_AMOUNT	346	12	Numeric
51	LAB_AMOUNT	358	12	Numeric
52	RAD_AMOUNT	370	12	Numeric
53	MRI_AMOUNT	382	12	Numeric
54	OP_AMOUNT	394	12	Numeric
55	ER_AMOUNT	406	12	Numeric
56	AMBULANCE_AMOUNT	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_13	634	6	Alphanumeric
82	OTH_DIAG_CODE_14	640	6	Alphanumeric
83	OTH_DIAG_CODE_15	646	6	Alphanumeric
84	OTH_DIAG_CODE_16	652	6	Alphanumeric
85	OTH_DIAG_CODE_17	658	6	Alphanumeric

86	OTH_DIAG_CODE_18	664	6	Alphanumeric
87	OTH_DIAG_CODE_19	670	6	Alphanumeric
88	OTH_DIAG_CODE_20	676	6	Alphanumeric
89	OTH_DIAG_CODE_21	682	6	Alphanumeric
90	OTH_DIAG_CODE_22	688	6	Alphanumeric
91	OTH_DIAG_CODE_23	694	6	Alphanumeric
92	OTH_DIAG_CODE_24	700	6	Alphanumeric
93	PRINC_SURG_PROC_CODE	706	7	Alphanumeric
94	PRINC_SURG_PROC_DAY	713	4	Alphanumeric
95	PRINC_ICD9_CODE	717	5	Alphanumeric
96	OTH_SURG_PROC_CODE_1	722	7	Alphanumeric
97	OTH_SURG_PROC_DAY_1	729	4	Alphanumeric
98	OTH_ICD9_CODE_1	733	5	Alphanumeric
99	OTH_SURG_PROC_CODE_2	738	7	Alphanumeric
100	OTH_SURG_PROC_DAY_2	745	4	Alphanumeric
101	OTH_ICD9_CODE_2	749	5	Alphanumeric
102	OTH_SURG_PROC_CODE_3	754	7	Alphanumeric
103	OTH_SURG_PROC_DAY_3	761	4	Alphanumeric
104	OTH_ICD9_CODE_3	765	5	Alphanumeric
105	OTH_SURG_PROC_CODE_4	770	7	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_8	1148	6	Alphanumeric
176	E_CODE_9	1154	6	Alphanumeric
177	E_CODE_10	1160	6	Alphanumeric
178	CONDITION_CODE_1	1166	2	Alphanumeric
179	CONDITION_CODE_2	1168	2	Alphanumeric
180	CONDITION_CODE_3	1170	2	Alphanumeric
181	CONDITION_CODE_4	1172	2	Alphanumeric
182	CONDITION_CODE_5	1174	2	Alphanumeric
183	CONDITION_CODE_6	1176	2	Alphanumeric
184	CONDITION_CODE_7	1178	2	Alphanumeric
185	CONDITION_CODE_8	1180	2	Alphanumeric
186	OCCUR_CODE_1	1182	2	Alphanumeric
187	OCCUR_DAY_1	1184	4	Alphanumeric
188	OCCUR_CODE_2	1188	2	Alphanumeric
189	OCCUR_DAY_2	1190	4	Alphanumeric
190	OCCUR_CODE_3	1194	2	Alphanumeric
191	OCCUR_DAY_3	1196	4	Alphanumeric

