

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Irvin W. Kues
Chairman

Kevin J. Sexton
Vice Chairman

Joseph R. Antos, Ph.D.
Raymond J. Brusca, J.D.
Michael J. Eusebio
Trudy R. Hall, M.D.
William H. Munn

Robert Murray
Executive Director

Stephen Ports
Principal Deputy Director
Policy & Operations

Gerard J. Schmith
Deputy Director
Hospital Rate Setting

John J. O'Brien
Deputy Director
Research and Methodology

HEALTH SERVICES COST REVIEW COMMISSION

4160 PATTERSON AVENUE · BALTIMORE, MARYLAND 21215

AREA CODE 410-764-2605

FAX 410-358-6217

Toll Free 888-287-3229

Web Site: <http://www.hsrcr.state.md.us/>

M E M O

TO: All Holders of the HSCRC Legal Manual

FROM: Diana Kemp
Regulations Coordinator

DATE: June 28, 2007

RE: COMAR 10.37.06- Submission of Hospital Discharge Data
Set to the Commission

At the June 13, 2007 Public Meeting, the Commission granted, effective July 1, 2007, Emergency Status to amendments to Regulations .02 and .03 under COMAR 10.37.06 Submission of Hospital Discharge Data Set to the Commission. The purpose of this action is to expand the inpatient uniform abstract data base to capture an additional 15 diagnosis codes and up to 30 diagnosis-present-on-admission codes, and to add a Type 4 Record. These new data elements will enhance the Commission's ability to analyze various case mix related rate-setting issues; maximize the ability of the Commission's Patient Safety and Quality Initiatives Program to examine in-hospital complications among diagnoses that arise after admission; and assist in evaluating hospital performance.

Attached to this memo is an electronic version of the regulation, including all amendments made during the past fiscal year.

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

**Chapter 06 Submission of Hospital Discharge
Data Set to the Commission**

Authority: Health-General Article, "19-207, 19-212, and 19-215,

Annotated Code of Maryland

.01 Collection and Submission of Data.

A. Unless an exception or an extension has been granted under 'C of this regulation, each hospital under the jurisdiction of the Health Services Cost Review Commission shall submit to the Commission:

(1) The data elements required by this chapter within 45 days after the last day of the quarter when the patient was discharged or died; and

(2) The reconciliation of inpatient data between the discharge data and the financial data filed with the Commission.

B. Submission Requirements.

(1) The data elements submitted under 'A(1) of this regulation shall be made in the form prescribed in Regulation .03 of this chapter.

(2) The reconciliation submitted under 'A(2) of this regulation shall be made in the manner, form, and time frame prescribed by Commission staff.

C. A hospital may apply to the Commission for an exception or an extension to its filing requirements as provided in COMAR 10.37.01.02 and .03.

D. Failure to submit the required data and reconciliation information in a timely manner may subject the hospital to monetary penalties as provided in Commission law and regulation.

10.37.06.02B(1)

.01-1 Out-of-State Hospitals

A. The requirements for the collection and submission of data as described in Regulation .01 of this chapter shall also apply to those non-federal acute care hospitals located in Delaware,

Pennsylvania, Virginia, West Virginia, and the District of Columbia. Data submitted by these non-Maryland hospitals shall relate exclusively to those patients who are Maryland residents.

B. The Commission may consider these non-Maryland hospitals that otherwise provide discharge data as described in Regulation .04 of this chapter to the public to be exempt from the data

requirements referred to in 'A of this regulation. In addition, non-Maryland hospitals may apply to the Commission for an exception or an extension to either the form or to the manner of these data requirements as provided for in COMAR 10.37.01.02 and .03.

C. If a non-Maryland hospital fails to submit discharge data on all Maryland patients as required by the Commission, the matter shall be referred by the Commission to Maryland's Medical Assistance Program for appropriate action.

.02 Uniform Hospital Discharge Abstract Date.

A. Data Elements are set forth in 'B of this regulation.

B. Data Elements.

(1) Medicare Provider Number. Enter on this line the 6-digit Medicare Provider Number assigned to the Hospital.

10.37.06.02B(7)

(2) Medical Record Number.

(a) Enter on this line the unique medical record number assigned by the hospital for the patient's medical record.

(b) The unique medical record number is to be assigned permanently to the patient and may not change regardless of the number of admissions for that particular patient during the patient's lifetime.

(3) Admission Date. Enter on this line the month, day, and year of the patient's admission to the hospital. For example, April 4, 1992, is entered as 04041992 (mm/dd/yyyy).

(4) Discharge Date. Enter on this line the month, day, and year of the patient's discharge from the hospital. For example, April 9, 1992, is entered as 04091992 (mm/dd/yyyy).

(5) Record Type. Enter on this line the record type in accordance with the instructions described in regulation .03 of this chapter.

(6) Admission Hour. Enter on this line the hour of admission using the military (24-hour) clock. For example, 11:59 a.m. is entered as 11 and 11:59 p.m. is entered as 23.

(7) Nature of Admission.

(a) Enter on this line the nature of the patient's admission to the hospital using the following coding:

- 1 (i) Delivery
- 2 (ii) Newborn
- 3 (iii) Emergency
- 4 (iv) Urgent
- (v) Scheduled

(vi) Other

6

10.37.06.02B(7)

7	(vii) Psychiatric	
Rehabilitation	(viii)	8
9	(ix) Unknown	
	(x) Chronic	
	0	

(b) Code Description.

(i) Delivery. Patients who are admitted for delivery of a child.

(ii) Newborn. Patients born in the hospital.

(iii) Emergency. Patients medically requiring admission within 6

hours of request. This includes direct admission and admission through the emergency room. A direct admission is one in which the patient requires admission within 6 hours but does not necessarily come through the emergency room.

(iv) Urgent. Patients medically requiring admission within 6 to 48 hours of request.

(v) Scheduled. Patients not medically requiring admission within 48 hours request and for whom an arrangement was made with the admissions office at least 24 hours before the admission.

(vi) Psychiatry. Patients who are admitted for psychiatric care in a distinct psychiatric unit. This includes patients transferred from on-site acute care to an on-site psychiatric unit. An on-site transfer from an acute care unit to a distinct psychiatric unit shall be represented by two separate records or abstracts, one for the acute care portion of the stay and the second for the distinct psychiatric unit stay.

(vii) Rehabilitation. Patients who are admitted for rehabilitative care in a distinct rehabilitation unit. This includes patients transferred from on-site acute care to an on-site distinct rehabilitation unit. Note: An on-site transfer from an acute care unit to a distinct rehabilitation unit shall be represented by two separate records or abstracts, one for the acute care portion of the stay and the second for the distinct rehabilitation unit stay.

(viii) Unknown

10.37.06.02B(8)

(ix) Chronic. Patients who are admitted for a chronic hospital level of care in a distinct, licensed chronic hospital. This includes patients transferred from on-site acute care to an on-site licensed chronic hospital. An on-site transfer from an acute care unit to a distinct licensed chronic hospital shall be represented by two separate records or abstracts, one for the acute care portion of the stay and the second for the distinct chronic hospital stay.

(8) Source of Admission. Enter on this line the source of admission, that is, the location of the patient immediately before admission, using the following coding:

- (a) Admission (transfer) within hospital:
- (i) Admitted (transferred) from on-site acute care unit to on-site distinct rehabilitation unit 20
 - (ii) Admitted (transferred) from on-site distinct rehabilitation unit to acute care unit 21
 - (iii) Admitted (transferred) from on-site distinct rehabilitation unit to chronic unit 22
 - (iv) Admitted (transferred) from chronic unit to on-site distinct rehabilitation unit 23
 - (v) Admitted (transferred) from acute care unit to chronic unit 24
 - (vi) Admitted (transferred) from chronic unit to acute care unit 25
 - (vii) Admitted (transferred) from on-site acute care unit to on-site distinct psychiatric unit 26
 - (viii) Admitted (transferred) from on-site distinct psychiatric unit to an acute care unit 27
 - (ix) Admitted from on-site sub-acute unit to acute care Unit 28
 - (x) Admitted within 72 hours from on-site ambulatory/ outpatient surgery unit or room in which ambulatory surgery is performed 29

10.37.06.02B(8)

(xi)	Newborn (patient born in the hospital)	30
(b)	Admission or transfer from another institution:	
(i)	Admitted from another acute general hospital to MIEMS-designated specialty referral or area-wide trauma center. Requires additional provider definition from data item 74	40
(ii)	Admitted from another acute general hospital inpatient service for any other reason. Requires additional provider definition from data item 74	41
(iii)	Admitted from a rehabilitation hospital or a rehabilitation unit of another acute care hospital. Requires additional provider definition from data item 74	42
(iv)	Admitted from a private psychiatric hospital or a Psychiatric unit of another acute care hospital. Requires additional provider definition from data item 74	43
(v)	Admitted from a chronic hospital. Requires additional provider definition from data item 74	44
(vi)	Admitted from other facility, at which subacute services were provided to the patient	45
(vii)	Admitted within 72 hours from off-site ambulatory/outpatient surgery unit or other outpatient setting at another hospital or health care facility	46
(viii)	Admitted from any other health institution (domiciliary care, halfway house, etc.)	47
(c)	Admitted from home or equivalent:	
(i)	Admitted from home, physician office, or any noninstitutional source	60
(ii)	Admitted from a nursing home	61
(iii)	Not specified or Unknown	99

10.37.06.02B(14)

(9) Admission from the Emergency Room. Enter on this line whether the patient was admitted as an inpatient after having been registered in the emergency room, using the following coding:

(a)	Admitted from emergency room	1
(b)	Not applicable	7
(c)	Unknown	9

(10) Date of Birth. Enter on this line the month, day, and year of the patient's birth. For example, October 14, 1977, is entered as 10141977 (mm/dd/yyyy). Enter 9's when the exact month, day, or year is unknown.

