

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

**Inpatient Data Elements**

- (1) Medicare Provider Number. Enter the 6-digit Medicare Provider Number assigned to the Hospital. For example, enter 210099.
- (2) Medical Record Number.
  - (a) Enter 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.
  - (c) This field is 11 characters in length, numeric only, right justified and padded with leading zeros.
- (3) Admission Date. Enter 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 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 the record type in accordance with the instructions described in the Inpatient Data Format section.
- (6) Admission Hour. Enter 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 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
<del>(x)</del>	<del>Chronic</del>	<del>0</del>

- (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 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
    - (xi) Newborn (patient born in the hospital) 30
  - (b) Admission or transfer from another institution:
    - (i) Admitted from another **acute 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 hospital** inpatient service for any other reason. *Requires additional provider definition from data item 74.* 41
    - (iii) Admitted from a **physical** rehabilitation hospital or a **physical** 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

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	Psychiatric unit of another acute care hospital. <i>Requires additional provider definition from data item 74</i>	43
(v)	Admitted from a chronic hospital. <i>Requires additional provider definition from data item 74.</i>	44
(vi)	Admitted from other facility, at which sub-acute 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 supervised/congregate house (crises bed, group home, assisted living, board and care, halfway house) <i>Note: Assisted living, group home, halfway house are licensed by DHMH. Board and Care is a boarding house type facility registered with local jurisdiction. Crises bed is short term bed licensed by DHMH for transitional step- down of less than 30 days (Only adults).</i>	47
(ix)	Admitted from state psychiatric hospital	48
(x)	Admitted from residential treatment center	49
(xi)	Admitted from Long Term Care facility <i>(Includes skilled nursing and intermediate care facilities, both freestanding and hospital-based units.)</i>	50
(c)	Admitted from home or equivalent:	
	(i) Admitted from home	60
	(d) Not specified or Unknown	99
(9)	Admission from the Emergency Room. Enter 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 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.	

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

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

(12) **Filler. For Race variables, see items 100-107.**

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

- |     |                                |          |
|-----|--------------------------------|----------|
| (a) | Spanish/Hispanic Origin        | 1        |
| (b) | Not of Spanish/Hispanic Origin | 2        |
| (c) | <b>Declined to Answer</b>      | <b>7</b> |
| (d) | Unknown                        | 9        |

(14) Marital Status. Enter 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 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 |

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(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 the five-digit zip code of the patient's home address (for example, 21215).

(17) Primary Health Plan Payer. Enter 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 Community Care	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	MedStar Family Choice, Inc.	44
(iv)	JAI Medical Systems	45
(v)	Value Options	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	UnitedHealthcare	49
(ix)	Other Medicaid MCO or HMO	50
(x)	Riverside Health	51

<b>(d) Medicare HMO:</b>		
(i)	Aetna Health	55
(ii)	Elder Health	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58
(v)	<b>InforMed</b>	<b>59</b>
(vi)	<b>Bravo Health</b>	<b>60</b>
(vii)	<b>Kaiser Foundation Health Plan</b>	<b>61</b>
<b>(e) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):</b>		
(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 (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
(ix)	<b>Anthem BC/BS</b>	<b>78</b>
<b>(f) Behavioral Health:</b>		
(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
<b>(g) Other Government Programs:</b>		
(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
<b>(h) Other:</b>		
(i)	Not Applicable	00
(ii)	Unknown	99

**(18) Secondary Health Plan Payer.** Enter 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:

<b>(a)</b>	<b>Primary Adult Care (PAC) MCO</b>	
(i)	Amerigroup	01
(ii)	Jai Medical Group	02
(iii)	Maryland Physicians Care	03
(iv)	Priority Partners	04
(v)	United HealthCare	05
<b>(b)</b>	<b>HMO/POS:</b>	
(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>(c)</b>	<b>Medicaid MCO HMO:</b>	
(i)	Amerigroup Community Care	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	MedStar Family Choice, Inc.	44
(iv)	JAI Medical Systems	45
(v)	Value Options	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	UnitedHealthcare	49
(ix)	Other Medicaid MCO or HMO	50
(x)	<b>Riverside Health</b>	<b>51</b>
<b>(d)</b>	<b>Medicare HMO:</b>	
(i)	Aetna (Golden Choice)	55
(ii)	ElderHealth	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58
(v)	<b>InforMed</b>	<b>59</b>
(vi)	<b>Bravo Health</b>	<b>60</b>
(vii)	<b>Kaiser Foundation Health Plan</b>	<b>61</b>