192	OCCUR_CODE_4	1200	2	Alphanumeric
193	OCCUR_DAY_4	1202	4	Alphanumeric
194	OCCUR_CODE_5	1206	2	Alphanumeric
195	OCCUR_DAY_5	1208	4	Alphanumeric
196	OCCUR_CODE_6	1212	2	Alphanumeric
197	OCCUR_DAY_6	1214	4	Alphanumeric
198	OCCUR_CODE_7	1218	2	Alphanumeric
199	OCCUR_DAY_7	1220	4	Alphanumeric
200	OCCUR_CODE_8	1224	2	Alphanumeric
201	OCCUR_DAY_8	1226	4	Alphanumeric
202	OCCUR_CODE_9	1230	2	Alphanumeric
203	OCCUR_DAY_9	1232	4	Alphanumeric
204	OCCUR_CODE_10	1236	2	Alphanumeric
205	OCCUR_DAY_10	1238	4	Alphanumeric
206	OCCUR_CODE_11	1242	2	Alphanumeric
207	OCCUR_DAY_11	1244	4	Alphanumeric
208	OCCUR_CODE_12	1248	2	Alphanumeric
209	OCCUR_DAY_12	1250	4	Alphanumeric
210	OCCUR_SPAN_CODE_1	1254	2	Alphanumeric
211	OCCUR_SPAN_FROM_1	1256	6	Alphanumeric
212	OCCUR_SPAN_THRU_1	1262	6	Alphanumeric
213	OCCUR_SPAN_CODE_2	1268	2	Alphanumeric
214	OCCUR_SPAN_FROM_2	1270	6	Alphanumeric
215	OCCUR_SPAN_THRU_2	1276	6	Alphanumeric
216	OCCUR_SPAN_CODE_3	1282	2	Alphanumeric
217	OCCUR_SPAN_FROM_3	1284	6	Alphanumeric
218	OCCUR_SPAN_THRU_3	1290	6	Alphanumeric
219	OCCUR_SPAN_CODE_4	1296	2	Alphanumeric
220	OCCUR_SPAN_FROM_4	1298	6	Alphanumeric
221	OCCUR_SPAN_THRU_4	1304	6	Alphanumeric
222	VALUE_CODE_1	1310	2	Alphanumeric
223	VALUE_AMOUNT_1	1312	9	Alphanumeric
224	VALUE_CODE_2	1321	2	Alphanumeric
225	VALUE_AMOUNT_2	1323	9	Alphanumeric
226	VALUE_CODE_3	1332	2	Alphanumeric
227	VALUE_AMOUNT_3	1334	9	Alphanumeric
228	VALUE_CODE_4	1343	2	Alphanumeric
229	VALUE_AMOUNT_4	1345	9	Alphanumeric
230	VALUE_CODE_5	1354	2	Alphanumeric
231	VALUE_AMOUNT_5	1356	9	Alphanumeric
232	VALUE_CODE_6	1365	2	Alphanumeric
233	VALUE_AMOUNT_6	1367	9	Alphanumeric
234	VALUE_CODE_7	1376	2	Alphanumeric
235	VALUE_AMOUNT_7	1378	9	Alphanumeric
236	VALUE_CODE_8	1387	2	Alphanumeric
237	VALUE_AMOUNT_8	1389	9	Alphanumeric
238	VALUE_CODE_9	1398	2	Alphanumeric
239	VALUE_AMOUNT_9	1400	9	Alphanumeric
240	VALUE_CODE_10	1409	2	Alphanumeric
241	VALUE_AMOUNT_10	1411	9	Alphanumeric
242	VALUE_CODE_11	1420	2	Alphanumeric
243	VALUE_AMOUNT_11	1422	9	Alphanumeric
244	VALUE_CODE_12	1431	2	Alphanumeric

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

Charges Data File

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

Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2006

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

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
660000 HEALTHSOUTH Rehab Hospital– Arlington		x		x		x		x	
690000 Kindred Hospital–Tarrant County Arlington Campus		x	x	x	x	x[OC]		x	NC
765001 Millwood Hospital		x		x		x		x	
799001 USMD Hospital–Arlington		x		x		x		x	
831800 RehabCare Physical Rehab First reports 2nd quarter 2006				x		x		x	
Aspermont									
666000 Stonewall Memorial Hospital		*x[LV]		*x[LV]		*x[LV]		*x[LV]	
Athens									
374000 East Texas Medical Center–Athens		x		x		x		x	
Atlanta									
131000 Atlanta Memorial Hospital		*		*		*		*	
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 Brackenridge Hospital		x	x	x	x	x	x	x	NC
335001 Childrens Hospital of Austin		x	x	x	x	x	x	x	NC
497000 Seton Medical Center		x	x	x	x	x	x	x	NC
602000 South Austin Hospital		x	x	x	NC	x	NC	x	x
622001 Texas NeuroRehab Center		x		x		x		x	
649000 St Davids Rehab Center		x		x		x		x	
663000 HEALTHSOUTH Rehab Hospital–Austin		x		x		x		x	
700000 Cornerstone Hospital–Austin		x		x		x		x	
700001 Cornerstone Hospital–Austin–North Austin Medical Center		x[LV]		x		x[LV]		x[LV]	
700002 Cornerstone Hospital–Austin–St Davids Medical Center		x		x		x		x	
739001 Texas NeuroRehab Center		x[LV]		x[LV]		x[LV]		x[LV]	
770000 Daughters of Charity Seton Shoal Creek		x	x	x	x	x		x	
771000 St Davids Pavilion		x		x		x		x	
794000 HEALTHSOUTH Surgical Hospital–Austin		x		x		x		x	
797000 North Austin Medical Center Last reports 1st quarter 2006		x	x						
797500 Seton Southwest Hospital		x	x	x	x	x	x	x	NC
797600 Seton Northwest Hospital		x	x	x	x	x	x	x	NC
798000 Cornerstone Hospital of Central Texas		x		x		x		x[LV]	
798500 Austin Surgical Hospital		x		x		x		x	
822800 Westlake Medical Center		x		x		x		x	
829000 Heart Hospital–Austin		x		x		x		x	
828100 Cornerstone Hospital Central Texas–South Austin Hospital First reports 1st quarter 2006		x		x[LV]		x[LV]		x[LV]	
829900 North Austin Medical Center First reports 2nd quarter 2006				x	NC	x	NC	x	NC
Azle									
469000 Harris Methodist–Northwest		x	x	x	x	x	x	x	x
Ballinger									
234000 Ballinger Memorial Hospital District		*x		*x		*x		*x	
Bastrop									
831400 Lakeside Hospital Bastrop First reports 1st quarter 2006		x		x		x		xN	
Bay City									
006000 Matagorda General Hospital		x	x	x	x	x	x	x	x