(11) Sex. Enter on this line the sex of the patient using the following coding:

(a)	Male	1
(b)	Female	2
(c)	Unknown	9

(12) Race. Enter on this line the race of the patient using the following coding:

(a)	White	1
(b)	African American	2
(c)	Asian or Pacific Islander	3
(d)	American Indian/Eskimo/Aleut	4
(e)	Other	5
(f)	Biracial	6
(g)	Unknown	9

(13) Ethnicity. Enter on this line the ethnicity of the patient using the following coding:

(a)	Spanish/Hispanic Origin	1
(b)	Not of Spanish/Hispanic Origin	2
(c)	Unknown	9

(14) Marital Status. Enter on this line the marital status of the patient using the following code:

(a)	Single	1
(b)	Married	2
(c)	Separated	3

10.37.06.02B(15)

(d)	Divorced	4
(e)	Widow/Widower	5
(f)	Unknown	9

(15) Area of Residence. Enter on this line the residence of the patient using the following code:

(a)	Allegany County	01
(b)	Anne Arundel County	02
®	Baltimore County	03
(d)	Calvert County	04
(e)	Caroline County	05
(f)	Carroll County	06
(g)	Cecil County	07
(h)	Charles County	08
(i)	Dorchester County	09
(j)	Frederick County	10
(k)	Garrett County	11
(l)	Harford County	12
(m)	Howard County	13
(n)	Kent County	14
(o)	Montgomery County	15
(p)	Prince George's County	16
(q)	Queen Anne's County	17
®	St. Mary's County	18
(s)	Somerset County	19
(t)	Talbot County	20
(u)	Washington County	21
(v)	Wicomico County	22
(w)	Worcester County	23
(x)	Baltimore City	30
(y)	Unidentified Maryland	29
(z)	Delaware	39
(aa)	Pennsylvania	49
(bb)	West Virginia	59
(cc)	Virginia	69
(dd)	District of Columbia	79
(ee)	Foreign	89
(ff)	Other States	98
(gg)	Unidentified/Unknown	99

10.37.06.02B(17)

(16) **Residence Zip Code.** Enter on this line the five-digit zip code of the patient's home address (for example, 21215).

(17) **Primary Health Plan Payer.** Enter on this line the primary payer (for example, health maintenance organization (HMO), point of service plan (POS), Medicaid HMO, Medicare HMO, Commercial, or similar payer) that is expected to be responsible for the major portion of the patient's hospital expenses, using the following codes:

	(a)	HMO/POS:	
		(i) Aetna Health Plans	30
		(ii) CareFirst Blue Choice	31
		(iii) Cigna Healthcare of Mid-Atlantic	32
		(iv) Coventry Health Plan of Delaware	33
		(v) Kaiser Permanente	34
		(vi) MAMSI	35
		(vii) United Healthcare	36
		(viii) Other HMO/POS	37
	(b)	Medicaid MCO/HMO:	
		(i) Amerigroup	42
		(ii) Coventry Health Plan of Delaware	43
(Diamond Plan)		(iii) Helix Family Choice, Inc.	44
		(iv) JAI Medical Group	45
		(viii) Medicaid Uninsured APS - Maryland	46
(psych payer)		(vi) Maryland Physicians Care	47
		(vii) Priority Partners	48
		(viii) United Healthcare (Americhoice)	49
		(ix) Other Medicaid MCO/HMO	50
	(c)	Medicare HMO:	
		(i) Aetna (Golden Choice)	55
		(ii) ElderHealth	56
		(iii) United Healthcare (Evercare)	57
		(iv) Other Medicare HMO	58

10.37.06.02B(17)

(d)	Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):	
	(i) Aetna	65
(BC/BS Plan #190/690)	(ii) CareFirst – CareFirst of Maryland, Inc.,	66
Medical Services Inc (Non HMO) (BC/BS) Plan #080/580) (Federal Employee Program)	(iii) CareFirst – Group Hospitalization and	
	(iv) CCN First Health	67
	(v) Cigna	68
	(vi) Employer Health Plan (EHP)	69
	(vii) Fidelity Benefits Administrator	70
	(viii) Great West One Plan	71
	(ix) Kaiser Permanente	72
	(x) MAMSI (that is, Alliance PPO and MAMSI Life and Health)	73
	(xi) National Capital PPO (NCPPO)	74
	(xii) Private Health Care Systems (PHCS)	75
	(xiii) Other Commercial, PPO, PPN, TPA	76
(e)	Behavioral Health:	
	(i) American Psychiatric Systems (APS)	85
	(ii) Cigna Behavioral Health	86
	(iii) ComPsych	87
	(iv) Magellan	88
	(v) Managed Health Network	89
	(vi) United Behavioral Health	90
	(vii) Value Options	91
	(viii) Other Behavioral Health	92
(f)	Other Government Programs:	
	(i) MD Health Insurance Plan (MHIP) EPO	93
	(ii) MD Health Insurance Plan (MHIP) PPO	94
	(iii) Tricare – example: Health Net	95
	(iv) Uniformed Services Family Health Plan (USFHP)	96
	(v) Other miscellaneous government programs	97

10.37.06.02B(17-1)

(g) Other:

(i)	Not Applicable	00	
(ii)	Unknown		99

(17-1) Secondary Health Plan Payer. Enter on this line the secondary payer (for example, health maintenance organization (HMO), point of service plan (POS), Medicaid HMO, Medicare HMO, Commercial, or similar payer) that is expected to be responsible for the major portion of the patient=s hospital expenses, using the following codes:

(a) HMO/POS:

(i)	Aetna Health Plans		30
(ii)	CareFirst Blue Choice		31
(iii)	Cigna Healthcare of Mid-Atlantic		32
(iv)	Coventry Health Plan of Delaware		33
(v)	Kaiser Permanente		34
(vi)	MAMSI		35
(vii)	United Healthcare		36
(viii)	Other HMO/POS		37

(b) Medicaid MCO HMO:

	(i)	Amerigroup		42
	(ii)	Coventry Health Plan of Delaware (Diamond		43
Plan)	(iii)	Helix Family Choice, Inc.		44
	(iv)	JAI Medical Group		45
(psych payer)	(v)	Medicaid/Uninsured APS - Maryland		46
	(vi)	Maryland Physicians Care		47
	(vii)	Priority Partners		48
	(viii)	United Healthcare (Americhoic	49	
	(ix)	Other Medicaid MCO/HMO		50

(c) Medicare HMO:

(i)	Aetna (Golden Choice)	55	
(ii)	ElderHealth		56
(iii)	United Healthcare (Evercare)		57
(iv)	Other Medicare HMO		58

10.37.06.02B(17-1)

<p>(d) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)</p>	<p>(i) Aetna 65</p> <p>(ii) CareFirst - CareFirst of Maryland, Inc 66</p> <p>(BC/BS Plan #190/690)</p> <p>(xi) CareFirst - Group Hospitalization and Medical Services Inc. (Non HMO) (BC/BS Plan #080/580) (Federal Employee Program) 67</p> <p>(iv) CCN/First Health 68</p> <p>(v) Cigna 69</p> <p>(vi) Employer Health Plan (EHP) 70</p> <p>(vii) Fidelity Benefits Administrator 71</p> <p>(viii) Great West One Plan 72</p> <p>(ix) Kaiser Permanente 73</p> <p>(x) MAMSI (that is, Alliance PPO and MAMSI Life and Health) 74</p> <p>(xi) National Capital PPO (NCPPO) 75</p> <p>(xii) Private Health Care Systems (PHCS) 76</p> <p>(xiii) Other Commercial, PPO, PPN, TPA 77</p>
<p>(e) Behavioral Health:</p>	<p>(i) American Psych Systems (APS) 85</p> <p>(ii) Cigna Behavioral Health 86</p> <p>(iii) ComPsych 87</p> <p>(iv) Magellan 88</p> <p>(v) Managed Health Network 89</p> <p>(vi) United Behavioral Health 90</p> <p>(vii) Value Options 91</p> <p>(viii) Other Behavioral Health 92</p>
<p>(f) Other Government Programs:</p>	<p>(i) MD Health Insurance Plan (MHIP) EPO 93</p> <p>(ii) MD Health Insurance Plan (MHIP) PPO 94</p> <p>(iii) Tricare - example: Health Net 95</p> <p>(iv) Uniformed Services Family Health Plan (USFHP) 96</p> <p>(v) Other miscellaneous Government Programs 97</p>

10.37.06.02B(19)

(g) Other:

- (i) Not Applicable 00
- (ii) Unknown 99

(18) Census Tract. Optional Field.

