

Maryland Hospital Inpatient Data Submission Elements and Format
(As referenced in COMAR 10.37.06.01)

Inpatient Data Elements

- (1) Medicare Provider Number. Enter on this line the 6-digit Medicare Provider Number assigned to the Hospital.
- (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 the Inpatient Data Format section.
- (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:

(i)	Delivery	1
(ii)	Newborn	2
(iii)	Emergency	3
(iv)	Urgent	4
(v)	Scheduled	5
(vi)	Other	6
(vii)	Psychiatric	7
(viii)	Rehabilitation	8
(ix)	Unknown	9
(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
 - (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

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(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
(xi)	Newborn (patient born in the hospital)	30
(b)	Admission or transfer from another institution:	
(i)	Admitted from another acute general hospital to MIEMSS-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, mental facility, halfway house, etc.) | 47 |
| (c) | Admitted from home or equivalent: | |
| (i) | Admitted from home, physician office, or any non-institutional source | 60 |
| (ii) | Admitted from a nursing home | 61 |
| (d) | Not specified or Unknown | 99 |
| (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 9s 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) | Black or African American | 2 |
| (c) | Asian | 3 |
| (d) | American Indian or Alaska Native | 4 |
| (e) | Other | 5 |
| (f) | Native Hawaiian or other Pacific Islander | 6 |
| (g) | Two or more races | 7 |
| (h) | Declined to answer | 8 |
| (i) | 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 |

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(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
(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
(c)	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
(r)	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

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

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(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) Primary Adult Care (PAC) MCO
 - (i) Amerigroup 01
 - (ii) Jai Medical Group 02
 - (iii) Maryland Physicians Care 03
 - (iv) Priority Partners 04
 - (v) United HealthCare 05

- (b) 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

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

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

- (e) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):
 - (i) Aetna 65
 - (ii) CareFirst – CareFirst of Maryland, Inc., (BC/BS Plan #190/690) 66
 - (iii) CareFirst – Group Hospitalization and Medical Services

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	Inc (Non HMO) (BC/BS) Plan #080/580 (Federal Employee Program)	67
(iv)	CCN First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76
(xiii)	Other Commercial, PPO, PPN, TPA	77
(f)	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
(g)	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
(h)	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)	Primary Adult Care (PAC) MCO	
(i)	Amerigroup	01
(ii)	Jai Medical Group	02
(iii)	Maryland Physicians Care	03
(iv)	Priority Partners	04
(v)	United HealthCare	05

(b)	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
(c)	Medicaid MCO HMO:	
	(i)	Amerigroup 42
	(ii)	Coventry Health Plan of Delaware (Diamond Plan) 43
	(iii)	Helix Family Choice, Inc. 44
	(iv)	JAI Medical Group 45
	(v)	Medicaid/Uninsured APS - Maryland (psych payer) 46
	(vi)	Maryland Physicians Care 47
	(vii)	Priority Partners 48
	(viii)	United Healthcare (Americhoic) 49
	(ix)	Other Medicaid MCO/HMO 50
(d)	Medicare HMO:	
	(i)	Aetna (Golden Choice) 55
	(ii)	ElderHealth 56
	(iii)	United Healthcare (Evercare) 57
	(iv)	Other Medicare HMO 58
(e)	Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):	
	(i)	Aetna 65
	(ii)	CareFirst - CareFirst of Maryland, Inc (BC/BS Plan #190/690) 66
	(iii)	CareFirst - Group Hospitalization and Medical Services Inc. (Non HMO) (BC/BS Plan #080/580) (Federal Employee Program) 67
	(iv)	CCN/First Health 68
	(v)	Cigna 69
	(vi)	Employer Health Plan (EHP) 70
	(vii)	Fidelity Benefits Administrator 71
	(viii)	Great West One Plan 72
	(ix)	Kaiser Permanente 73
	(x)	MAMSI (Alliance PPO and MAMSI Life and Health) 74
	(xi)	National Capital PPO (NCPPO) 75
	(xii)	Private Health Care Systems (PHCS) 76
	(xiii)	Other Commercial, PPO, PPN, TPA 77

(f)	Behavioral Health:	
	(i) American Psych 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
(g)	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
(h)	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

- (b) Discharge to Another Institution:
- (i) Discharge to acute care (medical/surgical) hospital. Requires additional provider info 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
 - (v) Discharge to nursing facility. (This category includes skilled nursing and intermediate care facilities, both freestanding and hospital-based units.) 44
 - (vi) 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
 - (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 “66” 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

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(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 “67” from data item (17-1)(d)	16
(q)	Blue Cross (Other State) – All Blue Cross Out-of-State	17
(r)	Unknown	99

(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 “66” 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	

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	the selection of value "67" 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) or Self Pay	77
(s)	Unknown	99

(23) Attending Physician.