<b>(e)</b>	<b>Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):</b>	
	(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 & 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
	<b>(xiv) Anthem BC/BS</b>	<b>78</b>
<b>(f)</b>	<b>Behavioral Health:</b>	
	(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
<b>(g)</b>	<b>Other Government Programs:</b>	
	(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
<b>(h)</b>	<b>Other:</b>	
	(i) Not Applicable	00
	(ii) Unknown	99

**(19)** Census Tract. Optional Field.

(20) Disposition of the Patient. Enter 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 sub-acute unit 28
- (x) Discharge to on-site hospice 29

**(b) Discharge to Another Healthcare 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

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(v)	Discharge to a <b>Long Term Care facility</b> <i>(This category includes skilled nursing and intermediate care facilities, both freestanding and hospital-based units.)</i>	44
(vi)	Discharge to facility at which subacute care is to be provided to the patient.	45
(vii)	Discharge to other health care facility. (i.e., dependency or veterans' facilities)	46
(viii)	<b>Discharge to Residential Treatment Center</b>	48
(ix)	<b>Discharge to Substance Abuse Rehabilitation Facility</b> (licensed facility for treatment of addiction)	49
(x)	<b>Discharge to State Psychiatric Hospital care hospital</b>	50
(xi)	<b>Discharge to Physical Rehabilitation Facility</b> (separate from #41 above)	51
(xii)	<b>Discharge to Department of Social Services Placement</b> (group home, child foster care, etc.)	52
(xiii)	<b>Discharge to Hospice facility</b>	53
<b>(c)</b>	<b>Discharge to Home or Equivalent:</b>	
(i)	Discharge to home or self-care.	60
(ii)	Discharge to home under the care of a home health agency. <i>(Includes hospice care provided in the home.)</i>	61
(iii)	<b>Discharge to Shelters</b> (homeless individuals with no resources sometimes choose shelter care)	62
(iv)	<b>Discharge to Juvenile/Adult Detention or Police Custody</b>	63
(v)	<b>Discharge to Supervised/Congregate House</b> (Includes crises bed, group home, assisted living, board and care, or halfway house)	64

Note: Assisted living, group home, halfway houses are licensed by DHMH. Board and Care is a boarding house type facility registered with local jurisdiction. Crises bed is short term bed licensed by DHMH for transitional step down of less than 30 days (Only adults).

**(d) Other:**

(i)	Expired	70
(ii)	Left against medical advice	71
(iii)	Administrative Discharge (Patient is non-compliance with program or has consecutive absences from program)	72
(iv)	AWOL (Escape and patient whereabouts unknown)	73
(v)	Community service referral (Entered into community program)	74
(vi)	Crisis Center (Outreach program)	75
(vii)	Not specified Other or Unknown	99

(21) Alternative Rate Case Identifier. Enter 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.

(22) Expected Primary Payer. Enter 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. <i>Requires the selection of value "66" from data item (17)(d).</i> (Do not include Blue Cross Health Maintenance Organization Products.)	04
(e)	Commercial insurance/PPO. <i>Requires additional payer definition from data item (17)</i>	05
(f)	Other government program. <i>Requires additional payer definition from data item (17)</i>	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