(19) Disposition or Patient. Enter on this line the disposition of the patient=s stay in the hospital using the following coding:

(a) Discharge or Transfer Within Hospital:

- (i) Discharge to on-site distinct rehabilitation unit
from acute care unit 20
- (ii) Discharge to acute care unit from on-site
distinct rehabilitation unit 21
- (iii) Discharge to chronic unit from on-site
distinct rehabilitation unit 22
- (iv) Discharge to on-site distinct rehabilitation
unit from chronic unit 23
- (v) Discharge to chronic unit from acute care unit 24
- (vi) Discharge to acute care unit from chronic care unit 25
- (vii) Discharge to on-site distinct psychiatric unit
from acute care unit 26
- (viii) Discharge to acute care unit from on-site distinct
psychiatric unit 27
- (ix) Discharge to on-site subacute unit 28
- (x) Discharge to on-site hospice 29

10.37.06.02B(19)

- (b) Discharge to Another Institution:
 - (i) Discharge to acute care (medical/surgical) hospital. Requires additional provider information from data item 75. 40
 - (ii) Discharge to rehabilitation hospital or a Rehabilitation unit of another acute care hospital. Requires additional provider definition from data item 75. 41
 - (iii) Discharge to a psychiatric facility or an off-site psychiatric unit of another acute care hospital. Requires additional provider information from data item 75. 42
 - (iv) Discharge to a chronic hospital. Requires additional provider definition from data item 75. 43
 - (iii) Discharge to nursing facility. (This category includes skilled nursing and intermediate care facilities, both freestanding and hospital-based units.) 44
 - (iv) Discharge to facility at which subacute care is to be provided to the patient. 45
 - (vii) Discharge to other health care facility. (For example, dependency, veterans= facilities, hospice facility.) 46
- (c) Discharge to Home or Equivalent:
 - (i) Discharge to home or self-care. This category includes discharge to a prison or other nonmedical custodial care facility. 60
 - (ii) Discharge to home under the care of a home health agency. (This category includes hospice care provided in the home.) 61
 - (iii) Discharge to nursing home. 62
- (d) Other:
 - (i) Expired 70
 - (ii) Left against medical advice 71

10.37.06.02B(21)

(iii) Not specified or Unknown

99

(20) Alternative Rate Case Identifier. Enter on this line the contract code assigned to your hospital for identifying patients who are part of a contractual arrangement that has been approved through the HSCRC Alternative Rate Determination Program.

(21) Expected Primary Payer. Enter on this line the anticipated source of payment for the major portion of the patient's hospital expenses using the following coding:

(a)	Medicare – Only Fee for Service Medicare	01
(b)	Medicaid – Only Fee for Service Medicaid	02
(c)	Title V	03
(d)	Blue Cross of Maryland – Indemnity and NASCO.	
	Requires the selection of value A66" from data item (17)(d). (Do not include Blue Cross Health Maintenance Organization Products.)	04
(e)	Commercial insurance/PPO – Requires additional payer definition from data item (17)	05
(f)	Other government program – Requires additional payer definition from data item (17)	06
(g)	Workers' Compensation	07
(h)	Self-pay	08
(i)	Charity – no charge (Charity care represents health care services that are provided but are never expected to result in cash flows.)	09
(j)	Other	10
(k)	Donor	11
(l)	Managed Care Payer. (Do not include Medicare and Medicaid managed care payers.) Requires additional payer definition from data item (17)	12
(m)	Do not use	13
(n)	Medicaid Managed Care. Requires additional payer definition from data item (17)	14
(o)	Medicare Managed Care. Requires additional payer definition from data item (17)	15
(p)	Blue Cross of the National Capital Area – Indemnity only. Requires the selection of value A67" from data item (17-1)(d)	16
(q)	Blue Cross (Other State) – All Blue Cross Out-of-State	17
(r)	Unknown	99

10.37.06.02B(23)

(22) Secondary Payer. Enter on this line other source of payment, if any, that is expected to be responsible for a portion of the patient's hospital expenses using the following coding:

(a)	Medicare - Only Fee for Service Medicare	01
(b)	Medicaid - Only Fee for Service Medicaid	02
(c)	Title V	03
(d)	Blue Cross of Maryland - Indemnity and NASCO. Requires the selection of value A66" from data item (17-1)(d). (Do not include Blue Cross Managed Care Health Maintenance Organization Products.)	04
(e)	Commercial insurance/PPO - Requires additional payer definition from data item (17)	05
(f)	Other government program - Requires additional payer definition from data item (17)	06
(g)	Workers' Compensation	07
(h)	Self-pay	08
(i)	Charity - no charge. (Charity care represents health care services that are provided but are never expected to result in cash flows.)	09
(j)	Other	10
(k)	Donor	11
(l)	Managed Care Payer. (Do not include Medicare and Medicaid managed care payers.) Requires additional payer definition from data item (17)	12
(m)	Do not use	13
(n)	Medicaid Managed Care. Requires additional payer definition from data item (17)	14
(o)	Medicare Managed Care. Requires additional payer definition from data item (17)	15
(p)	Blue Cross of the National Capital Area - Indemnity only. Requires the selection of value A67" from data item (17-1)(d)	16
(q)	Blue Cross (other state) - All Blue Cross Out-of-State	17
(r)	Not applicable - Only applies if primary payer is Medicaid (includes Medicaid HMO)	77
(s)	Unknown	99

(23) Attending Physician.

(a) Enter on this line the unique physician identification number.

(b) The attending physician is the physician who is responsible for the longest portion of the patient's total length of stay. If two or more physicians are responsible for an equal

10.37.06.02B(26)

number of days of the length of stay, the attending physician is the physician most associated with the principal diagnosis.

(24) Operating Physician.

(a) Enter on this line the unique physician MedChi number.

(b) The operating physician is the physician who performed the principal procedure as defined in instructions for data element 55.

(25) Major Service and Special Care Unit Days. Enter on this line the major hospital service to which the patient was assigned, using the following codes. A special care unit is the "licensed unit" designated by the hospital for special care. Example 1: If OB beds are full and an OB patient must be put in a surgical bed, then it would be coded Surgery (02). Example 2: If a patient stays in two or more units, such as 2 days in medicine and 3 days in surgery, it shall be coded for the longer length of stay, that is, Surgery (02).

b1	(a) Medicine	01,
	(b) Surgery	02, b2
	(c) Obstetric	03, b3
b4	(d) Newborn	04,
b5	(e) Pediatric	05,
06, b6	(f) Psychiatric (only with a psychiatric unit)	
	(g) Other	07, b7
08, b8	(h) Rehabilitation (distinct rehabilitation unit only)	
99	(i) Unknown	09, b9,
	(j) Chronic	
	10	

(26) Type of Daily Hospital Service. Enter on this line the type of service for patients physically located in the following functional daily hospital service centers. All codes other than "all other" are meant for licensed specialty units only.

(a) All other	01
(b) Shock trauma	02
(c) Oncology	03
(d) Skilled nursing care and chronic care	04
(e) Intermediate care	05
(f) Neonatal intensive care	06
(g) Burn care	07
(h) Rehabilitation (within distinct rehabilitation unit only)	08

(i) Chronic

09

10.37.06.02B(35)

(27) Days of Service.

(a) Enter on this line the number of days of psychiatric care and the number of days of nonpsychiatric care for the patient's stay in the hospital, for example, 008 004. If the patient was discharged within 24 hours of the admission date, the number of days of care shall be recorded as 001. This 1-day stay shall be entered as psychiatric or nonpsychiatric care as determined by the attending physician or other appropriate person.

(b) If the person was discharged after 24 hours of admission, the number of days of psychiatric care is the number of days the patient was in the hospital for the midnight census in a psychiatric patient care area. The number of days of nonpsychiatric care is the number of days the patient was in the hospital for the midnight census in a nonpsychiatric patient care area.

(28) Readmission. Enter on this line whether the patient was admitted within 31 days before this admission, using the following coding:

- | | | |
|-----|-----|---|
| (a) | Yes | 1 |
| (b) | No | 2 |

(29) Medical/Surgical Intensive Care Days.

(30) Coronary Care Days.

(31) Burn Care Days.

(32) Neonatal Intensive Care Days.

(33) Pediatric Intensive Care Days.

(34) Shock Trauma Days.

(35) Other Special Care Days (Definitive Observations, Oncology, Psychiatric, Intensive Care, Distinct Rehabilitation Unit Days). Enter on each appropriate line the number of days the patient was in each type of special care unit. Example: A patient spent 4 days in medical/surgical ICU, 3 days in definitive observation, and 6 days in medical/surgical acute.

- | | | |
|-----|--|-----|
| (a) | Line LL - Medical/Surgical Intensive Care Days | 004 |
| (b) | Line MM - Coronary Care Days | 777 |
| (c) | Line NN - Burn Care Days | 777 |
| (d) | Line OO - Neonatal Intensive Care Days | 777 |

10.37.06.02B(49)

(e)	Line PP – Pediatric Intensive Care Days	777
(f)	Line QQ – Shock Trauma Days	777
(g)	Line RR – Other Special Care Days	003

(36) Birth Weight. Enter on this line the birth weight in grams of all newborns. For example, 994 grams is entered as 0994. The birthweight is required for all patients born within 28 days before admission.

(37) Filler.

(38) Principal Diagnosis.

(a) Enter on this line the ICD9-CM coding for the principal diagnosis.

(b) The principal diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital.

(39) Other Diagnosis 1.

(40) Other Diagnosis 2.

(41) Other Diagnosis 3.

(42) Other Diagnosis 4.

(43) Other Diagnosis 5.

(44) Other Diagnosis 6.

(45) Other Diagnosis 7.

(46) Other Diagnosis 8.

(47) Other Diagnosis 9.

(48) Other Diagnosis 10.

(49) Other Diagnosis 11.

10.37.06.02B(57)

(50) Other Diagnosis 12.

(51) Other Diagnosis 13.

(52) Other Diagnosis 14.

(a) Enter on each appropriate line the ICD9-CM coding for the secondary diagnoses (left justified, blank fill on right).

(b) Other diagnoses to be listed are conditions that co-exist at the time of admission or develop subsequently, which affect the treatment received or the length of stay. Diagnoses that relate to an earlier admission which have no bearing on this admission shall be excluded.

(53) External Cause of Injury Code (“E-Code”). Enter on this line the ICD9-CM code for the external cause of an injury, poisoning, or adverse reaction. The E-Code shall be reported whenever an injury is the principal diagnosis or directly related to the principal diagnosis. Additional E-codes, including Place of Occurrence Codes, may be recorded in the Other Diagnosis fields as space permits (prefix letter “E”, left justified, blank fill on right).

(54) Filler.

(55) Principal Procedure and Date.

(a) Enter on this line the ICD9-CM coding for the principal procedure and the date of the procedure (left justified, blank fill on right).