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

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

(j) Hospice

10

(27) Days of Service.

- (a) Enter on this line the number of days of psychiatric care and the number of days of non-psychiatric 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 non-psychiatric 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 non-psychiatric care is the number of days the patient was in the hospital for the midnight census in a non-psychiatric 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 |
| (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 birth weight is required for all patients born within 28 days before

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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.

(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

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permits (prefix letter “E”, left justified, blank fill on right).

- (54) Reserve Flag. Reserve flags are used by individual hospitals to flag certain cases for various purposes as instructed by HSCRC.
- | | | |
|-----|--|-----|
| (a) | Transplant Cases (Johns Hopkins and UM Only) | 1 |
| (b) | Research Cases (Johns Hopkins and UM Only) | 2 |
| (c) | Hematological Cases (Johns Hopkins and UM Only) | 3 |
| (d) | Transfer Cases (Johns Hopkins and UM Only) | 4 |
| (e) | Involuntary Psychiatric Admission (all hospitals) | I |
| (f) | Rancho levels to determine DRGs for Rehab services
(Meritus, Sinai or MedStar Montgomery General Hospital Only) | 1-8 |
- (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 super-voltage 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.
- (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.

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- (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.
- (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-04 Codes). This code identifies a specific accommodation, ancillary service, or billing calculation.
- (ii) Rate Center Code. This code identifies the HSCRC rate center to which the related UB revenue code and charges are mapped. **Rate center codes 81-88 are for UMM Shock Trauma (STC) only.**
- | | |
|------------------------------|----|
| Medical Surgical Acute (MSG) | 01 |
| Pediatrics Acute (PED) | 02 |
| Psychiatric Acute (PSY) | 03 |
| Obstetrics Acute (OBS) | 04 |

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Definitive Observation (DEF)	05
Medical Surgical ICU (MIS)	06
Coronary Care (CCU)	07
Pediatric ICU (PIC)	08
Neonatal ICU (NEO)	09
Burn Care (BUR)	10
Psychiatric ICU (PSI)	11
Shock Trauma (TRM)	12
Oncology (ONC)	13
Newborn Nursery (NUR)	14
Premature Nursery (PRE)	15
Rehabilitation (RHB)	16
Intermediate Care (ICC)	17
Chronic Care (CRH)	18
Adult Psych (PAD)	19
Child Psych (PCD)	20
Psych Geriatric (PSG)	21
Normal Delivery (ND)	22
Normal Newborn (NNB)	23
Respiratory Dependent (RDS)	24
Adolescent Neuropsychiatry (ADD)	25
Pediatric Specialty (PSP)	26
Pediatric Step Down (PSD)	27
Emergency Services (EMG)	28
Clinic Services (CL)	29
Clinic Services Primary (CLP)	30
O/P Surg – Proc Based (AMS)	31
Psych. Day & Night Care Serv (PDC)	32
Same Day Surgery (SDS)	33
Free Standing Emergency Services (FSE)	34
Oncology Clinic (OCL)	35
Referred Ambulatory (REF)	36
Shock Trauma O/P (TRO)	37
Lithotripsy (LIT)	38
Labor & Delivery Services (DEL)	39
Operating Room (OR)	40
Anesthesiology (ANS)	41
Laboratory Services (LAB)	42
Electrocardiography (EKG)	43
Electroencephalography (EEG)	44
Radiology – Diagnostic (RAD)	45
Radiology – Therapeutic (RAT)	46
Nuclear Medicine (NUC)	47
CAT Scanner (CAT)	48
Respiratory Therapy (RES)	49
Pulmonary Function Testing (PUL)	50
Renal Dialysis (RDL)	51
Physical Therapy (PTH)	52
Occupational Therapy (OTH)	53
Speech Language Pathology (STH)	54