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(k)	Donor	11
(l)	Managed Care Payer. (Do not include Medicare and Medicaid managed care payers.) <i>Requires additional payer definition from data item (17)</i>	12
(m)	Do not use	13
(n)	Medicaid Managed Care. <i>Requires additional payer definition from data item (17)</i>	14
(o)	Medicare Managed Care. <i>Requires additional payer definition from data item (17)</i>	15
(p)	Blue Cross of the National Capital Area – Indemnity only. <i>Requires the selection of value “67” from data item (17-1)(d)</i>	16
(q)	Blue Cross (Other State) – All Blue Cross Out-of-State	17
(r)	Unknown	99
(23)	Secondary Payer. Enter 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. <i>Requires the selection of value “66” from data item (18)(d).</i> (Do not include Blue Cross Health Maintenance Organization Products.)	04
(e)	Commercial insurance/PPO. <i>Requires additional payer definition from data item (18)</i>	05
(f)	Other government program. <i>Requires additional payer definition from data item (18)</i>	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.) <i>Requires additional payer definition from data item (18).</i>	12
(m)	Do not use	13
(n)	Medicaid Managed Care. <i>Requires additional payer definition from data item (18)</i>	14
(o)	Medicare Managed Care. <i>Requires additional payer definition from data item (18)</i>	15
(p)	Blue Cross of the National Capital Area – Indemnity only. <i>Requires the selection of value “67” from data item (18)(d)</i>	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

(24) Attending Physician.

- (a) Enter the unique physician MedChi number. For example, enter 123456.
- (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.
 

(i)	Physician MedChi number	nnnnnn
(ii)	Unknown	999999

(25) Operating Physician.

- (a) Enter the unique physician MedChi number. For example, enter 123456.
- (b) The operating physician is the physician who performed the principal procedure as defined in instructions for data element 58.
 

(i)	Physician MedChi number	nnnnnn
(ii)	Certified Registered Nurse Anesthetists (CRNAs)	555555
(iii)	Other Clinical Provider	777777
(iv)	Nurse Midwives	888888
(v)	Unknown	999999

(26) Major Hospital Service and Special Care Unit Stay.

- (a) Enter the major hospital service to which the patient was assigned, using the

following codes.

- (b) 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
(b)	Surgery	02
(c)	Obstetric	03
(d)	Newborn	04
(e)	Pediatric	05
(f)	Psychiatric (only with a psychiatric unit)	06
(g)	Other	07
(h)	Rehabilitation (distinct rehabilitation unit only)	08
(i)	Unknown	09
<del>(j)</del>	<del>Chronic</del>	<del>10</del>

(27) Type of Daily Hospital Service. Enter 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 <del>and chronic care</del>	04
(e)	Intermediate care	05
(f)	Neonatal intensive care	06
(g)	Burn care	07
(h)	Rehabilitation (within distinct rehabilitation unit only)	08
<del>(i)</del>	<del>Chronic</del>	<del>09</del>
(j)	Hospice	10

*(Note: The "Hospice" code (10) is for all hospitals participating in the General Inpatient Hospice Care Project. Participating hospitals must use this code to identify hospice patients.)*

(28) Psychiatric Days of Service.

- (a) Enter 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.

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

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

(30-36) Special Care Days. Enter the number of days the patient was in each type of special care unit below.

**Example:** A patient spent 4 days in medical/surgical ICU, 3 days in definitive observation, and 6 days in medical/surgical acute.

- (a) Medical/Surgical Intensive Care Days 004
- (b) Coronary Care Days 777
- (c) Burn Care Days 777
- (d) Neonatal Intensive Care Days 777
- (e) Pediatric Intensive Care Days 777
- (f) Shock Trauma Days 777
- (g) Other Special Care Days 003

(30) Medical/Surgical Intensive Care Days.

(31) Coronary Care Days.

(32) Burn Care Days.

(33) Neonatal Intensive Care Days.

(34) Pediatric Intensive Care Days.

(35) Shock Trauma Days.

(36) Other Special Care Days (includes Definitive Observations, Oncology, Intensive Care, and Distinct Rehabilitation Unit Days).

(37) Birth Weight. Enter 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 admission.

(38) **Nature of Psychiatric Admission.** Enter the nature of the patient’s admission using the following coding:

- |     |                |   |
|-----|----------------|---|
| (a) | Voluntary      | 1 |
| (b) | Involuntary    | 2 |
| (c) | Court Ordered  | 3 |
| (d) | Not Applicable | 7 |
| (e) | Unknown        | 9 |

(39) **Professional Referral Flag:** Enter whether the reason for the patient’s admission was a professional referral (physician, psychiatric evaluator, etc.):

- |     |                |   |
|-----|----------------|---|
| (a) | Yes            | 1 |
| (b) | No             | 0 |
| (c) | Not Applicable | 7 |

(40) **ICD-9/ICD-10 Coding Flag:** Enter whether the principal and secondary diagnosis codes are coded in ICD-9 or ICD-10:

- |     |               |   |
|-----|---------------|---|
| (a) | ICD-9 coding  | 9 |
| (b) | ICD-10 coding | 0 |

(41) Principal Diagnosis.