(b) The principal procedure is the procedure performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. The principal procedure is that procedure most related to the principal diagnosis. All procedures performed in operating rooms are to be recorded. A significant procedure is one which carries an operative or anesthetic risk, or requires highly trained personnel or special facilities or equipment. Examples of these procedures are cardiac-catheterization, angiography, brain or body scan, or both, and supervoltage radiation therapy.

(56) Other Procedure 1 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient’s stay, and date.

(57) Other Procedure 2 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient’s stay, and date.

10.37.06.02B(70)

(58) Other Procedure 3 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(59) Other Procedure 4 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(60) Other Procedure 5 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(61) Other Procedure 6 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(62) Other Procedure 7 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(63) Other Procedure 8 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(64) Other Procedure 9 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(65) Other Procedure 10 and Date. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay, and date.

(66) Other Procedure 11. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay.

(67) Other Procedure 12. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay.

(68) Other Procedure 13. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay.

(69) Other Procedure 14. Enter on this line the ICD9-CM coding for a secondary procedure performed during the patient's stay.

(70) Rehabilitation Admission Class. Enter appropriate one character numeric code. Please note: This item has been taken from the Guide for the Uniform Data Set for Medical Rehabilitation (including the FIM instrument), Version 5.1, owned by the Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. Used with permission.

10.37.06.02B(72)

(70-1) Rehabilitation Impairment Group Code. Enter appropriate code, left justified, do not include decimal, blank fill on right. Please note: This item has been taken from the Guide for the Uniform Data Set for Medical Rehabilitation (including the FIM instrument), Version 5.1, owned by the Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. Used with permission.

(71) Patient Revenue Data.

(a) The full charges for all services provided to the patient shall be reported. These charges do not include Part B physician charges or charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges, or private duty nursing charges).

(b) For each patient, there shall be multiple occurrences of revenue data reported according to the Uniform Billing Claims Form:

(i) Revenue Code - (UB-82 Codes). This code identifies a specific accommodation, ancillary service, or billing calculation.

(ii) Units of Service. This is a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, pints of blood, or renal dialysis treatments, etc.

(iii) Total charges by revenue code pertaining to the related revenue code.

(72) Diagnosis Present on Admission.

(a) Enter on this line each of the possible 15 diagnoses (principal plus 14 secondary) and whether the diagnosis was present when the patient was admitted to the hospital.

(b) Data Elements 72.1 through 72.15 correspond sequentially to the principal and other diagnoses codes in data items §B(38)-(52) of this regulation.

(c) Codes under §B(72) of this regulation are as follows:

- | | |
|---|---|
| (i) Diagnosis Present on Admission | Y |
| (ii) Diagnosis Not Present on Admission | N |
| (iii) Insufficient Documentation to Determine | U |
| (iv) Unable to Clinically Determine | W |
| (v) Exempt from Reporting | E |

10.37.06.02B(74)

(73) Arrival by Ambulance. Maryland Emergency Medical Service Unit, Maryland Ambulance Information System (MAIS) Participant. Defined as those municipal, volunteer, or commercial based emergency medical service units, to include both air and ground means, based in Maryland. A standardized MAIS form is used by most municipal and volunteer units in Maryland. All commercial units use a similar standardized form specific to commercial needs. If the method of arrival is by a MAIS participant, then enter on this line the 8-digit, prestamped runsheet number found in the upper right-hand portion of the form. If the runsheet number is not available, enter 77777777. If the patient did not arrive by ambulance leave blank (bbbbbbbb).

(74) Provider Specific Admission Source. A provider shall be selected if admission source was from a Maryland hospital facility or an out-of-State hospital. See data item 8(b), source of admission, lines (a), (b), (c), (d), and (e), using the following codes:

(a) Acute Care Hospitals:

- 210001 (i) Washington County
- 210002 (ii) University of Maryland
- 210003 (iii) Prince George=s
- 210004 (iv) Holy Cross Hospital
- 210005 (v) Frederick Memorial
- 210006 (vi) Harford Memorial
- 210007 (vii) Saint Joseph Medical Center
- 210008 (viii) Mercy Medical Center
- 210009 (ix) Johns Hopkins
- 210010 (x) Dorchester General
- 210011 (xi) Saint Agnes Hospital
- 210012 (xii) Sinai Hospital
- 210013 (xiii) Bon Secours
- 210014 (xiv) Franklin Square
- 210015 (xv) Washington Adventist
- 210016

(xvi) Garrett County
210017
(xvii) Montgomery General
210018
(xviii) Peninsula Regional
210019
(xix) Suburban Hospital
210022
(xx) Anne Arundel Medical Center
210023
(xxi) Union Memorial
210024
(xxii) Memorial of Cumberland
210025
(xxiii) Sacred Heart
210027
(xxiv) Saint Mary=s Hospital
210028
(xxv) Hopkins Bayview Acute Care
210029
(xxvi) Chester River
210030

10.37.06.02(74)

- (xxvii) Union of Cecil
210032
- (xxviii) Carroll County General
210033
- (xxvii) Harbor Hospital Center
210034
- (xxx) Civista
210035
- (xxxi) Memorial Hospital at Easton
210037
- (xxxii) Maryland General
210038
- (xxxiii) Calvert Memorial
210039
- (xxxiv) Northwest Hospital
210040
- (xxxv) Baltimore Washington Medical Center
210043
- (xxxvi) Greater Baltimore Medical Center
210044
- (xxxvii) McCready
210045
- (xxxviii) Howard General Hospital
210048
- (xxxix) Upper Chesapeake Medical Center
210049
- (xl) Doctors Community Hospital
210051
- (xli) Southern Maryland
210054
- (xlii) Greater Laurel
210055
- (xliii) Good Samaritan
210056
- (xliv) Shady Grove Adventist
210057
- (xlv) Kernan Hospital Acute Care
210058
- (xlvi) Fort Washington
210060
- (xlvii) Atlantic General
210061
- (xlviii) Hopkins Oncology
210904
- (xlix) University of Maryland Medical Shock
Trauma Center

(l) University of Maryland Cancer Center
218994

(b) Chronic Hospitals:

(i) Gladys Spellman
212203

(ii) University Specialty
212007

(iii) Levindale
212005

(iv) Kernan Chronic Care
212058

(v) Johns Hopkins Bayview Chronic Care
212029

(vi) Deer=s Head Hospital Center

212003

(vii) Western Maryland Hospital Center

212002

(c) Psychiatric Hospitals:

(i) Sheppard Pratt 214000

(ii) Brook Lane
214003

10.37.06.02B(74)

- (iii) Potomac Ridge
214013
- (iv) Spring Grove
214018

(d) Other Maryland Facilities:

Hospital
213028

- (i) Healthsouth Chesapeake Rehabilitation
- (ii) Adventist Rehabilitation Hospital of
Maryland
213029
- (iii) Mount Washington Pediatric
Hospital
213300
- (iv) Bowie Health Center
210333
- (v) Kennedy Krieger
210052
- (vi) Other Unspecified Institutions
660000

(e) Washington D.C. Hospitals:

- (i) George Washington University
Hospital
090001
- (ii) Hadley Memorial Hospital
090002
- (iii) Howard University Hospital
090003
- (iv) Medstar-Georgetown University Hospital
090004
- (v) Sibley Memorial Hospital
090005
- (vi) Providence Hospital
090006
- (vii) Greater Southeast Community Hospital 090008
- (viii) Washington Hospital Center
090011
- (ix) National Rehabilitation Hospital 093025
- (x) Children=s National Medical Center
093300
- (xi) Other D. C. Hospital
097000

(f) Out-of-State Hospitals:

	(i)	Delaware	
		080000	
390000	(ii)	Pennsylvania	
490000	(iii)	Virginia	
510000	(iv)	West Virginia	
	(v)	Other out-of-State Facility	
		770000	

10.37.06.02B(75)

- (g) Other:
 - (i) Not Applicable
777777
 - (ii) Unknown
999999

(75) Provider Specific Discharge Disposition. A provider shall be selected if discharge disposition was from a Maryland hospital facility or an out-of-State hospital. See data item (19-2), disposition of patient lines (a), (b), (c), and (d) using the following codes:

- (a) Acute Care Hospitals:
 - (i) Washington County
210001
 - (ii) University of Maryland
210002
 - (iii) Prince George=s
210003
 - (iv) Holy Cross Hospital
210004
 - (v) Frederick Memorial
210005
 - (vi) Harford Memorial
210006
 - (vii) Saint Joseph Medical Center
210007
 - (viii) Mercy Medical Center
210008
 - (ix) Johns Hopkins
210009
 - (x) Dorchester General
210010
 - (xi) Saint Agnes Hospital
210011
 - (xii) Sinai Hospital
210012
 - (xiii) Bon Secours
210013
 - (xiv) Franklin Square
210015
 - (xv) Washington Adventist
210016
 - (xvi) Garrett County
210017
 - (xvii) Montgomery General
210018

210019

- (xviii) Peninsula Regional
- (xix) Suburban Hospital
210022
- (xx) Anne Arundel Medical Center
210023
- (xxi) Union Memorial
210024
- (xxii) Memorial of Cumberland
210025
- (xxiii) Sacred Heart
210027
- (xxiv) Saint Mary=s Hospital
210028
- (xxv) Johns Hopkins Bayview Acute Care
210029
- (xxvi) Chester River
210030
- (xxvii) Union of Cecil
210032
- (xxviii) Carroll County General
210033
- (xxix) Harbor Hospital
210034
- (xxx) Civista
210035
- (xxxi) Memorial at Easton
210037

10.37.06.02B(75)