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Organ Acquisition (OA)	55
Ambulatory Operating Room (AOR)	56
Leukopheresis (LEU)	57
Hyperbaric Chamber (HYP)	58
Audiology (AUD)	59
Other Physical Medicine (OPM)	60
Magnetic Resonance Imaging (MRI)	61
Ambulance Service Rebundled (AMR)	62
Transurethral MicW Thermometer (TMT)	63
Admission Services (ADM)	64
Medical Surgical Supplies (MSS)	65
Med/Surg Extraordinary (MSE)	66
Drugs (CDS)	67
Individual Therapy (ITH)	68
Group Therapies (GTH)	69
Activity Therapy (ATH)	70
Family Therapy (FTH)	71
Psych Testing (PST)	72
Education (PSE)	73
Recreational Therapy (REC)	74
Electroconvulsive Therapy (ETH)	75
Psych Therapy (PSH)	76
Transurethral Needle Ablation (TNA)	77
Cardiac Catheterization Lab (IVC)	78
Operating Room Clinic Services (ORC)	79
Observation (OBV)	80
Clinic Services (CL)	81
Operating Room (OR)	82
Anesthesiology (ANS)	83
Laboratory (LAB)	84
Physical Therapy (PTH)	85
Respiratory Therapy (PTH)	86
Admissions (ADM)	87
Med Surg Supplies (MSS)	88
Ungroupable	89
Where UB = 9999 (Total Charge)	00

- (iii) Units of Service. Enter the units of service (as defined in Appendix D of the HSCRC Accounting and Budget Manual) associated with the rate center. For the Medical Surgical Supplies and Organ Acquisition rate centers, enter 0. For the Drug rate center, enter the units as defined by the J-code description.
- (iv) Total charges associated with 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 |

(73) Filler (blank filled)

(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:

(i)	Meritus Health System (formally 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)	MedStar Franklin Square	210015
(xv)	Washington Adventist	210016
(xvi)	Garrett County	210017
(xvii)	MedStar Montgomery General	210018
(xviii)	Peninsula Regional	210019
(xix)	Suburban Hospital	210022
(xx)	Anne Arundel Medical Center	210023
(xxi)	MedStar Union Memorial	210024
(xxiii)	Western MD Health System (Braddock)	210027
(xxiv)	MedStar Saint Mary's Hospital	210028
(xxv)	Hopkins Bayview Acute Care	210029
(xxvi)	Chester River	210030
(xxvii)	Union of Cecil	210032
(xxviii)	Carroll County General	210033
(xxvii)	MedStar Harbor Hospital Center	210034
(xxx)	Civista	210035
(xxxii)	Memorial Hospital at Easton	210037

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(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)	MedStar Southern Maryland	210054
(xlii)	Greater Laurel	210055
(xliii)	MedStar 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	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)	Deer's 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

(d) Other Maryland Facilities:

(i)	Healthsouth Chesapeake Rehab Hospital	213028
(ii)	Adventist Rehabilitation Hospital of MD	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
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(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)	United Medical Center	090008
(viii)	MedStar 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
(ii)	Pennsylvania	390000
(iii)	Virginia	490000
(iv)	West Virginia	510000
(v)	Other Out-of-State Facility	770000

(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)	Meritus Health System (formally 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)	MedStar Franklin Square	210015
(xv)	Washington Adventist	210016
(xvi)	Garrett County	210017
(xvii)	MedStar Montgomery General	210018
(xviii)	Peninsula Regional	210019
(xix)	Suburban Hospital	210022

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(xx)	Anne Arundel Medical Center	210023
(xxi)	MedStar Union Memorial	210024
(xxiii)	Western MD Health System (Braddock)	210027
(xxiv)	MedStar 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)	MedStar Harbor Hospital	210034
(xxx)	Civista	210035
(xxxi)	Memorial 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)	MedStar Southern Maryland	210054
(xlii)	Greater Laurel	210055
(xliii)	MedStar 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)	Deer's 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

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(d) Other Maryland Facilities:

(i)	Healthsouth Chesapeake Rehabilitation Hospital	213028
(ii)	Adventist Rehabilitation Hospital of MD	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)	United Medical Center	090008
(viii)	MedStar 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
(iv)	West Virginia	510000
(v)	Other Out-of-State Facilities	770000

(g) Other:

(i)	Not Applicable	777777
(ii)	Unknown	999999

(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.

(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.

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- (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.
- (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 diagnoses codes in data items in §B (77) through (91) of this regulation.
- (93) Attending Physician NPI.
 - (a) Enter on this line the attending physician's National Provider Identifier.
 - (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 number of days of the length of stay, the attending physician is the

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physician most associated with the principal diagnosis.

(94) Operating Physician NPI.