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
006001 Matagorda General Hospital		x	x	x	x	x	x	x	x
Baytown									
405000 San Jacinto Methodist Hospital		x		x		x		x	
405002 San Jacinto Methodist Hospital–Alexander Campus	405000								
720401 Triumph Hospital–Baytown		x		x		x		x	
Beaumont									
389000 Memorial Hermann Baptist Beaumont Hospital		x		x		x		x	
389002 Fannin Behavioral Health Center	389000								
444001 CHRISTUS Hospital		x		x		x		x	
671000 HEALTHSOUTH Rehab Hospital–Beaumont		x		x		x		x	
708000 Dubuis Hospital–Beaumont		x	x	x	x	x	x	x	x
826500 Beaumont Bone & Joint Institute First reports 1st quarter 2006		x[LV]		x[LV]		x[LV]		x[LV]	
Bedford									
182000 Harris Methodist HEB		x	x	x	x	x	x	x	x
182001 Harris Methodist HEB	182000								
778000 Harris Methodist–Springwood		x	x	x	x	x	x	x	x
Beeville									
429001 CHRISTUS Spohn Hospital–Beeville		x	NC	x		x		x	
Bellaire									
831900 Foundation Surgical Hospital First reports 2nd quarter 2006				x		x		x	
840100 First Street Hospital First reports 4th quarter 2006								x	
Bellville									
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		*		*		*		*	
Bowie									
440000 Bowie Memorial Hospital		*x		*x		*x	NC	*x	
Brady									
362000 Heart of Texas Memorial Hospital		*		*		*		*	
Breckenridge									
430000 Stephens Memorial Hospital		*		*		*		*	
Brenham									
066000 Trinity Community Medical Center–Brenham		*		*		*		*	
Brownfield									
078000 Brownfield Regional Medical Center		*x		*x[N]		*x		*x	
Brownsville									
019000 Valley Regional Medical Center		x		x		x		x	
314001 Valley Baptist Medical Center–Brownsville		x		x		x		x	
724900 Brownsville Doctors Hospital		x		x		x		x	
821100 South Texas Rehab Hospital		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Brownwood									
058000 Brownwood Regional Medical Center		x		x		x		x	
Bryan									
002001 St Joseph Regional Health Center		x	x	x	x	x	x	x	x
002002 St Joseph Regional Rehab Center	002001								
717500 The Physicians Centre		x	x	x	x	x[N]		x	
Burnet									
559000 Seton Highland Lakes		x	x	x	x	x	x	x	x
Caldwell									
679000 Burleson St Joseph Health Center– Caldwell		x	x	x	x	x	x	x	x
Cameron									
665000 Central Texas Hospital		x		x		x		x	
Canadian									
457000 Hemphill County Hospital		*		*		*		*	
Carrizo Springs									
156000 Dimmit County Memorial Hospital		*		*		*		*	
Carrollton									
042000 Trinity Medical Center		x	x	x	x	x	x	x	x
672001 Select Specialty Hospital–North Dallas		x		x		x		x	
835100 Regency Hospital North Dallas First reports 2nd quarter 2006				x[LV]		x[LV]		x	
Carthage									
484000 East Texas Medical Center–Carthage		x		x		x		x	
Center									
423001 Shelby Regional Medical Center		x		x		x		x	
Channelview									
720400 Triumph Hospital–East Houston		x		x		x		x	
Childress									
026000 Childress Regional Medical Center		*		*		*		*	
Chillicothe									
523000 Chillicothe Hospital		*		*		*		*	
Clarksville									
292000 East Texas Medical Center–Clarksville		x		x		x		x	
Cleburne									
323000 Walls Regional Hospital		x	x	x	x	x	x	x	x
Cleveland									
108000 Cleveland Regional Medical Center		x		x		x	x	x	
840400 Doctors Diagnostic Hospital First reports 4th quarter 2006								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		*x		*x		*x	
Columbus									
014000 Columbus Community Hospital		*		*		*		*	
Comanche									
495001 Comanche County Medical Center		x		x		x		x	
Commerce									
087000 Presbyterian Hospital–Commerce		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Conroe									
508001 Conroe Regional Medical Center		x		x		x		x	
695000 HEALTHSOUTH Rehab Hospital–North Houston		x		x		x		x	
794700 Select Specialty Hospital–Conroe		x		x		x		x	
Corpus Christi									
398000 CHRISTUS Spohn Hospital Corpus Christi		x		x		x	NC	x	
398001 CHRISTUS Spohn Hospital Corpus Christi–Shoreline		x		x		x	NC	x	
398002 CHRISTUS Spohn Hospital Corpus Christi–South		x		x		x		x	
488000 Driscoll Childrens Hospital		x		x		x		x	
699000 Corpus Christi Specialty Hospital		x		x		x		x	
703000 The Corpus Christi Medical Center–Bay Area		x	x	x	NC	x	x	x	x
703002 The Corpus Christi Medical Center–Doctors Regional		x	x	x	NC	x	x	x	x
703003 The Corpus Christi Medical Center–Heart Hospital		x	x	x	NC	x	x	x	x
704004 The Corpus Christi Medical Center–Northwest		***		***		***		***	
716500 Padre Behavioral Hospital		x		x		x		x	
797001 Dubuis Hospital–Corpus Christi		x		x	x	x	x	x	x
804100 Kindred Hospital–Corpus Christi		x		x		x		x	
Corsicana									
141000 Navarro Regional Hospital		x	x	x	x	x	x	x	x
Crane									
467000 Crane Memorial Hospital		*		*		*		*	
Crockett									
185000 East Texas Medical Center–Crockett		x		x		x		x	
Crosbyton									
176000 Crosbyton Clinic Hospital		*x		*x^{LV}		*x		*x	
Cuero									
074000 Cuero Community Hospital First reports 1st quarter 2006		*x		*x		*x		*x	
Dalhart									
262000 Coon Memorial Hospital & Home		*		*		*		*	
Dallas									
008001 Mary Shiels Hospital		x^{LV}		x^{LV}		x^{LV}		x^{LV}	
028000 Kindred Hospital–Dallas		x	x	x	x	x	NC	x	NC
028002 Kindred Hospital–Dallas Walnut Hill		x	x	x	x	x	NC	x	NC
054000 Texas Scottish Rite Hospital for Children		*		*		*		*	
142000 Methodist Charlton Medical Center		x	x	x	x	x	x	x	x
143000 Childrens Medical Center–Dallas		x		x		x		x	
255000 Methodist Dallas Medical Center		x	x	x	x	x	x	x	x
331000 Baylor University Medical Center		x	x	x	x	x	x	x	x
340000 Medical City Dallas Hospital		x		x		x		x	
431000 Presbyterian Hospital–Dallas		x	x	x	x	x	x	x	x
448001 UT Southwestern University Hospital–St Paul		x		x		x		x	
449000 RHD Memorial Medical Center		x	x	x	x	x	x	x	
474000 Parkland Memorial Hospital		x	x	x	NC	x	NC	x	NC
511000 Doctors Hospital		x		x		x		x	
586000 Baylor Specialty Hospital		x	x	x	x	x	x	x	x
635000 North Dallas Rehab Hospital Last reports 4th quarter 2006		C^{N}		C^{NLV}		C^{NLV}		C	