- (a) Enter the ICD-9-CM or ICD-10-CM coding for the principal diagnosis (left justified, blank fill on right).
- (b) The principal diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital.
- (c) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 40) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 40) must equal 0.

(42) Other Diagnosis 1.

- (a) Enter on each appropriate line the ICD-9-CM or ICD-10-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.
- (c) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 40) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 40) must equal 0.

(43) Other Diagnosis 2. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.

- (44) Other Diagnosis 3. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (45) Other Diagnosis 4. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (46) Other Diagnosis 5. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (47) Other Diagnosis 6. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (48) Other Diagnosis 7. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (49) Other Diagnosis 8. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (50) Other Diagnosis 9. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (51) Other Diagnosis 10. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (52) Other Diagnosis 11. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (53) Other Diagnosis 12. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (54) Other Diagnosis 13. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.
- (55) Other Diagnosis 14. Enter on each appropriate line the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses.

- (56) External Cause of Injury Code (“E-Code”).
- (a) Enter the ICD-9-CM code for the external cause of an injury, poisoning, or adverse reaction.
  - (b) The E-Code shall be reported whenever an injury is the principal diagnosis or directly related to the principal diagnosis.
  - (c) 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).
  - (e) **If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 0.**
- (57) Reserve Flag. Reserve flags are used by individual hospitals to flag certain cases for various purposes as instructed by HSCRC. The current reserve flags are:
- (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 Only) 1-8
- (58) Principal Procedure and Date.
- (a) Enter the ICD-9-CM **or ICD-10-PCS** 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.
  - (c) 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.
- (59) Other Procedure 1 and Date. Enter the ICD-9-CM **or ICD-10-PCS** coding for a secondary procedure performed during the patient’s stay, and date.
- (60) Other Procedure 2 and Date. Enter the ICD-9-CM **or ICD-10-PCS** coding for a secondary procedure performed during the patient’s stay, and date.

- (61) Other Procedure 3 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (62) Other Procedure 4 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (63) Other Procedure 5 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (64) Other Procedure 6 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (65) Other Procedure 7 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (66) Other Procedure 8 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (67) Other Procedure 9 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (68) Other Procedure 10 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (69) Other Procedure 11 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (70) Other Procedure 12 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (71) Other Procedure 13 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (72) Other Procedure 14 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (73) 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.
- (73.a) 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.

(74) 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 will be multiple occurrences of revenue data reported according to the Uniform Billing Claims Form.

(74.1-10a) Revenue Code (UB-04 Codes). This code identifies a specific accommodation, ancillary service, or billing calculation. Enter “0001” for the UB code associated with the Total Charge.

(74.1-10b) 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.**

(1)	Medical Surgical Acute	(MSG)	01
(2)	Pediatrics Acute	(PED)	02
(3)	Psychiatric Acute	(PSY)	03
(4)	Obstetrics Acute	(OBS)	04
(5)	Definitive Observation	(DEF)	05
(6)	Medical Surgical ICU	(MIS)	06
(7)	Coronary Care	(CCU)	07
(8)	Pediatric ICU	(PIC)	08
(9)	Neonatal ICU	(NEO)	09
(10)	Burn Care	(BUR)	10
(11)	Psychiatric ICU	(PSI)	11
(12)	Shock Trauma	(TRM)	12
(13)	Oncology	(ONC)	13
(14)	Newborn Nursery	(NUR)	14
(15)	Premature Nursery	(PRE)	15
(16)	Rehabilitation	(RHB)	16
(17)	Intermediate Care	(ICC)	17
(18)	Chronic Care	(CRH)	18
(19)	Adult Psych	(PAD)	19
(20)	Child Psych	(PCD)	20
(21)	Psych Geriatric	(PSG)	21
(22)	Normal Delivery	(ND)	22
(23)	Normal Newborn	(NNB)	23
(24)	Respiratory Dependent	(RDS)	24
(25)	Adolescent Neuropsychiatry	(ADD)	25
(26)	Pediatric Specialty	(PSP)	26
(27)	Pediatric Step Down	(PSD)	27
(28)	Emergency Services	(EMG)	28
(29)	Clinic Services	(CL)	29
(30)	Clinic Services Primary	(CLP)	30
(31)	O/P Surg – Proc Based	(AMS)	31
(32)	Psych. Day & Night Care Serv	(PDC)	32