- (a) Enter on this line the operating physician's National Provider Identifier.
- (c) The operating physician is the physician who performed the principal procedure as defined in instructions for data element 55.

(95) Medicaid ID Number. Medicaid ID Number field will be alphanumeric (can contain letters and numbers) and left justified. The default values for Medicaid ID Number are as follows:

- Use all 7's for N/A (for all non-Medicaid patients only)
- Use all 9's for unknown (for Medicaid patients only)
- Use all 8's for "Pending Authorization" (for Medicaid patients only)

(96) Patient Account Number. Enter on this line the unique Patient Account Number when the patient was admitted to the hospital. Patient Account Number should be left justified and should only contain numeric characters.

(97) Ambulance Run Number.

- (a) Arrival by Ambulance by a Maryland Emergency Medical Service Unit, Maryland Ambulance Information System (MAIS) Participant. MAIS participants may be any municipal, volunteer, or commercial based emergency medical service units, based in Maryland to include both air and ground means. 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.
- (b) If the method of arrival is by a MAIS participant, then enter on this line the 11-digit, pre-stamped run-sheet number found in the upper right-hand portion of the form. The Ambulance Run-sheet Number should follow current rules as applicable.
 - (ii) If the run-sheet number is not available, enter 77777777777.
 - (iii) If the patient did not arrive by ambulance leave blank (bbbbbbbbbbb).

(98) Enterprise Identifier. Enter on this line the enterprise number of the patient (the hospital system identifier). A hospital system enterprise identifier (EMPI), also known as the master patient identifier is a unique patient identification number that links a patient across system hospitals. Only system hospitals that are linked for the ARR program are required to submit this number. This field is 11 characters in length, numeric only, right justified and padded with leading zeros.

(99) Filler (blank filled)

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Inpatient Data Submission Format

- A. For each patient, the data elements form one Type 1 record of 250 characters, one Type 2 record of 250 characters, multiple Type 3 records of 250 characters each, and one Type 4 Record of 250 characters. 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 diagnoses, procedure codes, and Medicaid ID Number.
- D. All fields except Diagnosis Codes, Procedure Codes, Rehabilitation Impairment Group Codes, Medicaid ID Numbers, and Patient Account Numbers shall be right justified.
- E. Decimal points may not be used with numeric data (for example, diagnosis codes, procedure codes, and revenue data).
- F. Delivery method shall be in electronic format, pushed to vendors web-based file repository using SSL encryption over a private point-to-point data circuit.

The logical record length shall be 250 characters. One file only shall be submitted for each hospital for each calendar quarter of data. The data file must be standard ASCH text file. The data can be compressed if necessary into .zip files that are compatible / readable natively by the MS Window Operating Systems (Windows 2000, Windows XP, Windows Vista, or Windows 7). No special programs shall be necessary to decompress the data files. Each data submission must be accompanied by an approved submittal form. Electronic copies of the submittal form can be obtained by request from the HSCRC vendor.

All electronic methods **will require** users to utilize a system purchased by the HSCRC vendor known as “Repliweb Managed File Transfer” as the front-end application used to move files back and forth. The system utilizes an nsProtect Advanced SSL certificate to full encrypt the data being transferred.

Hospitals are recommended to use Internet browsers that are capable of using 256-bit AES encryption. The above methods simply revolve around the security and connectivity architecture between the hospital and the HSCRC vendor.

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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 xxxxxxx Medicare Provider
2	7-17	11	Patient's Medical Record Number xxxxxxxxxxxxx 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
6	35-36	2	Admission Hour 00 Through 23 Admission Hour 99 Unknown
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

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			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
			28 Admitted from on-site sub-acute 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 sub-acute 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, mental facility, halfway house or similar)
			(c) Admission From Home or Equivalent:
			60 Admitted from home (home includes physician office or any non-institutional source)
			61 Admitted from a nursing home

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(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 MMDDYYYY month, day, year 01 -12 Month 99 Unknown month 01-31 Day 99 Unknown day xxxx Year 9999 Unknown year
11	49	1	Sex 1 Male 2 Female 9 Unknown
12	50	1	Race 1 White 2 African American 3 Asian 4 American Indian/ Eskimo/Aleut 5 Other 6 Native Hawaiian or other Pacific Islander 7 Two or more races 8 Decline to answer 9 Unknown
13	51	1	Ethnicity 1 Spanish/Hispanic Origin 2 Not Spanish/Hispanic Origin 9 Unknown
14	52	1	Marital Status 1 Single 2 Married 3 Separated 4 Divorced 5 Widow/Widower 9 Unknown