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

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Eagle Pass									
547001 Fort Duncan Medical Center		x	x	x	x	x		x	
Eastland									
222000 Eastland Memorial Hospital		*		*		*		*	
Eden									
202000 Concho County Hospital		*		*		*		*	
Edinburg									
140002 Edinburg Regional Medical Center		x		x		x		x	
140003 UHS Rehab Pavilion	140002								
716600 Cornerstone Rehab Hospital Last reports 2nd quarter 2006		C[N]		C[N LV]					
797100 Doctors Hospital–Renaissance		x		x		x		x	
821000 LifeCare Hospital–South Texas Last reports 2nd quarter 2006		x		x[LV]					
830000 Cornerstone Regional Hospital		x		x		x		x	
816301 Solara Hospital First reports 4th quarter 2006									
Edna									
017000 Jackson Healthcare Center		*		*		*		*	
El Campo									
426000 El Campo Memorial Hospital		x	x	x	x	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		x		x	
180001 Las Palmas Rehab Hospital	180000								
252001 Southwestern General Hospital		x		x		x		C[N]	
263000 R E Thomason General Hospital		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	
319001 Del Sol Rehab Hospital	319000								
638000 Sierra Providence Physical Rehab Hospital		x		x		x		x	
701000 Mesa Hills Specialty Hospital		x		x		x		x	
718002 Highlands Regional Rehab Hospital		x		x		x		x	
724001 NCED Mental Health Center Last reports 2nd quarter 2006		C[N]		C[N]					
727100 Triumph Hospital El Paso		x		x		x		x	
728200 El Paso Specialty Hospital		x		x		x		x	
801300 Physicians Hospital		x		x[N]		x		x	
841300 El Paso LTAC Hospital First reports 4th quarter 2006								***	
Eldorado									
136000 Schleicher County Medical Center		*		*		*		*	
Electra									
490000 Electra Memorial Hospital		x		x		x		x	
Ennis									
714500 Ennis Regional Medical Center		x		x		x		x	
Fairfield									
401000 East Texas Medical Center–Fairfield		x		x		x		x	
Floresville									
433000 Connally Memorial Medical Center		*x		*x	NC	*x	NC	*x	x
Fort Stockton									
356000 Pecos County Memorial Hospital		*		*		*		*	
Fort Worth									
047000 Huguley Memorial Medical Center		x	x	x	NC	x	x	x	x