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(33)	Same Day Surgery	(SDS)	33
(34)	Free Standing Emergency Services	(FSE)	34
(35)	Oncology Clinic	(OCL)	35
(36)	Referred Ambulatory	(REF)	36
(37)	Shock Trauma O/P	(TRO)	37
(38)	Lithotripsy	(LIT)	38
(39)	Labor & Delivery Services	(DEL)	39
(40)	Operating Room	(OR)	40
(41)	Anesthesiology	(ANS)	41
(42)	Laboratory Services	(LAB)	42
(43)	Electrocardiography	(EKG)	43
(44)	Electroencephalography	(EEG)	44
(45)	Radiology – Diagnostic	(RAD)	45
(46)	Radiology – Therapeutic	(RAT)	46
(47)	Nuclear Medicine	(NUC)	47
(48)	CAT Scanner	(CAT)	48
(49)	Respiratory Therapy	(RES)	49
(50)	Pulmonary Function Testing	(PUL)	50
(51)	Renal Dialysis	(RDL)	51
(52)	Physical Therapy	(PTH)	52
(53)	Occupational Therapy	(OTH)	53
(54)	Speech Language Pathology	(STH)	54
(55)	Organ Acquisition	(OA)	55
(56)	Ambulatory Operating Room	(AOR)	56
(57)	Leukopheresis	(LEU)	57
(58)	Hyperbaric Chamber	(HYP)	58
(59)	Audiology	(AUD)	59
(60)	Other Physical Medicine	(OPM)	60
(61)	Magnetic Resonance Imaging	(MRI)	61
(62)	Ambulance Service Rebundled	(AMR)	62
(63)	Transurethral MicW Thermometer	(TMT)	63
(64)	Admission Services	(ADM)	64
(65)	Medical Surgical Supplies	(MSS)	65
(66)	Med/Surg Extraordinary	(MSE)	66
(67)	Drugs	(CDS)	67
(68)	Individual Therapy	(ITH)	68
(69)	Group Therapies	(GTH)	69
(70)	Activity Therapy	(ATH)	70
(71)	Family Therapy	(FTH)	71
(72)	Psych Testing	(PST)	72
(73)	Education	(PSE)	73
(74)	Recreational Therapy	(REC)	74
(75)	Electroconvulsive Therapy	(ETH)	75
(76)	Psych Therapy	(PSH)	76
(77)	Transurethral Needle Ablation	(TNA)	77
(78)	Cardiac Catheterization Lab	(IVC)	78
(79)	Operating Room Clinic Services	(ORC)	79
(80)	Observation	(OBV)	80
(81)	<b>Clinic Services</b>	<b>(CL)</b>	<b>81</b>
(82)	<b>Operating Room</b>	<b>(OR)</b>	<b>82</b>

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(83)	<b>Anesthesiology</b>	<b>(ANS)</b>	<b>83</b>
(84)	<b>Laboratory</b>	<b>(LAB)</b>	<b>84</b>
(85)	<b>Physical Therapy</b>	<b>(PTH)</b>	<b>85</b>
(86)	<b>Respiratory Therapy</b>	<b>(PTH)</b>	<b>86</b>
(87)	<b>Admissions</b>	<b>(ADM)</b>	<b>87</b>
(88)	<b>Med Surg Supplies</b>	<b>(MSS)</b>	<b>88</b>
(89)	Ungroupable		89
(90)	Where UB = 0001	(Tot. Charge)	00

(74.1-10c) 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.

- (a) For the Medical Surgical Supplies and Organ Acquisition rate centers, enter 0.
- (b) For the Drug rate center, enter the units as defined by the J-code description.

(74.1-10d) Total Charges. Total charges associated with the related revenue code.