- (xxxii) Maryland General
210038
- (xxxiii) Calvert Memorial
210039
- (xxxiv) Northwest Hospital
210040
- 210043 (xxxv) Baltimore Washington Medical Center
- 210044 (xxxvi) Greater Baltimore Medical Center
- 210045 (xxxvii) McCready
- (xxxviii) Howard General Hospital
210048
- (xxxix) Upper Chesapeake Medical Center
210049
- (xl) Doctors Community Hospital
210051
- (xli) Southern Maryland
210054
- (xlii) Greater Laurel
210055
- (xliii) Good Samaritan
210056
- (xliv) Shady Grove Adventist
210057
- (xlv) Kernan Hospital Acute Care
210058
- (xlvi) Fort Washington
210060
- (xlvii) Atlantic General
210061
- (xlviii) Johns Hopkins Oncology
210904
- (xlix) University of Maryland Shock Trauma
218992
- (l) University of Maryland Cancer Center
218994

(b) Chronic Hospitals:

- (i) Gladys Spellman
212203
- (ii) University Specialty
212007
- (iii) Levindale
212005

- (iv) Kernan Chronic Care
212058
- (v) Johns Hopkins Bayview Chronic Care
212029
- (vi) Deers Head Hospital Center
212003
- (vii) Western Maryland Hospital Center
212002

(c) Psychiatric Hospitals:

- (i) Sheppard Pratt 214000
- (ii) Brook Lane
214003
- (iii) Potomac Ridge
214013
- (iv) Spring Grove
214018

10.37.06.02B(77)

(d) Other Maryland Facilities:

- (i) Healthsouth Chesapeake Rehabilitation Hospital
213028
- (ii) Adventist Rehabilitation Hospital of MD
213029
- (iii) Mount Washington Pediatric Hospital 2133000
- (iv) Bowie Health Center
210333
- (v) Kennedy Krieger
210052
- (vi) Other Unspecified Institutions
660000

(e) Washington D.C. Hospitals:

- (i) George Washington University Hospital
090001
- (ii) Hadley Memorial Hospital
090002
- (iii) Howard University Hospital
090003
- (iv) Medstar-Georgetown University Hospital
090004
- (v) Sibley Memorial Hospital
090005
- (vi) Providence Hospital
090006
- (vii) Greater Southeast Community Hospital
090008
- (viii) Washington Hospital Center
090011
- (ix) National Rehabilitation Hospital
093025
- (x) Children=s National Medical Center
093300
- (xi) Other 097000

(f) Out-of-State Hospitals:

- (i) Delaware
080000
- (ii) Pennsylvania
390000
- (iii) Virginia
490000

510000	(iv)	West Virginia
	(v)	Other Out-of-State Facilities 770000
	(g)	Other:
777777	(i)	Not Applicable
999999	(ii)	Unknown

(76) Filler.

(77) Other Diagnosis 15. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

10.37.06.02B(91)

(78) Other Diagnosis 16. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(79) Other Diagnosis 17. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(80) Other Diagnosis 18. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(81) Other Diagnosis 19. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(82) Other Diagnosis 20. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(83) Other Diagnosis 21. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(84) Other Diagnosis 22. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(85) Other Diagnosis 23. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(86) Other Diagnosis 24. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(87) Other Diagnosis 25. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(88) Other Diagnosis 26. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(89) Other Diagnosis 27. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(90) Other Diagnosis 28. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

(91) Other Diagnosis 29. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.

10.37.06.03D

(92) Additional Diagnoses Present on Admission.

(a) Enter on this line each of the possible 15 additional diagnoses (principal plus 29 secondary) and whether the diagnosis was present when the patient was admitted to the hospital.

(b) Data Elements 92.1 through 92.15 correspond sequentially to the principal and other diagnoses codes in data items in §B (77) through (91) of this regulation.

(93) Filler (Reserved For Future Use)

.03 Format of Data Submission.

A. For each patient, the data elements described in Regulation .02 of this chapter form one Type 1 record of 250 characters, one Type 2 record of 250 characters, and multiple Type 3 records of 250 characters each. The record type is always identified in the 34th character of the record.

B. The Type 1 and Type 2 records contain clinical and demographic information for each patient. The Type 3 record or records contain patient revenue data. The Type 4 record contains clinical information for each patient. Each Type 3 record can hold up to 10 occurrences of revenue data. The last occurrence shall be the sum of all detailed occurrences, that is, the last occurrence of revenue data shall contain the total charges for the patient. Examples are:

(1) A patient with three occurrences will have one Type 1 record of 250 characters, one Type 2 record of 250 characters, and one Type 3 record of 250 characters which has a total of four occurrences of revenue data (three occurrences plus one for total charges).

(2) A patient with 25 occurrences will have one Type 1 record of 250 characters, one Type 2 record of 250 characters, and three Type 3 records of 250 characters. The first Type 3 record holds the first ten occurrences, the second Type 3 record holds the next ten occurrences, and the third Type 3 record holds five occurrences and the total charge.

C. Alphabetic characters may not be used in any item except for recording diagnosis and procedure codes.

D. All fields except diagnosis and procedure codes shall be right justified.

10.37.06.03H

E. Decimal points may not be used with numeric data (for example, diagnosis codes, procedure codes, and revenue data).

F. The physical specifications of the magnetic tape shall be any size reel of magnetic tape, fixed block and record length, recorded in 9-track, EBCDIC character mode, with density equal to 1,600 BPI or 6,250 BPI. The tape shall have OS standard labels or be unlabeled.

G. The logical record length shall be 250 and the blocking factor shall be no more than 40, that is, blksize = 10,000 or less. If more than one hospital's data is submitted on a single tape, each hospital's data shall be separated by OS standard labels or file marks (tape marks).

H. Tape Layout Format.

TAPE LAYOUT FORMAT

Record Type 1

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	Medicare Provider Number xxxxxx Medicare Provider
2	7-17	11	Medical Record Number xxxxxxxxxxx Patient's Medical Record
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999 Unknown
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999 Unknown
5	34	1	Record Type 1 = Record Type 1
6	35-36	2	Admission Hour 00 Through 23 Hour 99 Unknown

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
7	37	1	Nature of Admission 1 Delivery 2 Newborn 3 Emergency 4 Urgent 5 Scheduled 6 Other 7 Psychiatric 8 Rehabilitation 9 Unknown 0 Chronic
8	38-39	2	Source of Admission (a) Admission (Transfer) Within Hospital 20 Admitted (transferred) from on-site acute care unit to an on-site rehabilitation unit 21 Admitted (transferred) from on-site rehabilitation unit to acute care unit 22 Admitted (transferred) from on-site rehabilitation unit to chronic unit 23 Admitted (transferred) from chronic unit to on-site rehabilitation unit 24 Admitted (transferred) from acute care unit to chronic unit 25 Admitted from chronic unit to acute care unit 26 Admitted (transferred) from on-site acute care unit to on-site psychiatric unit 27 Admitted (transferred) from on-site psychiatric unit to acute care unit

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
		28	Admitted from on-site sub-acute unit to acute care unit
		29	Admitted within 72 hours from on-site ambulatory/outpatient surgery unit in which ambulatory surgery is performed
		30	Newborn (patient born in the hospital)
		(b)	Admission From Another Institution
		40	Admitted from another acute general Hospital to MIEMS designated Specialty referral or area-wide Trauma center
		41	Admitted from another acute general hospital inpatient service for any other reason
		42	Admitted from rehabilitation hospital or a rehabilitation unit of another acute care hospital.
		43	Admitted from a private psychiatric hospital or a psychiatric unit of another acute care hospital.
		44	Admitted from a chronic hospital.
		45	Admitted from other facility, at which subacute services were provided to the patient
		46	Admitted within 72 hours from off-site ambulatory/outpatient surgery unit or other outpatient setting at another hospital or health care facility.
		47	Admitted from any other health institution (domiciliary care, facility, halfway house or

mental similar)

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(c) Admission From Home or Equivalent
			60 Admitted from home (home includes physician office or any noninstitutional source)
			61 Admitted from a nursing home
			(d) Not specified
			99 Unknown
9	40	1	Admission from Emergency Room
			1 Admitted from emergency room
			7 Not Applicable
			9 Unknown
10	41-48	8	Date of Birth
			01 Through 12 Month
			99 Unknown
			01 Through 31 Day
			99 Unknown
			xxxx Year
			9999 Unknown
11	49	1	Sex
			1 Male
			2 Female
			9 Unknown
12	50	1	Race
			1 White
			2 African American
			3 Asian or Pacific Islander
			4 American Indian/ Eskimo/Aleut
			5 Other
			6 Biracial
			9 Unknown

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
13	51	1	Ethnicity 1 Spanish/Hispanic Origin 2 Not Spanish/Hispanic Origin 9 Unknown
14	52	1	Martial Status 1 Single 2 Married 3 Separated 4 Divorced 5 Widow/Widower 9 Unknown
15	53-54	2	Area of Residence (County Code) 01 Allegany 02 Anne Arundel 03 Baltimore County 04 Calvert 05 Caroline 06 Carroll 07 Cecil 08 Charles 09 Dorchester 10 Frederick 11 Garrett 12 Harford 13 Howard 14 Kent 15 Montgomery 16 Prince George's 17 Queen Anne's 18 St. Mary's 19 Somerset 20 Talbot 21 Washington 22 Wicomico 23 Worcester 29 Unidentified Maryland 30 Baltimore City (independent city)

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			39 Delaware
			49 Pennsylvania
			59 West Virginia
			69 Virginia
			79 District of Columbia
			89 Foreign
			98 Other States
			99 Unidentified
16	55-59	5	xxxxx Residence Zip Code 77777 Foreign 99999 Unknown
17	60-61	2	Primary Health Plan Payer HMO/POS 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO/POS Medicaid MCO/HMO 42 Amerigroup 43 Coventry Health Plan of Delaware (Diamond Plan) 44 Helix Family Choice, Inc. 45 JAI Medical Group 46 Medicaid/Uninsured APS - Maryland (psychiatric payer) 47 Maryland Physicians Care 48 Priority Partners 49 United Healthcare (Americhoice) 50 Other Medicaid MCO/HMO