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
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) 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

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
17	60-61	2	Primary Health Plan Payer
			(a) Primary Adult Care (PAC) MCO:
			01 Amerigroup
			02 Jai Medical Group
			03 Maryland Physicians Care
			04 Priority Partners
			05 United HealthCare
			(b) 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
			(c) 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 (psych payer)
			47 Maryland Physicians Care
			48 Priority Partners
			49 United Healthcare (Americhoice)
			50 Other Medicaid MCO/HMO
			(d) Medicare HMO
			55 Aetna (Golden Choice)
			56 ElderHealth
			57 United Healthcare (Evercare)
			58 Other Medicare HMO
			(e) Commercial (Indemnity), PPO/PPN/Third Party 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

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			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 (Alliance PPO, MAMSI Life and Health)
			75 National Capital PPO (NCPPO)
			76 Private Health Care Systems (PHCS)
			77 Other Commercial, PPO, PPN, TPA
			(f) 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
			(g) 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
			(h) Other
			00 Not applicable
			99 Unknown
17-1	62-63	2	Secondary Health Plan Payer.
			(a) Primary Adult Care (PAC) MCO
			01 Amerigroup
			02 Jai Medical Group
			03 Maryland Physicians Care
			04 Priority Partners
			05 United HealthCare

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(b) 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
			(c) 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 (psych payer)
		47	Maryland Physicians Care
		48	Priority Partners
		49	United Healthcare (Americhoice)
		50	Other Medicaid MCO/HMO
			(d) Medicare HMO
		55	Aetna (Golden Choice)
		56	ElderHealth
		57	United Healthcare (Evercare)
		58	Other Medicare HMO
			(e) Commercial (Indemnity), PPO/PPN/Third Party 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 (Alliance PPO, MAMSI Life and Health)
		75	National Capital PPO (NCPPO)
		76	Private Health Care Systems (PHCS)
		77	Other Commercial, PPO, PPN, TPA

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(f) 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 (g) 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 (h) 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 rehab 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 43 To a chronic hospital 44 To a nursing facility 45 To a sub-acute facility

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			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
			15 Medicare managed care payer
			16 Blue Cross - NCA
			17 Blue Cross - other state
			99 Unknown

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
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 MedChi Number 999999 Unknown
24	85-90	6	Operating Physician xxxxxx Physician MedChi Number 777777 Not Applicable 999999 Unknown
25	91-92	2	Major Service b = Space 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, 10 Chronic

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
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 10 Hospice
27	95-97	3	Days Of Service Non-psychiatric 001-776 Number of Days 777 Not Applicable 999 Unknown
	98-100	3	Psychiatric 001-776 Number of Days 777 Not Applicable 999 Unknown
28	101	1	Readmission 1 Yes 2 No
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

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
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
37	127-129	3	Filler (blank filled)
38	130-136	7	Principal Diagnosis xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
39	137-143	7	Other Diagnosis 1 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
40	144-150	7	Other Diagnosis 2 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
41	151-157	7	Other Diagnosis 3 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)

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Record Type 1: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
42	158-164	7	Other Diagnosis 4 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
43	165-171	7	Other Diagnosis 5 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
44	172-178	7	Other Diagnosis 6 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
45	179-185	7	Other Diagnosis 7 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
46	186-192	7	Other Diagnosis 8 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
47	193-199	7	Other Diagnosis 9 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
48	200-206	7	Other Diagnosis 10 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
49	207-213	7	Other Diagnosis 11 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
50	214-220	7	Other Diagnosis 12 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
51	221-227	7	Other Diagnosis 13 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)
52	228-234	7	Other Diagnosis 14 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable (spaces)

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Record Type 1: Cont.

<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 (spaces)
54	242	1	Reserve Flag (a) Used by John Hopkins and UM only 1 Transplant Cases 2 Research Cases 3 Hematological Cases 4 Transfer Cases (b) Used by Meritus, Sinai, and MedStar Montgomery General Hospital Only 1-8 Rancho levels to determine DRGs for Rehab services (c) Used by all hospitals I Involuntary Psychiatric Admission b Not Applicable (spaces)
73	243-250	8	Filler (Blank Filled)

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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 XXXXXX Medicare Provider
2	7-17	11	Medical Record Number XXXXXXXXXX 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 2 Record Type 2
55	35-41	7	Principal Procedure xxxxxx ICD9-CM Code bbbbbb Not Applicable bbbbbb Spaces
	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 bbbbbb Not Applicable (spaces)

(Revised 12/12/12)

Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
	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
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

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
	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
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.