(75) Diagnosis Present on Admission.

- (a) Enter 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 75.1 through 75.15 correspond sequentially to the principal and other diagnoses codes in data items §B(41)-(55) of this regulation.
- (c) Codes under §B(75) 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

(76) 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, Source of Admission, (a), (b), (c), (d), and (e), using the following codes:

**(a) Acute Care Hospitals:**

(i)	Meritus Health System (Wash. Co.)	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 (originally 210007)	<b>210063</b>
(viii)	Mercy Medical Center	210008
(ix)	Johns Hopkins	210009
(x)	Dorchester General	210010
(xi)	Saint Agnes Hospital	210011

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(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
(xxii)	Western MD Health System	210027
(xxiii)	MedStar Saint Mary's Hospital	210028
(xxiv)	Johns Hopkins Bayview Acute Care	210029
(xxv)	Chester River	210030
(xxvi)	Union of Cecil	210032
(xxvii)	Carroll County General	210033
(xxviii)	MedStar Harbor Hospital	210034
(xxix)	Civista	210035
(xxx)	Memorial at Easton	210037
(xxxi)	Maryland General	210038
(xxxii)	Calvert Memorial	210039
(xxxiii)	Northwest Hospital	210040
(xxxiv)	Baltimore Washington Medical Center	210043
(xxxv)	Greater Baltimore Medical Center	210044
(xxxvi)	McCready	210045
(xxxvii)	Howard General Hospital	210048
(xxxviii)	Upper Chesapeake Medical Center	210049
(xxxix)	Doctors Community Hospital	210051
(xl)	MedStar Southern Maryland (originally 210054)	210062
(xli)	Greater Laurel	210055
(xlii)	MedStar Good Samaritan	210056
(xliii)	Shady Grove Adventist	210057
(xliv)	Kernan Hospital Acute Care	210058
(xlv)	Fort Washington	210060
(xlvi)	Atlantic General	210061
(xlvii)	Johns Hopkins Oncology	210904
(xlviii)	University of Maryland Shock Trauma	218992
(xlix)	University of Maryland Cancer Center	218994

<b>(b) Chronic Hospitals:</b>		
(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
<b>(c) Psychiatric Hospitals:</b>		
(i)	Sheppard Pratt	214000
(ii)	Brook Lane	214003
(iii)	Potomac Ridge	214013
(iv)	Spring Grove	214018
<b>(d) Other Maryland Facilities:</b>		
(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
(vii)	Germantown Freestanding ER	210087
(viii)	Queens Anne's Freestanding ER	210088
<b>(e) Washington D.C. Hospitals:</b>		
(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 D. C. Hospital	097000
<b>(f) Out-of-State Hospitals:</b>		
(i)	Delaware	080000
(ii)	Pennsylvania	390000
(iii)	Virginia	490000
(iv)	West Virginia	510000
(v)	Other Out-of-State Facility	770000
<b>(g) Other:</b>		

(i)	Not Applicable	777777
(ii)	Unknown	999999

(77) 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 (20), Disposition of the Patient, (a), (b), (c), and (d) using the following codes:

**(a) Acute Care Hospitals:**

(ii)	Meritus Health System (Wash. Co.)	210001
(l)	University of Maryland	210002
(li)	Prince George's	210003
(lii)	Holy Cross Hospital	210004
(liii)	Frederick Memorial	210005
(liv)	Harford Memorial	210006
(iii)	Saint Joseph Medical Center (originally 210007)	210063
(ii)	Mercy Medical Center	210008
(iii)	Johns Hopkins	210009
(iv)	Dorchester General	210010
(v)	Saint Agnes Hospital	210011
(vi)	Sinai Hospital	210012
(vii)	Bon Secours	210013
(viii)	MedStar Franklin Square	210015
(ix)	Washington Adventist	210016
(x)	Garrett County	210017
(xi)	MedStar Montgomery General	210018
(xii)	Peninsula Regional	210019
(xiii)	Suburban Hospital	210022
(xiv)	Anne Arundel Medical Center	210023
(xv)	MedStar Union Memorial	210024
(xvi)	Western MD Health System	210027
(xvii)	MedStar Saint Mary's Hospital	210028
(xviii)	Johns Hopkins Bayview Acute Care	210029
(xix)	Chester River	210030
(xx)	Union of Cecil	210032
(xxi)	Carroll County General	210033
(xxii)	MedStar Harbor Hospital	210034
(xxiii)	Civista	210035
(xxiv)	Memorial at Easton	210037
(xxv)	Maryland General	210038
(xxvi)	Calvert Memorial	210039
(xxvii)	Northwest Hospital	210040
(xxviii)	Baltimore Washington Medical Center	210043
(xxix)	Greater Baltimore Medical Center	210044
(xxx)	McCready	210045
(xxxi)	Howard General Hospital	210048
(xxxii)	Upper Chesapeake Medical Center	210049
(xxxiii)	Doctors Community Hospital	210051