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

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

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
206005 Select Specialty Hospital–Houston Medical Center		x		x		x		x	
229000 Houston Northwest Medical Center		x		x		x		x	
261000 Renaissance Hospital		x		x		x		x	
302000 Memorial Hermann Memorial City Hospital		x		x		x		x	
316001 Twelve Oaks Medical Center–River Oaks	316002								
316002 Twelve Oaks Medical Center		x		x		x		x	
337001 West Houston Medical Center		x	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		x		x	
421001 Spring Branch Rehab Center Last reports 3rd quarter 2006	421000								
458001 East Houston Regional Medical Center		x		x		x		x	
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 Hospital For Children		*		*		*		*	
606000 Cypress Fairbanks Medical Center		x		x		x		x	
626001 Memorial Hermann Continuing Care Hospital		x		x		x		x	
626002 Memorial Hermann Continuing Care Hospital–SW		x		x		x		x	
626003 Memorial Hermann Continuing Care Hospital–NW		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		x	
678000 Triumph Hospital Central Houston		x		x		x		x	
698003 Cornerstone Hospital Houston Westbury Last reports 2nd quarter 2006		x		x[LV]					
698005 Cornerstone Hospital Houston–Bellaire		***		x		x		x	
706000 Kindred Hospital		x		x		x		x	
712500 HealthBridge Childrens Hospital–Houston		x[LV]		x[LV]		x[LV]		x	
713400 Triumph Hospital–North Houston		x		x		x		x	
715001 Texas Specialty Hospital–Houston		x[OC]		x		x		x	
724700 Methodist Willowbrook Hospital		x		x		x		x	
744001 Cypress Creek Hospital		x		x		x		x	
755001 West Oaks Hospital		x		x		x		x	
758000 HEALTHSOUTH 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	NC	x	NC
782001 Intracare North Hospital		x		x		x		x	
792000 Texas Orthopedic Hospital		x[N]		x[N]		x[N]		x[N]	
792600 Triumph Hospital–Northwest		x		x		x		x	
792701 Triumph Hospital Town & Country First reports 1st quarter 2006		x		x		x		x	
794200 The Menninger Clinic		x		x		x		x	
807000 Dubuis Hospital–Houston		x[LV]	x	x	x	x[LV]	x	x[LV]	x
829800 Houston Town & Country Hospital Last reports 1st quarter 2007		x[OC]		x		C[N]		C	
830700 Innova Hospital Houston First reports 1st quarter 2006		x[LV]		x[LV]		x[LV]		x[LV]	

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

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Kingwood									
675000 Kingwood Medical Center		x		x		x		x	
813800 Kingwood Specialty Hospital		x		x		x		x[LV]	
818600 Kingwood Pines Hospital		x		x		x	NC	x	NC
Knox City									
568000 Knox County Hospital		*		*		*		*	
La Grange									
823400 St Marks Medical Center		*		*		*		*	
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	
Lancaster									
603002 Medical Center–Lancaster		x		x		x		x	
Laredo									
207001 Laredo Medical Center		x	x	x		x		x	x
301000 Doctors Hospital–Laredo		x		x		x		x	
804400 Providence Hospital		x		x		x		x	
836300 Laredo Specialty Hospital First reports 2nd quarter 2006				x[LV]		x[LV]		x[LV]	
League City									
718000 Devereux Texas Treatment Network		x[LV]	x	x[LV]	x	x[LV]		x[LV]	x
Levelland									
307000 Covenant Hospital–Levelland		x		x		x		x	
Lewisville									
394000 Medical Center–Lewisville		x	x	x	x	x	NC	x	NC
Liberty									
089001 Liberty-Dayton Hospital		x		x		x		x	
Linden									
822100 Good Shepherd Medical Center–Linden		x		x		x		x	
Littlefield									
217000 Lamb Healthcare Center		*		*		*		*	
Livingston									
466000 Memorial Medical Center–Livingston		x		x		x		x	
Llano									
476000 Llano Memorial Hospital		*x[N]		*x[N]		*x[N]		*x[N]	
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	
525001 Longview Regional Physical Rehab Last reports 1st quarter 2006	525000								
794600 Select Specialty Hospital–Longview		x		x		x		x	
829200 Acadia Hospital–Longview First reports 2nd quarter 2006				x		x		x	
Lubbock									
013001 Highland 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	x	x	x	x	x	x	x
686000 Covenant Childrens Hospital		x	x	x	x	x	NC	x	x