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
74	236-241	6	Provider Specific Admission Source (a) Acute Care Hospitals
			210001 Meritus Health System (Wash. Co)
			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 MedStar Franklin Square
			210016 Washington Adventist
			210017 Garrett County
			210018 MedStar Montgomery General
			210019 Peninsula Regional
			210022 Suburban Hospital
			210023 Anne Arundel Medical Center
			210024 MedStar Union Memorial
			210027 Western MD Health System (Braddock)
			210028 MedStar Saint Mary's Hospital
			210029 Hopkins Bayview (acute)
			210030 Chester River
			210032 Union of Cecil
			210033 Carroll County General
			210034 MedStar 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 MedStar Southern Maryland
			210055 Greater Laurel
			210056 MedStar Good Samaritan
			210057 Shady Grove Adventist

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			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
			(b) 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
			(c) Psychiatric Hospitals
			214000 Sheppard Pratt
			214003 Brook Lane
			214013 Potomac Ridge
			214018 Spring Grove
			(d) Other Maryland Facilities
			213028 Healthsouth Chesapeake Rehab Hospital
			213029 Adventist Rehabilitation Hospital of MD
			213300 Mount Washington Pediatric Hospital
			210333 Bowie Health Center
			210052 Kennedy Krieger
			660000 Other Unspecified Institutions
			(e) Washington D.C. Hospitals
			090001 MedStar George Washington University Hospital
			090002 Hadley Memorial Hospital
			090003 Howard University Hospital
			090004 Georgetown University Hospital
			090005 Sibley Memorial Hospital
			090006 Providence Hospital
			090008 United Medical Center
			090011 MedStar Washington Hospital Center
			093025 National Rehabilitation Hospital
			093300 Children's National Medical Center
			097000 Other D.C. Hospitals

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(f) Out-of-State Hospitals
			080000 Delaware
			390000 Pennsylvania
			490000 Virginia
			510000 West Virginia
			770000 Other Out-of-State Facility
			(g) Other
			777777 Not Applicable
			999999 Unknown
75	242-247	6	Provider specific discharge disposition
			(a) Acute Care Hospitals
			210001 Meritus Health System (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 MedStar Franklin Square
			210016 Washington Adventist
			210017 Garrett County
			210018 MedStar Montgomery General
			210019 Peninsula Regional
			210022 Suburban Hospital
			210023 Anne Arundel General
			210024 MedStar Union Memorial
			210027 Western MD Health System (Braddock)
			210028 MedStar St. Mary's Hospital
			210029 Hopkins Bayview (acute)
			210030 Chester River
			210032 Union of Cecil
			210033 Carroll County General
			210034 MedStar Harbor Hospital
			210035 Civista
			210037 Memorial at Easton
			210038 Maryland General

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			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 MedStar Southern Maryland
			210055 Greater Laurel
			210056 MedStar 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
			(b) 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
			(c) Psychiatric Hospitals
			214000 Sheppard Pratt
			214003 Brook Lane
			214013 Potomac Ridge
			214018 Spring Grove
			(d) Other Maryland Facilities
			213028 Healthsouth Chesapeake Rehabilitation
			213029 Adventist Rehabilitation Hospital
			213300 Mount Washington Pediatric
			210333 Bowie Health Center
			210052 Kennedy Krieger
			660000 Other Unspecified Institution

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Record Type 2: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			(e) Washington D.C. Hospitals
			090001 MedStar George Washington University Hospital
			090002 Hadley Memorial Hospital
			090003 Howard University Hospital
			090004 Georgetown University Hospital
			090005 Sibley Memorial Hospital
			090006 Providence Hospital
			090008 United Medical Center
			090011 MedStar Washington Hospital Center
			093025 National Rehabilitation Hospital
			093300 Children's National Medical Center
			097000 Other D.C. Hospitals
			(f) Out-of-State Hospitals
			080000 Delaware
			390000 Pennsylvania
			490000 Virginia
			510000 West Virginia
			770000 Other Out-of-State facility
			(g) Other
			777777 Not applicable
			999999 Unknown
76	248-250	3	Filler (Blank Filled)