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			Medicare HMO
Choice)		55	Aetna (Golden
		56	ElderHealth
		57	United Healthcare (Evercare)
		58	Other Medicare HMO
Party			Commercial (Indemnity), PPO/PPN/Third Administrators (TPAs)
		65	Aetna
		66	CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)
		67	CareFirst- Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS Plan #080/580) Federal Employee Program
		68	CCN/First Health
		69	Cigna
		70	Employer Health Plan (EHP)
		71	Fidelity Benefits Administrator
		72	Great West One Plan
		73	Kaiser Permanente
		74	MAMSI (that is, Alliance PPO and MAMSI Life and
Health) PPO (NCPPO)		75	National Capital
		76	Private Health Care Systems (PHCS)
		77	Other Commercial, PPO, PPN, TPA
			Behavioral Health
		85	American Psychiatric Systems (APS)
		86	Cigna Behavioral Health
		87	ComPsych
		88	Magellan
		89	Managed Health Network
		90	United Behavioral
Health		91	Value Options
		92	Other Behavioral Health

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			Other Government Programs
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP) PPO
			95 Tricare - example: Health Net
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			Other
			00 Not applicable
			99 Unknown
17-1	62-63	2	Secondary Health Plan Payer. HMO/POS
			30 Aetna Health Plans
			31 CareFirst Blue Choice
			32 Cigna Healthcare of Mid-Atlantic
			33 Coventry Health Plan of Delaware
			34 Kaiser Permanente
			35 MAMSI
			36 United Healthcare
			37 Other HMO/POS
			Medicaid MCO/HMO
			42 Amerigroup
			43 Coventry Health Plan of Delaware (Diamond Plan)
			44 Helix Family Choice, Inc.
			45 JAI Medical Group
			46 Medicaid/Uninsured APS - Maryland (psychiatric payer)
			47 Maryland Physicians Care
			48 Priority Partners
			49 United Healthcare (Americhoice)
			50 Other Medicaid MCO/HMO

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			Medicare HMO
		55	Aetna (Golden Choice)
		56	ElderHealth
		57	United Healthcare (Evercare)
		58	Other Medicare HMO
			Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)
Aetna		65	
		66	CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)
		67	CareFirst- Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS Plan #080/580) Federal Employee Program
		68	CCN/First Health
		69	Cigna
		70	Employer Health Plan (EHP)
		71	Fidelity Benefits Administrator
		72	Great West One Plan
		73	Kaiser Permanente
		74	MAMSI (that is, Alliance PPO and MAMSI Life and
Health) PPO (NCPPO)		75	National Capital
		76	Private Health Care Systems (PHCS)
		77	Other Commercial, PPO, PPN, TPA
			Behavioral Health
		85	American Psych Systems (APS)
		86	Cigna Behavioral Health
		87	ComPsych
		88	Magellan
		89	Managed Health Network
		90	United Behavioral Health
		91	Value Options
		92	Other Behavioral Health
			Other Government Programs
		93	MD Health Insurance Plan (MHIP) EPO

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			94 MD Health Insurance Plan (MHIP) PPO
			95 Tricare - example: Health Net
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			Other
			00 Not Applicable
			99 Unknown
18	64-69	6	Census Tract (optional)
19	70-71	2	Disposition of Patient
19-1			Discharge (Transfer Within Hospital)
			20 To distinct on-site rehabilitation unit from acute care
			21 To acute unit care from on-site rehabilitation unit
			22 To chronic unit from on-site rehabilitation unit
			23 To on-site rehabilitation unit from chronic care unit
			24 To chronic unit from acute care unit
			25 To acute care unit from chronic unit
			26 To on-site psychiatric unit from acute care unit
			27 To acute care unit from on-site psychiatric unit
			28 To on-site subacute unit
19-2			Discharge To Another Institution
			40 To another acute care hospital
			41 To a rehabilitation hospital or an off- site rehabilitation unit of another acute care hospital
			42 To a psychiatric facility or an off-site psychiatric unit of another acute care hospital

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			43 To a chronic hospital
			44 To a nursing facility
			45 To a subacute facility
			46 To other health care facility
19-3			Discharge To Home or Equivalent
			60 To home or self-care
			61 To home under the care of a home health agency
			62 To Nursing Home
19-4			Other
			70 Expired
			71 Left Against Medical Advice
19-5			Not Specified
			99 Unknown
20	72-74	3	Alternative Rate Program
			xxx Contract code
			bbb Not applicable
21	75-76	2	Expected Primary Payer
			01 Medicare - Only Fee for Service Medicare
			02 Medicaid - Only Fee for Service Medicaid
			03 Title V
			04 Blue Cross of Maryland
			05 Commercial Insurance/PPO
			06 Other government program
			07 Workers' Compensation
			08 Self-pay
			09 Charity
			10 Other
			11 Donor
			12 Managed care payer
			13 Do not use
			14 Medicaid managed care payer

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			15 Medicare managed care payer
			16 Blue Cross - NCA
			17 Blue Cross - other state
			99 Unknown
22	77-78	2	Secondary Payer
			01 Medicare - Only Fee for Service
			02 Medicaid - Only Fee for Service
			03 Title V
			04 Blue Cross of Maryland
			05 Commercial Insurance/PPO
			06 Other government program
			07 Workers' Compensation
			08 Self-pay
			09 Charity
			10 Other
			11 Donor
			12 Managed care payer
			13 Do not use
			14 Medicaid managed care payer
			15 Medicare managed care payer
			16 Blue Cross - NCA
			17 Blue Cross - other state
			77 Not Applicable
			99 Unknown
23	79-84	6	Attending Physician
			xxxxxx Physician Number
			999999 Unknown
24	85-90	6	Operating Physician
			xxxxxx Physician Number
			777777 Not Applicable
			999999 Unknown

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
25	91-92	2	Major Service 01, b1 - Medicine 02, b2 - Surgery 03, b3 - Obstetrics 04, b4 - Newborn 05, b5 - Pediatric 06, b6 - Psychiatric 07, b7 - Other 08, b8 - Rehabilitation 09,b9,99 - Unknown 10 Chronic b = Space
26	93-94	2	Type of Daily Hospital Service 01 All Other 02 Shock Trauma 03 Oncology 04 Skilled Nursing Care 05 Intermediate (Chronic) Care 06 Neonatal Intensive Care 07 Burn Care 08 Rehab 09 Chronic
27	95-97	3	Days Of Service Nonpsychiatric 001 Through 776 Number of Days 777 Not Applicable 999 Unknown
	98-100	3	Psychiatric 001 Through 776 Number of Days 777 Not Applicable 999 Unknown
28	101	1	Readmission 1 Yes 2 No

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
29	102-104	3	Medical/Surgical ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
30	105-107	3	Coronary Care Days xxx Number of Days 777 Not Applicable 999 Unknown
31	108-110	3	Burn Care Days xxx Number of Days 777 Not Applicable 999 Unknown
32	111-113	3	Neonatal ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
33	114-116	3	Pediatric ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
34	117-119	3	Shock Trauma Days xxx Number of Days 777 Not Applicable 999 Unknown
35	120-122	3	Other Care Days xxx Number of Days 777 Not Applicable 999 Unknown
36	123-126	4	Newborn Birth Weight xxxx = Actual weight at birth in grams 7777 = Patient not a newborn 9999 = Unknown

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
37	127-129	3	Filler (blank filled)
38	130-136	7	Principal Diagnosis xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
39	137-143	7	Other Diagnosis 1 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
40	144-150	7	Other Diagnosis 2 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
41	151-157	7	Other Diagnosis 3 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
42	158-164	7	Other Diagnosis 4 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
43	165-171	7	Other Diagnosis 5 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
44	172-178	7	Other Diagnosis 6 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
45	179-185	7	Other Diagnosis 7 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
46	186-192	7	Other Diagnosis 8 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
47	193-199	7	Other Diagnosis 9 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
48	200-206	7	Other Diagnosis 10 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
49	207-213	7	Other Diagnosis 11 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
50	214-220	7	Other Diagnosis 12 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
51	221-227	7	Other Diagnosis 13 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
52	228-234	7	Other Diagnosis 14 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
53	235-241	7	E-Code xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Space
54	242	1	Filler (blank filled)
73	243-250	8	Ambulance runsheet number

Record Type 2

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	Medicare Provider Number XXXXXXX Medicare Provider
2	7-17	11	Medical Record Number XXXXXXXXXXXX Patient's Medical Record Number
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999 Unknown
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999 Unknown
5	34	1	Record Type 2 = Record Type 2
55	35-41	7	Principal Procedure xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
	42-49	8	Principal Procedure Date 01 Through 12 Month 77 Not Applicable 99 Unknown 01 Through 31 Day 77 Not Applicable 99 Unknown xxxx Year 7777 Not Applicable 9999 Unknown
56	50-56	7	Other Procedure 1 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbb = Spaces
	57-64	8	Other Procedure 1 Date 01 Through 12 Month 77 Not Applicable 99 Unknown 01 Through 31 Day 77 Not Applicable 99 Unknown xxxx Year 7777 Not Applicable 9999 Unknown
57	65-71	7	Other Procedure 2 Same as Other Procedure 1
	72-79	8	Other Procedure 2 Date Same as Other Procedure 1 Date
58	80-86	7	Other Procedure 3 Same as Other Procedure 1
	87-94	8	Other Procedure 3 Date Same as Other Procedure 1 Date