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
786001 Southwest Regional Specialty Hospital		x		x		x		x	
801500 Lubbock Heart Hospital		x	x	x	x	x	x	x	x
804000 Sunrise Canyon		x		x		x		x	
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^{LV}		x^{LV}		x^{LV}	
Luling									
184000 Warm Springs Specialty Hospital		x		x		x		x	
597000 Seton Edgar B Davis		x	x	x	x	x	NC	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	
Marlin									
517000 Falls Community Hospital & Clinic		*x		*x		*x		*x	
Marshall									
020000 Marshall Regional Medical Center		x		x		x		x	
McAllen									
601000 Rio Grande Regional Hospital		x		x		x		x	
802001 McAllen Medical Center		x		x		x		x	
802002 McAllen Medical Behavioral Health Center	802001								
802003 McAllen Medical Heart Hospital	802001								
816300 Solara Hospital		x		x		x		x	NC
821001 LifeCare Hospital of South Texas		x		x		x		x	
McCamey									
240000 McCamey Hospital		$*x^{LV}$		$*x^{LV}$		$*x^{LV}$		$*x^{LV}$	
McKinney									
246000 Medical Center–McKinney		x		x		x		x	
246001 Medical Center McKinney–Wysong Campus	246000								
Mesquite									
198000 The Medical Center Mesquite		x		x	NC	x		x	
315002 Mesquite Community Hospital		x		x		x		x	
840000 Mesquite Specialty Hospital First reports 4th quarter 2006								x^{LV}	
Mexia									
505000 Parkview Regional Hospital		x		x		x		x	
Midland									
452000 Midland Memorial Hospital		x		x		x		x	
452001 Memorial Rehab Hospital Last reports 2nd quarter 2006		C^{N}		x					
452002 Midland Memorial Hospital–West Campus	452000								
693000 HEALTHSOUTH Rehab Hospital–Midland/Odessa		x		x		x		x	
789900 Select Specialty Hospital–Midland		x		x		x		x	
781501 West Texas Medical Center Last reports 3rd quarter 2006		x^{LV}		x^{LV}		C^{N}			
832600 Desert Springs Medical Center First reports 1st quarter 2006		x^{LV}		x		x		x	
837600 RehabCare Group–Midland First reports 3rd quarter 2006						x		x	
Mineral Wells									
034000 Palo Pinto General Hospital		*x		*x		*x		*x	
Mission									
370000 Mission Hospital		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Missouri City									
609001 Memorial Hermann Fort Bend Hospital		x		x		x		x	
Monahans									
468000 Ward Memorial Hospital		*x		*x		*x		*x	
Morton									
159000 Cochran Memorial Hospital		*		*		*		*	
Mount Pleasant									
137000 Titus Regional Medical Center		*x		*x		*x		x	
Mount Vernon									
282000 East Texas Medical Center–Mount Vernon		x		x		x		x	
Muenster									
365000 Muenster Memorial Hospital First reports 1st quarter 2006		*x		*x		*x[LV]		*x[LV]	
Muleshoe									
631000 Muleshoe Area Medical Center		*		*		*		*	
Nacogdoches									
392000 Nacogdoches Medical Center		x		x		x		x	
478000 Nacogdoches Memorial Hospital		x		x	NC	x	x	x	NC
478001 Cecil R Bomar Rehab Center	478000								
Nassau Bay									
600001 CHRISTUS St John Hospital		x	x	x	x	x	x	x	NC
Navasota									
002000 St Joseph Regional Health Center Behavioral Health	002001								
728800 Grimes St Joseph Health Center		x	x	x	x	x	x	x	x
New Boston									
632001 Living Hope New Boston Medical Center Last reports 2nd quarter 2006		x[LV]		x[LV]					
New Braunfels									
415000 McKenna Memorial Hospital		x		x		x		x	
Nocona									
348000 Nocona General Hospital		*		*		*		*	
Odessa									
181000 Medical Center–Hospital		x		x		x		x	
425000 Odessa Regional Hospital		x		x		x		x	
791001 Regency Hospital–Odessa		x		x		x		x	
795500 Alliance Hospital		x		x		x		x	
797700 HEALTHSOUTH Rehab Hospital–Odessa		x		x		x		x	
Olney									
294000 Hamilton Hospital		*		*		*		*	
Orange									
121000 Memorial Hermann Baptist Orange Hospital		x		x		x		x	
812100 ContinueCare Hospital Southeast Texas		x[LV]		x[LV]		x[LV]		x[LV]	
Palacios									
574001 Palacios Community Medical Center		x[LV]		x[LV]		x[LV]		x[LV]	
Palestine									
377001 Palestine Regional Rehab Hospital		x[LV]		x[LV]		x[LV]		x[LV]	
629001 Palestine Regional Medical Center		x		x		x		x	
629002 Palestine Regional Medical Center Psych Services	629001								
Pampa									
832900 Pampa Regional Medical Center First reports 1st quarter 2006		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Paris									
095002 Paris Regional Medical Center South Campus		x	x	x	x	x		x	
095003 Paris Regional Medical Center North Campus		x	x	x	x	x		x	
787500 Dubuis Hospital–Paris		x	x	x	x	x[LV]	x	x[LV]	x
Pasadena									
349001 Bayshore Medical Center		x		x		x		x	
694100 Vista Medical Center Hospital		x	x	x	x	x	x	x	x
801000 Kindred Hospital		x	x	x	x	x	x	x	x
Pearsall									
441000 Frio Regional Hospital		*		*		*		*	
Pecos									
367000 Reeves County Hospital		*		*		*		*	
Perryton									
098000 Ochiltree General Hospital		*		*		*		*	
Pittsburg									
438000 East Texas Medical Center–Pittsburg		x		x		x		x	
Plainview									
146000 Covenant Hospital–Plainview		x	x	x	x	x	x	x	x
816001 Allegiance Behavioral Health Center–Plainview		x		x		x		x	
Plano									
214000 Medical Center–Plano		x	x	x	x	x	x	x	x
664000 Presbyterian Hospital–Plano		x	x	x	x	x	x	x	x
670000 HEALTHSOUTH Plano Rehab Hospital		x		x		x	x	x	NC
720000 Seay Behavioral Health Center		x	x	x	x	x	x	x	x
789800 LifeCare Hospital–Plano		x	x	x		x		x	
805000 Plano Specialty Hospital		x		x		x		x	
814001 Baylor Regional Medical Center–Plano		x	x	x	x	x	x	x	x
815300 Presbyterian Plano Center for Diagnostics & Surgery		x		x		x		x	NC
Port Arthur									
299001 CHRISTUS Hospital–St Mary		OC		OC		OC		x	
464002 The Medical Center of Southeast Texas		x		x		x		x	
708001 Dubuis Hospital–Port Arthur		x[LV]	x	x[LV]	x	x[LV]	x	x[LV]	x
792100 Promise Specialty Hospital–Southeast Texas		x[LV]		x[LV]		x[LV]		x[LV]	
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 Richardson Regional Medical Center		x		x		x	NC	x	
Richland Hills									
437000 North Hills Hospital		x		x		x		x	
Richmond									
230000 Oakbend Medical Center		x	x	x	x	x	x	x	x
Rio Grande City									
393000 Starr County Memorial Hospital		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Rockdale									
369000 Richards Memorial Hospital		*		*		*		*	
Rotan									
355000 Fisher County Hospital District		*		*		*		*	
Round Rock									
608000 Round Rock Medical Center		x		x	NC	x	NC	x	
Rowlett									
625000 Lake Pointe Medical Center		x		x		x		x	
Rusk									
000107 Rusk State Hospital		x	x	x	x	x	x	x	x