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(xxxiv)	MedStar Southern Maryland (originally 210054)	210062
(xxxv)	Greater Laurel	210055
(xxxvi)	MedStar Good Samaritan	210056
(xxxvii)	Shady Grove Adventist	210057
(xxxviii)	Kernan Hospital Acute Care	210058
(xxxix)	Fort Washington	210060
(xl)	Atlantic General	210061
(xli)	Johns Hopkins Oncology	210904
(xlii)	University of Maryland Shock Trauma	218992
(xliii)	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
(vii)	Germantown Freestanding ER	210087
(viii)	Queens Anne's Freestanding ER	210088

**(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

- (78) Other Diagnosis 15. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (79) Other Diagnosis 16. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (80) Other Diagnosis 17. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (81) Other Diagnosis 18. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (82) Other Diagnosis 19. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (83) Other Diagnosis 20. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (84) Other Diagnosis 21. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

- (85) Other Diagnosis 22. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (86) Other Diagnosis 23. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (87) Other Diagnosis 24. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (88) Other Diagnosis 25. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (89) Other Diagnosis 26. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (90) Other Diagnosis 27. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (91) Other Diagnosis 28. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (92) Other Diagnosis 29. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.
- (93) Additional Diagnoses Present on Admission.
  - (a) Enter 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 93.1 through 93.15 correspond sequentially to the principal and diagnoses codes in data items in §B (78) through (92) of this regulation.
- (94) Attending Physician NPI.
  - (a) Enter 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 physician most associated with the principal diagnosis.
- (95) Operating Physician NPI.
  - (a) Enter 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 58.

(96) Medicaid ID Number. Enter the Medicaid Id number.

- (a) The Medicaid ID is also commonly referred to as the Medical Assistance ID or Children’s Health Insurance Program (CHIP) ID number. The Medicaid ID number is not the same as the Medicaid MCO ID number or the Member ID number.
- (b) Medicaid ID Number field will be alphanumeric can contain letters and numbers) and left justified. Use the “Pending Authorization” code for patients who are waiting for approval of Medicaid eligibility at the time of discharge.
- (c) The default values for Medicaid ID numbers are as follows:
  - (i) Medicaid ID number (alphanumeric, left justified) xxxxxxxxxxxx
  - (ii) Not applicable (all non-Medicaid patients only) 7777777777
  - (iii) Unknown (for Medicaid patients only) 9999999999
  - (iv) Pending Authorization (for Medicaid patients only) 8888888888

(97) Patient Account Number.

- (a) Enter the unique number assigned by the hospital for this patient’s admission.
- (b) For Commission reporting requirements, this number is related to a single admission. This number will change with each encounter or visit reported.
- (c) This field is 18 characters in length, numeric only, right justified and padded with leading zeros.

(98) 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.
- (b) 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.
- (c) If the method of arrival is by a MAIS participant, then enter the 11-digit, pre-stamped run-sheet number found in the upper right-hand portion of the form.
- (d) The Ambulance Run-sheet Number should be numeric; right justified, and follows current rules as applicable.
  - (i) Patient arrived by ambulance nnnnnnnnnnn
  - (ii) Patient arrived by ambulance but run-sheet number is not available 7777777777
  - (iii) Patient did not arrive by ambulance 0000000000

- (99) Enterprise Master Patient Identifier (EMPI). Enter the enterprise number of the patient (the hospital system identifier).
- (a) 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.
  - (b) Only system hospitals that are linked for the ARR program are required to submit this number.
  - (c) This field is 11 characters in length, numeric only, right justified and padded with leading zeros.