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
59	95-101	7	Other Procedure 4 Same as Other Procedure 1
	102-109	8	Other Procedure 4 Date Same as Other Procedure 1 Date
60	110-116	7	Other Procedure 5 Same as Other Procedure 1
	117-124	8	Other Procedure 5 Date Same as Other Procedure 1 Date
61	125-131	7	Other Procedure 6 Same as Other Procedure 1
	132-139	8	Other Procedure 6 Date Same as Other Procedure 1 Date
62	140-146	7	Other Procedure 7 Same as Other Procedure 1
	147-154	8	Other Procedure 7 Date Same as Other Procedure 1 Date
63	155-161	7	Other Procedure 8 Same as Other Procedure 1
	162-169	8	Other Procedure 8 Date Same as Other Procedure 1 Date
64	170-176	7	Other Procedure 9 Same as Other Procedure 1
	177-184	8	Other Procedure 9 Date Same as Other Procedure 1 Date

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
65	185-191	7	Other Procedure 10 Same as Other Procedure 1
	192-199	8	Other Procedure 10 Date Same as Other Procedure 1 Date
66	200-206	7	Other Procedure 11 Same as Other Procedure 1
67	207-213	7	Other Procedure 12 Same as Other Procedure 1
68	214-220	7	Other Procedure 13 Same as Other Procedure 1
69	221-227	7	Other Procedure 14 Same as Other Procedure 1
70	228	1	Rehabilitation Admission Class (Numeric)
70-1	229-235	7	Rehabilitation Impairment Group Code. Do not include decimal. Left justify, blank fill on right.
74	236-241	6	Provider Specific Admission Source Acute Care Hospitals 210001 Washington County 210002 University of Maryland 210003 Prince George=s 210004 Holy Cross Hospital 210005 Frederick Memorial 210006 Harford Memorial Hospital 210007 Saint Joseph 210008 Mercy Medical Center 210009 Johns Hopkins 210010 Dorchester General 210011 St. Agnes Hospital 210012 Sinai Hospital 210013 Bon Secours 210015 Franklin Square

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
		210016	Washington Adventist
		210017	Garrett County
		210018	Montgomery General
		210019	Peninsula Regional
		210022	Suburban Hospital
		210023	Anne Arundel Medical Center
		210024	Union Memorial
		210025	Memorial of Cumberland
		210027	Sacred Heart
		210028	Saint Mary=s Hospital
		210029	Hopkins Bayview (acute)
		210030	Chester River
		210032	Union of Cecil
		210033	Carroll County General
		210034	Harbor Hospital
		210035	Civista
		210037	Memorial at Easton
		210038	Maryland General
		210039	Calvert Memorial
		210040	Northwest Hospital
		210043	Baltimore Washington Medical Center
		210044	Greater Baltimore Medical Center
		210045	McCready
		210048	Howard General Hospital
		210049	Upper Chesapeake Medical Center
		210051	Doctors Community Hospital
		210054	Southern Maryland
		210055	Greater Laurel
		210056	Good Samaritan
		210057	Shady Grove Adventist
		210058	Kernan Hospital (acute)
		210060	Fort Washington
		210061	Atlantic General
		210904	Hopkins Oncology

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			218992 University of Maryland Shock Trauma
			218994 University of Maryland Cancer Center
			Chronic Hospitals
			212203 Gladys Spellman
			212007 University Specialty
			212005 Levindale
			212058 Kernan (chronic)
			212029 Hopkins Bayview (chronic)
			212003 Deer=s Head Hospital
			212002 Western Maryland Hospital
			Psychiatric Hospitals
			214000 Sheppard Pratt
			214003 Brook Lane
			214013 Potomac Ridge
			214018 Spring Grove
			Other Maryland Facilities
			213028 Healthsouth Chesapeake Rehabilitation Hospital
			213029 Adventist Rehabilitation Hospital of MD
			213300 Mount Washington Pediatric Hospital
			210333 Bowie Health Center
			210052 Kennedy Krieger
			660000 Other Unspecified Institutions
			Washington D.C. Hospitals
University			090001 George Washington Hospital
			090002 Hadley Memorial Hospital
			090003 Howard University Hospital
			090004 Georgetown University Hospital
			090005 Sibley Memorial Hospital
			090006 Providence Hospital

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			090008 Greater Southeast Community Hospital
			090011 Washington Hospital Center
			093025 National Rehabilitation Hospital
			093300 Children=s National Medical Center
			097000 Other D.C. Hospitals
			Out-of-State Hospitals
			080000 Delaware
			390000 Pennsylvania
			490000 Virginia
			510000 West Virginia
			770000 Other Out-of-State Facility
			Other
			777777 Not Applicable
			999999 Unknown
75	242-247	6	Provider specific discharge disposition Acute Care Hospitals
			210001 Washington County
			210002 University of Maryland
			210003 Prince George=s
			210004 Holy Cross Hospital
			210005 Frederick Memorial
			210006 Harford Memorial
			210007 St. Joseph
			210008 Mercy Medical Center
			210009 Johns Hopkins
			210010 Dorchester General
			210011 St. Agnes Hospital
			210012 Sinai Hospital
			210013 Bon Secours
			210015 Franklin Square
			210016 Washington Adventist
			210017 Garrett County
			210018 Montgomery General
			210019 Peninsula Regional

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
		210022	Suburban Hospital
		210023	Anne Arundel General
		210024	Union Memorial
		210025	Memorial of Cumberland
		210027	Sacred Heart
		210028	St. Mary=s Hospital
		210029	Hopkins Bayview (acute)
		210030	Chester River
		210032	Union of Cecil
		210033	Carroll County General
		210034	Harbor Hospital
		210035	Civista
		210037	Memorial at Easton
		210038	Maryland General
		210039	Calvert Memorial
		210040	Northwest Hospital
		210043	Baltimore Washington Medical Center
		210044	Greater Baltimore Medical Center
		210045	McCready
		210048	Howard General Hospital
		210049	Upper Chesapeake Medical Center
		210051	Doctors Community Hospital
		210054	Southern Maryland
		210055	Greater Laurel
		210056	Good Samaritan
		210057	Shady Grove Adventist
		210058	Kernan Hospital (acute)
		210060	Fort Washington
		210061	Atlantic General
		210904	Hopkins Oncology
		218992	University of Maryland Shock Trauma
		218994	University of Maryland Cancer Center

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			Chronic hospitals
		212203	Gladys Spellman
		212007	University Specialty
		212005	Levindale
		212058	Kernan Chronic Care
		212029	Johns Hopkins Bayview Chronic Care
		212003	Deer=s Head Hospital
		212002	Western Maryland Hospital
			Psychiatric Hospitals
		214000	Sheppard Pratt
		214003	Brook Lane
		214013	Potomac Ridge
		214018	Spring Grove
			Other Maryland Facility
		213028	Healthsouth Chesapeake Rehabilitation
		213029	Adventist Rehabilitation Hospital
		213300	Mount Washington Pediatric
		210333	Bowie Health Center
		210052	Kennedy Krieger
		660000	Other Unspecified Institution
			Washington D.C. Hospitals
University		090001	George Washington Hospital
		090002	Hadley Memorial Hospital
		090003	Howard University Hospital
		090004	Georgetown University Hospital
		090005	Sibley Memorial Hospital
		090006	Providence Hospital
		090008	Greater Southeast Hospital
		090011	Washington Hospital Center
		093025	National Rehabilitation Hospital
		093300	Children=s National Medical Center

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			097000 Other D.C. Hospitals
			Out-of-State Hospital
			080000 Delaware
			390000 Pennsylvania
			490000 Virginia
			510000 West Virginia
			770000 Other Out-of-State facility
			Other
			777777 Not applicable
			999999 Unknown
76	248-250	3	Filler (Blank Filled)

Record Type 3

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	Medicare Provider Number
2	7-17	11	Medical Record Number xxxxxxxxxxx Patient's Medical Record Number
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999 Unknown
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999 Unknown
5	34	1	Record Type 3 = Record Type
71	35-234	200	Revenue Data (The last occurrence of revenue shall always be the the total charge.)

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
71.1a	35-38	4	Uniform Billing Revenue Code
71.1b	39-45	7	Units of Service
71.1c	46-54	9	xxxxxxxx Detailed Charges Dollars and Cents (Note: Do not use decimal point.)
71.2a	55-58	4	Revenue Code
71.2b	59-65	7	Units of Service
71.2c	66-74	9	Charges
71.3a	75-78	4	Revenue Code
71.3b	79-85	7	Units of Service
71.3c	86-94	9	Charges
71.4a	95-98	4	Revenue Code
71.4b	99-105	7	Units of Services
71.4c	106-114	9	Charges
71.5a	115-118	4	Revenue Code
71.5b	119-125	7	Units of Service
71.5c	126-134	9	Charges
71.6a	135-138	4	Revenue Code
71.6b	139-145	7	Units of Service
71.6c	146-154	9	Charges
71.7a	155-158	4	Revenue Code
71.7b	159-165	7	Units of Service
71.7c	166-174	9	Charges
71.8a	175-178	4	Revenue Code
71.8b	179-185	7	Units of Service
71.8c	186-194	9	Charges
71.9a	195-198	4	Revenue Code
71.9b	199-205	7	Units of Service
71.9c	206-214	9	Charges
71.10a	215-218	4	Revenue Code
71.10b	219-225	7	Units of Service
71.10c	226-234	9	Charges
72.1	235	1	Y Principal Diagnosis Present on Admission N Principal Diagnosis Not Present on Admission U Principal Diagnosis Insufficient Documentation To Determine W Principal Diagnosis Unable to Clinically Determine E Principal Diagnosis Exempt from Reporting