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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 XXXXXX Medicare Provider
2	7-17	11	Medical Record Number xxxxxxxxxxx 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 3 Record Type
71	35-234	200	Revenue Data The last occurrence of revenue shall always be the total charge
71.1a	35-38	4	Uniform Billing Revenue Code
71.1b	39-40	2	Rate Center Code
71.1c	41-45	5	Units of Service
71.1d	46-54	9	Charges xxxxxxxxx Detailed charges in dollars and cents. Do not use decimal point
71.2a	55-58	4	Revenue Code
71.2b	59-60	2	Rate Center Code
71.2c	61-65	5	Units of Service
71.2d	66-74	9	Charges
71.3a	75-78	4	Revenue Code
71.3b	79-80	2	Rate Center Code
71.3c	81-85	5	Units of Service
71.3d	86-94	9	Charges
71.4a	95-98	4	Revenue Code
71.4b	99-100	2	Rate Center Code
71.4c	101-105	5	Units of Service
71.4d	106-114	9	Charges
71.5a	115-118	4	Revenue Code
71.5b	119-120	2	Rate Center Code
71.5c	121-125	5	Units of Service
71.5d	126-134	9	Charges

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Record Type 3: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>		<u>Data Item and Code Description</u>
71.6a	135-138	4		Revenue Code
71.6b	139-140	2		Rate Center Code
71.6c	141-145	5		Units of Service
71.6d	146-154	9		Charges
71.7a	155-158	4		Revenue Code
71.7b	159-160	2		Rate Center Code
71.7c	161-165	5		Units of Service
71.7d	166-174	9		Charges
71.8a	175-178	4		Revenue Code
71.8b	179-180	2		Rate Center Code
71.8c	181-185	5		Units of Service
71.8d	186-194	9		Charges
71.9a	195-198	4		Revenue Code
71.9b	199-200	2		Rate Center Code
71.9c	201-205	5		Units of Service
71.9d	206-214	9		Charges
71.10a	215-218	4		Revenue Code
71.10b	219-220	2		Rate Center Code
71.10c	221-225	5		Units of Service
71.10d	226-234	9		Charges
72.1	235	1	Y N U W E	Principal Diagnosis Present on Admission Principal Diagnosis Not Present on Admission Principal Diagnosis Insuff Documentation to Determine Principal Diagnosis Unable to Clinically Determine Principal Diagnosis Exempt from Reporting
72.2	236	1	Y N U W E	Other Diagnosis 1 Present on Admission Diagnosis 1 Not Present on Admission Diagnosis 1 Insuff Documentation to Determine Diagnosis 1 Unable to Clinically Determine Diagnosis 1 Exemption from Reporting
72.3	237	1	Y N U W E	Other Diagnosis 2 Present on Admission Diagnosis 2 Not Present on Admission Diagnosis 2 Insufficient Documentation to Determine Diagnosis 2 Unable to Clinically Determine Diagnosis 2 Exemption from Reporting
72.4	238	1	Y N U W E	Other Diagnosis 3 Present on Admission Diagnosis 3 Not Present on Admission Diagnosis 3 Insufficient Documentation to Determine Diagnosis 3 Unable to Clinically Determine Diagnosis 3 Exemption from Reporting

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Record Type 3: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>		<u>Data Item and Code Description</u>
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
			W	Diagnosis 7 Unable to Clinically Determine
			E	Diagnosis 7 Exemption from Reporting
72.9	243	1	Y	Other Diagnosis 8 Present on Admission
			N	Diagnosis 8 Not Present on Admission
			U	Diagnosis 8 Insufficient Documentation to Determine
			W	Diagnosis 8 Unable to Clinically Determine
			E	Diagnosis 8 Exemption from Reporting
72.10	244	1	Y	Other Diagnosis 9 Present on Admission
			N	Diagnosis 9 Not Present on Admission
			U	Diagnosis 9 Insufficient Documentation to Determine
			W	Diagnosis 9 Unable to Clinically Determine
			E	Diagnosis 9 Exemption from Reporting
72.11	245	1	Y	Other Diagnosis 10 Present on Admission
			N	Diagnosis 10 Not Present on Admission
			U	Diagnosis 10 Insufficient Documentation to Determine
			W	Diagnosis 10 Unable to Clinically Determine
			E	Diagnosis 10 Exemption from Reporting