San Angelo									
056000 San Angelo Community Medical Center		x		x		x		x	
168000 Shannon West Texas Memorial Hospital		x		x		x		x	
445000 Shannon Medical Center–St Johns Campus		x		x		x		x	
747000 River Crest Hospital		x		x		x		x	
819000 Triumph Hospital San Angelo		x		x		x		x	
San Antonio									
000108 Texas Center for Infectious Disease		x[LV]		x[LV]		x[LV]		x[LV]	
000110 San Antonio State Hospital		x	x	x	x	x	x	x	x
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	x	x	x
154001 Methodist Specialty & Transplant Hospital		x		x		x	x	x	x
154002 Northeast Methodist Hospital		x		x		x	x	x	x
158000 University Hospital		x		x		x		x	
228001 Southwest General Hospital		x		x		x		x	
283000 Metropolitan Methodist Hospital		x		x		x	x	x	x
339000 CHRISTUS Santa Rosa Hospital		x		x		x		x	
339001 CHRISTUS Santa Rosa Medical Center		x		x		x		x	
396001 Nix Specialty Health Center	396002								
396002 Nix Health Care System		x	NC	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	
643000 San Antonio Warm Springs Rehab Hospital Last reports 4th quarter 2006		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–Northwest		x		x		x		x	
702001 Texas Specialty Hospital–San Antonio		x		x		x		x	
711000 The COMPASS Hospital San Antonio		x		x		x		x	
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	
751000 Mission Vista Behavioral Health Center		x		x		x		x	
786800 The Spine Hospital of South Texas		x		x		x		x	
799200 Promise Specialty Hospital–San Antonio		x		x		x[LV]		x[LV]	
800600 Texsan Heart Hospital		x		x		x		x	
815000 LifeCare Hospital–San Antonio		x		x		x		x	
820600 Innova Hospital–San Antonio		x[LV]		x[LV]		x[LV]		x[LV]	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
San Augustine									
072000 Memorial Medical Center–San Augustine		x		x		x		x	
San Benito									
245001 Dolly Vinsant Memorial Hospital		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		x		x		x		x	
Sherman									
191002 Texoma Medical Center Behavioral Health Center		x	NC	x	x	x	x	x	x
297000 Wilson N Jones Memorial Hospital		x		x		x		x	
818700 Community Specialty Hospital		x		x		x		x	
Smithville									
385000 Smithville Regional Hospital		x		x		x		x	
Snyder									
439000 D M Cogdell Memorial Hospital First reports 1st quarter 2006		*x		*x		*x		*x	
Sonora									
147000 Lillian M Hudspeth Memorial Hospital		*x		*x		*x		*x	
Southlake									
812800 Harris Methodist Southlake Center for Diagnostics & Surgery		x		x		x		x	NC
Spearman									
395000 Hansford County Hospital		*		*		*		*	
Stamford									
043000 Stamford Memorial Hospital		*		*		*		*	
Stanton									
388000 Martin County Hospital District		*		*		*		*	
Stephenville									
256000 Harris Methodist–Erath County		x	x	x	x	x	x	x	x
Sugar Land									
790500 Sugar Land Surgical Hospital		x		x		x		x	
792700 Triumph Hospital–Southwest		x		x		x		x	
823000 Methodist Sugar Land Hospital		x	x	x	x	x	x	x	NC
Sulphur Springs									
280000 Hopkins County Memorial Hospital First reports 2nd quarter 2006		*		x	x	x		x	
Sweeny									
178000 Sweeny Community Hospital		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	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Temple									
186000 Kings Daughters Hospital		x		x		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 First reports 3rd quarter 2006						x		x	
537004 Scott & White Memorial Hospital–Rehab First reports 3rd quarter 2006						x		x	
537005 Scott & White Memorial Hospital–Psych First reports 3rd quarter 2006						x		x	
Terrell									
000111 Terrell State Hospital		x	x	x	x	x	x	x	x
512002 Medical Center–Terrell Last reports 4th quarter 2006		x		x		C[N]		C	
512003 Medical Center–Terrell–North Campus	512002								
Texarkana									
144000 Wadley Regional Medical Center		x		x		x		x	
144001 Wadley Regional Medical Center SNF		x[LV]		x		x		x[LV]	
684000 HEALTHSOUTH Rehab Hospital–Texarkana		x		x		x		x	
713001 CHRISTUS St Michael Rehab Hospital		x		x		x		x	NC
788001 CHRISTUS St Michael Health System		x		x		x		x	
822000 Dubuis Hospital–Texarkana		x	x	x	x	x	x	x	x
Texas City									
793000 Mainland Medical Center		x		x		x		x	
The Woodlands									
615000 Memorial Hermann The Woodlands Hospital		x		x		x		x	
793100 St Lukes Community Medical Center–The Woodlands		x	x	x	x	x	x	x	x
795001 Nexus Specialty Hospital First reports 1st quarter 2006		x[LV]		x[LV]		x[LV]		x[LV]	
Throckmorton									
428000 Throckmorton County Memorial Hospital		*		*		*		*	
Tomball									
076000 Tomball Regional Hospital		x[N]		x[N]		x[N]		x[N]	
792601 Triumph Hospital Tomball First reports 4th quarter 2006								x	
Trinity									
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 University of Texas Health Center–Tyler		x		x		x		x	
286000 Mother Frances Hospital		x		x	x	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	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 Continue Care Hospital–Tyler		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
Uvalde									
063000 Uvalde Memorial Hospital		*x	x	*x		*x		*x	
Van Horn									
139000 Culberson Hospital		*x		*x[LV]		*x		*x	
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			x		x		x	
812000 Triumph Hospital Victoria		x		x[LV]		x		x	
831000 Victoria Warm Springs Rehab Hospital Last reports 4th quarter 2006		x[LV]		x[LV]		x		x	
Waco									
000117 Waco Center for Youth		x[LV]	x	x[LV]	x	x[LV]	x	x[LV]	x
040000 Providence Health Center		x		x		x		x	
506000 Hillcrest Baptist Medical Center		x		x		x		x	
736000 DePaul Center–Div of Providence Health Center		x		x		x		x	
Waxahachie									
285000 Baylor Medical Center–Waxahachie		x	x	x	x	x	x	x	x
Weatherford									
243000 Campbell Health System Last reports 4th quarter 2006		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 Surgical Arts Center–Clear Lake		x[OC]		x		x		x	
Weimar									
005000 Colorado-Fayette Medical Center		*		*		*		*	
Wellington									
195000 Collingsworth General Hospital		*x		*x		*x		*x	
Weslaco									
480000 Knapp Medical Center		x	x	x	x	x	x	x	x
808500 Weslaco Rehab Hospital		x		x		OC		x	
Wharton									
833000 Gulf Coast Medical Center First reports 1st quarter 2006		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–8th St Campus		x		x		x		x	
417001 United Regional Health Care System–11th St Campus	417000								
681400 Kell West Regional Hospital		x		x		x		x	