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
72.2	236	1	Y Other Diagnosis 1 Present on Admission N Diagnosis 1 Not Present on Admission U Diagnosis 1 Insufficient Documentation To Determine W Diagnosis 1 Unable to Clinically Determine E Diagnosis 1 Exemption from Reporting
72.3	237	1	Y Other Diagnosis 2 Present on Admission N Diagnosis 2 Not Present on Admission U Diagnosis 2 Insufficient Documentation To Determine W Diagnosis 2 Unable to Clinically Determine E Diagnosis 2 Exemption from Reporting
72.4	238	1	Y Other Diagnosis 3 Present on Admission N Diagnosis 3 Not Present on Admission U Diagnosis 3 Insufficient Documentation To Determine W Diagnosis 3 Unable to Clinically Determine E Diagnosis 3 Exemption from Reporting
72.5	239	1	Y Other Diagnosis 4 Present on Admission N Diagnosis 4 Not Present on Admission U Diagnosis 4 Insufficient Documentation To Determine W Diagnosis 4 Unable to Clinically Determine E Diagnosis 4 Exemption from Reporting
72.6	240	1	Y Other Diagnosis 5 Present on Admission N Diagnosis 5 Not Present on Admission U Diagnosis 5 Insufficient Documentation To Determine W Diagnosis 5 Unable to Clinically Determine E Diagnosis 5 Exemption from Reporting
72.7	241	1	Y Other Diagnosis 6 Present on Admission N Diagnosis 6 Not Present on Admission U Diagnosis 6 Insufficient Documentation To Determine W Diagnosis 6 Unable to Clinically Determine E Diagnosis 6 Exemption from Reporting
72.8	242	1	Y Other Diagnosis 7 Present on Admission N Diagnosis 7 Not Present on Admission U Diagnosis 7 Insufficient Documentation To Determine

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
72.9	243	1	W Diagnosis 7 Unable to Clinically Determine E Diagnosis 7 Exemption from Reporting Y Other Diagnosis 8 Present on Admission N Diagnosis 8 Not Present on Admission U Diagnosis 8 Insufficient Documentation To Determine
72.10	244	1	W Diagnosis 8 Unable to Clinically Determine E Diagnosis 8 Exemption from Reporting Y Other Diagnosis 9 Present on Admission N Diagnosis 9 Not Present on Admission U Diagnosis 9 Insufficient Documentation To Determine
72.11	245	1	W Diagnosis 9 Unable to Clinically Determine E Diagnosis 9 Exemption from Reporting Y Other Diagnosis 10 Present on Admission N Diagnosis 10 Not Present on Admission U Diagnosis 10 Insufficient Documentation To Determine
72.12	246	1	W Diagnosis 10 Unable to Clinically Determine E Diagnosis 10 Exemption from Reporting Y Other Diagnosis 11 Present on Admission N Diagnosis 11 Not Present on Admission U Diagnosis 11 Insufficient Documentation To Determine
72.13	247	1	W Diagnosis 11 Unable to Clinically Determine E Diagnosis 11 Exemption from Reporting Y Other Diagnosis 12 Present on Admission N Diagnosis 12 Not Present on Admission U Diagnosis 12 Insufficient Documentation To Determine
72.14	248	1	W Diagnosis 12 Unable to Clinically Determine E Diagnosis 12 Exemption from Reporting Y Other Diagnosis 13 Present on Admission N Diagnosis 13 Not Present on Admission U Diagnosis 13 Insufficient Documentation To Determine
72.15	249	1	W Diagnosis 13 Unable to Clinically Determine E Diagnosis 13 Exemption from Reporting Y Other Diagnosis 14 Present on Admission N Diagnosis 14 Not Present on Admission

10.37.06.03H

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			U Diagnosis 14 Insufficient Documentation To Determine
			W Diagnosis 14 Unable to Clinically Determine
			E Diagnosis 14 Exemption from Reporting Filler (Blank Filled)
72.16	250	1	

Record Type 4

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	Medicare provider number xxxxxx Medicare provider number.
2	7-17	11	Medical record number xxxxxxxxxxxx Patient's medical record number
3	18-25	8	Admission date MMDDYYYY month, day, year
4	26-33	8	Discharge date MMDDYYYY month, day, year
5	34	1	Record Type 4 = Record Type 4
77	35-41	7	Other Diagnosis 15 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
78	42-48	7	Other Diagnosis 16 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
79	49-55	7	Other Diagnosis 17 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

10.37.06.03H

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
80	56-62	7	Other Diagnosis 18 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
81	63-69	7	Other Diagnosis 19 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
82	70-76	7	Other Diagnosis 20 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
83	77-83	7	Other Diagnosis 21 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
84	84-90	7	Other Diagnosis 22 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
85	91-97	7	Other Diagnosis 23 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
86	98-104		Other Diagnosis 24 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
87	105-111		Other Diagnosis 25 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

10.37.06.03H

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
88	112-118	7	Other Diagnosis 26 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
89	119-125	7	Other Diagnosis 27 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
90	126-132	7	Other Diagnosis 28 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
91	133-139	7	Other Diagnosis 29 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
92.1	140	1	Y Diagnosis 15 Present on Admission N Diagnosis 15 Not Present on Admission U Diagnosis 15 Insufficient Documentation to Determine W Diagnosis 15 Unable to Clinically Determine E Diagnosis 15 Exempt from Reporting
92.2	141	1	Y Diagnosis 16 Present on Admission N Diagnosis 16 Not Present on Admission U Diagnosis 16 Insufficient Documentation to Determine W Diagnosis 16 Unable to Clinically Determine E Diagnosis 16 Exempt from Reporting

10.37.06.03H

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
92.3	142	1	Y	Diagnosis 17 Present on Admission
			N	Diagnosis 17 Not Present on Admission
			U	Diagnosis 17 Insufficient Documentation to Determine
			W	Diagnosis 17 Unable to Clinically Determine
			E	Diagnosis 17 Exempt from Reporting
92.4	143	1	Y	Diagnosis 18 Present on Admission
			N	Diagnosis 18 Not Present on Admission
			U	Diagnosis 18 Insufficient Documentation to Determine
			W	Diagnosis 18 Unable to Clinically Determine
			E	Diagnosis 18 Exempt from Reporting
92.5	144	1	Y	Diagnosis 19 Present on Admission
			N	Diagnosis 19 Not Present on Admission
			U	Diagnosis 19 Insufficient Documentation to Determine
			W	Diagnosis 19 Unable to Clinically Determine
			E	Diagnosis 19 Exempt from Reporting
92.6	145	1	Y	Diagnosis 20 Present on Admission
			N	Diagnosis 20 Not Present on Admission
			U	Diagnosis 20 Insufficient Documentation to Determine
			W	Diagnosis 20 Unable to Clinically Determine
			E	Diagnosis 20 Exempt from Reporting

10.37.06.03H

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
92.7	146	1	Y	Diagnosis 21 Present on Admission
			N	Diagnosis 21 Not Present on Admission
			U	Diagnosis 21 Insufficient Documentation to Determine
			W	Diagnosis 21 Unable to Clinically Determine
			E	Diagnosis 21 Exempt from Reporting
92.8	147	1	Y	Diagnosis 22 Present on Admission
			N	Diagnosis 22 Not Present on Admission
			U	Diagnosis 22 Insufficient Documentation to Determine
			W	Diagnosis 22 Unable to Clinically Determine
			E	Diagnosis 22 Exempt from Reporting
92.9	148	1	Y	Diagnosis 23 Present on Admission
			N	Diagnosis 23 Not Present on Admission
			U	Diagnosis 23 Insufficient Documentation to Determine
			W	Diagnosis 23 Unable to Clinically Determine
			E	Diagnosis 23 Exempt from Reporting
92.10	149	1	Y	Diagnosis 24 Present on Admission
			N	Diagnosis 24 Not Present on Admission
			U	Diagnosis 24 Insufficient Documentation to Determine
			W	Diagnosis 24 Unable to Clinically Determine
			E	Diagnosis 24 Exempt from Reporting

10.37.06.03H

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
92.11	150	1	Y	Diagnosis 25 Present on Admission
			N	Diagnosis 25 Not Present on Admission
			U	Diagnosis 25 Insufficient Documentation to Determine
			W	Diagnosis 25 Unable to Clinically Determine
			E	Diagnosis 25 Exempt from Reporting
92.12	151	1	Y	Diagnosis 26 Present on Admission
			N	Diagnosis 26 Not Present on Admission
			U	Diagnosis 26 Insufficient Documentation to Determine
			W	Diagnosis 26 Unable to Clinically Determine
			E	Diagnosis 26 Exempt from Reporting
92.13	152	1	Y	Diagnosis 27 Present on Admission
			N	Diagnosis 27 Not Present on Admission
			U	Diagnosis 27 Insufficient Documentation to Determine
			W	Diagnosis 27 Unable to Clinically Determine
			E	Diagnosis 27 Exempt from Reporting
92.14	153	1	Y	Diagnosis 28 Present on Admission
			N	Diagnosis 28 Not Present on Admission
			U	Diagnosis 28 Insufficient Documentation to Determine
			W	Diagnosis 28 Unable to Clinically Determine
			E	Diagnosis 28 Exempt from Reporting

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
92.15	154	1	Y Diagnosis 29 Present on Admission N Diagnosis 29 Not Present on Admission U Diagnosis 29 Insufficient Documentation to Determine W Diagnosis 29 Unable to Clinically Determine E Diagnosis 29 Exempt from Reporting
93	155-250	96	Filler (blank filled)

.04 Magnetic Tapes.

The magnetic tapes which are submitted in accordance with Regulation .03 of this chapter are not public information pursuant to Health-GeneralArticle, '19-207 (d), Annotated Code of Maryland.

.05 Summary Studies, Reports, Compilations.

Summary studies, reports, or other compilations developed by the Commission or its staff from the tapes submitted in accordance with Regulation .03 of this chapter shall be public information except that disclosure may not be made in a way that the data furnished by a specific patient can be identified.

.06 Corrections to Magnetic Tapes.

Revisions and corrections to the data shall be submitted on a magnetic tape, reporting the entire discharge abstract set for each discharge changed, or through an HSCRC-authorized computer program only.