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Record Type 3: Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
72.12	246	1	Y Other Diagnosis 11 Present on Admission N Diagnosis 11 Not Present on Admission U Diagnosis 11 Insufficient Documentation to Determine W Diagnosis 11 Unable to Clinically Determine E Diagnosis 11 Exemption from Reporting
72.13	247	1	Y Other Diagnosis 12 Present on Admission N Diagnosis 12 Not Present on Admission U Diagnosis 12 Insufficient Documentation to Determine W Diagnosis 12 Unable to Clinically Determine E Diagnosis 12 Exemption from Reporting
72.14	248	1	Y Other Diagnosis 13 Present on Admission N Diagnosis 13 Not Present on Admission U Diagnosis 13 Insufficient Documentation to Determine W Diagnosis 13 Unable to Clinically Determine E Diagnosis 13 Exemption from Reporting
72.15	249	1	Y Other Diagnosis 14 Present on Admission N Diagnosis 14 Not Present on Admission U Diagnosis 14 Insufficient Documentation to Determine W Diagnosis 14 Unable to Clinically Determine E Diagnosis 14 Exemption from Reporting
72.16	250	1	Filler (Blank Filled)

(Revised 12/12/12)

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 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
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 (spaces)
78	42-48	7	Other Diagnosis 16 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
79	49-55	7	Other Diagnosis 17 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
80	56-62	7	Other Diagnosis 18 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
81	63-69	7	Other Diagnosis 19 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
82	70-76	7	Other Diagnosis 20 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
83	77-83	7	Other Diagnosis 21 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)

(Revised 12/12/12)

Record Type 4:Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
84	84-90	7	Other Diagnosis 22 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
85	91-97	7	Other Diagnosis 23 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
86	98-104		Other Diagnosis 24 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
87	105-111		Other Diagnosis 25 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
88	112-118	7	Other Diagnosis 26 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
89	119-125	7	Other Diagnosis 27 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (spaces)
90	126-132	7	Other Diagnosis 28 xxxxxxx ICD-9-CM Code bbbbbbb Not Applicable (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 Insuff Documentation to Determine W Diagnosis 15 Unable to Clinically Determine E Diagnosis 15 Exempt from Reporting

(Revised 12/12/12)

Record Type 4:Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
92.2	141	1	Y	Diagnosis 16 Present on Admission
			N	Diagnosis 16 Not Present on Admission
			U	Diagnosis 16 Insuff Documentation to Determine
			W	Diagnosis 16 Unable to Clinically Determine
			E	Diagnosis 16 Exempt from Reporting
92.3	142	1	Y	Diagnosis 17 Present on Admission
			N	Diagnosis 17 Not Present on Admission
			U	Diagnosis 17 Insuff 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 Insuff 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 Insuff 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 Insuff Documentation to Determine
			W	Diagnosis 20 Unable to Clinically Determine
			E	Diagnosis 20 Exempt from Reporting
92.7	146	1	Y	Diagnosis 21 Present on Admission
			N	Diagnosis 21 Not Present on Admission
			U	Diagnosis 21 Insuff 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 Insuff Documentation to Determine
			W	Diagnosis 22 Unable to Clinically Determine
			E	Diagnosis 22 Exempt from Reporting

(Revised 12/12/12)

Record Type 4:Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
92.9	148	1	Y	Diagnosis 23 Present on Admission
			N	Diagnosis 23 Not Present on Admission
			U	Diagnosis 23 Insuff 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 Insuff Documentation to Determine
			W	Diagnosis 24 Unable to Clinically Determine
			E	Diagnosis 24 Exempt from Reporting
92.11	150	1	Y	Diagnosis 25 Present on Admission
			N	Diagnosis 25 Not Present on Admission
			U	Diagnosis 25 Insuff 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 Insuff 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 Insuff 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 Insuff Documentation to Determine
			W	Diagnosis 28 Unable to Clinically Determine
			E	Diagnosis 28 Exempt from Reporting
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

(Revised 12/12/12)

Record Type 4:Cont.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
93	155-164	10	Attending Physician NPI xxxxxxxxxxx Physician NPI 9999999999 Unknown
94	165-174	10	Operating Physician NPI xxxxxxxxxxx Physician NPI 7777777777 Not Applicable 9999999999 Unknown
95	175-185	11	Medicaid ID Number xxxxxxxxxxx Medicaid ID Number 7777777777 Not Applicable (non-Medicaid only) 9999999999 Unknown (Medicaid only) 8888888888 Pending Authorization (Medicaid only)
96	186-203	18	Patient Account Number
97	204-214	11	Ambulance Run Number
98	215-225	11	Enterprise Master Patient Identifier (EMPI)
99	226-250	25	Filler (blank filled)