	Reports With	1Q06	With Comment	2Q06	With Comment	3Q06	With Comment	4Q06	With Comment
685000 HEALTHSOUTH Rehab Hospital–Wichita Falls		x		x		x		x	
709001 Red River Hospital		x		x		x		x	
722900 Wichita Valley Rehab Hospital Last reports 3rd quarter 2006		x		C^{N}		C^{N}			
820002 Texas Specialty Hospital–Wichita Falls		x		x		x		x	
Winnie									
781400 Winnie Community Hospital		x		x		x	NC	x	
Winnsboro									
446000 Presbyterian Hospital–Winnsboro		x	x	x	x	x	x	x	x
Winters									
151000 North Runnels Hospital		*		*		*		*	
Woodville									
569000 Tyler County Hospital		*x		*x		*x		*x	
Wylie									
726900 Barix Clinics of Texas Last reports 3rd quarter 2006		x^{LV}		x^{LV}		x^{LV}			
Yoakum									
023000 Yoakum Community Hospital		x		x		x		x	
Total exempt hospitals		108		108		108		108	
Total exempt hospitals voluntarily reporting		27		27		27		27	
Total hospitals not in compliance		3		2		2		2	
Total hospitals with discharges reported by another hospital		32		29		28		28	
Total reporting		514	134	515	128	521	130	523	128

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

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