***The following race category variables replace the 1 race variable:***

- (100) Race Category White. Enter whether the self-defined race of the patient is White or Caucasian using the following coding. White is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(a)	Yes	1
(b)	No	0

- (101) Race Category Black or African American. Enter whether the self-defined race of the patient is Black or African American using the following coding. Black or African American is defined as a person having origins in any of the Black racial groups of Africa.

(a)	Yes	1
(b)	No	0

- (102) Race Category American Indian or Alaska Native. Enter whether the self-defined race of the patient is American Indian or an Alaska Native using the following coding. American Indian or Alaska Native is defined as a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

(a)	Yes	1
(b)	No	0

- (103) Race Category Asian. Enter whether the self-defined race of the patient is Asian using the following coding. Asian is defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(a)	Yes	1
(b)	No	0

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(104) Race Category Native Hawaiian or Other Pacific Islander. Enter whether the self-defined race of the patient is Native Hawaiian or Other Pacific Islander using the following coding. Native Hawaiian or Other Pacific Islander is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(a)	Yes	1
(b)	No	0

(105) Race Category Other. Enter whether the self-defined race of the patient as other using the following coding.

(a)	Yes	1
(b)	No	0

(106) Race Category Declined to Answer. Enter whether the patient declined to disclose their race other using the following coding.

(a)	Yes	1
(b)	No	0

(107) Race Category Unknown or Cannot be Determined. Enter where the race of the patient is unknown or cannot be determined.

(a)	Yes	1
(b)	No	0

(108) Country of Origin. Enter the patient's self-identified ancestry or ethnic/country of origin using the following codes.

1)	Afghanistan	0010	
2)	Akrotiri	0020	
3)	Albania	0030	
4)	Algeria		0040
5)	American Samoa	0050	
6)	Andorra	0060	
7)	Angola	0070	
8)	Anguilla	0080	
9)	Antarctica	0090	
10)	Antigua and Barbuda	0100	
11)	Argentina	0110	
12)	Armenia	0120	
13)	Aruba	0130	
14)	Ashmore and Cartier Islands	0140	
15)	Australia	0150	
16)	Austria	0160	
17)	Azerbaijan	0170	
18)	Bahamas, The	0180	
19)	Bahrain	0190	
20)	Baker Island	0200	
21)	Bangladesh	0210	

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22)	Barbados	0220
23)	Belarus	0230
24)	Belgium	0240
25)	Belize	0250
26)	Benin	0260
27)	Bermuda	0270
28)	Bhutan	0280
29)	Bolivia	0290
30)	Bosnia and Herzegovina	0300
31)	Botswana	0310
32)	Bouvet Island	0320
33)	Brazil	0330
34)	British Indian Ocean Territory	0340
35)	Brunei	0350
36)	Bulgaria	0360
37)	Burkina Faso	0370
38)	Burma	0380
39)	Burundi	0390
40)	Cambodia	0400
41)	Cameroon	0410
42)	Canada	0420
43)	Cape Verde	0430
44)	Cayman Islands	0440
45)	Central African Republic	0450
46)	Chad	0460
47)	Chile	0470
48)	China	0480
49)	Christmas Island	0490
50)	Clipperton Island	0500
51)	Cocos (Keeling) Islands	0510
52)	Colombia	0520
53)	Comoros	0530
54)	Congo (Brazzaville)	0540
55)	Congo (Kinshasa)	0550
56)	Cook Islands	0560
57)	Coral Sea Islands	0570
58)	Costa Rica	0580
59)	Côte d'Ivoire	0590
60)	Croatia	0600
61)	Cuba	0610
62)	Curaçao	0620
63)	Cyprus	0630
64)	Czech Republic	0640
65)	Denmark	0650
66)	Dhekelia	0660
67)	Djibouti	0670
68)	Dominica	0680
69)	Dominican Republic	0690
70)	Ecuador	0700
71)	Egypt	0710

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72)	El Salvador	0720	
73)	Equatorial Guinea	0730	
74)	Eritrea	0740	
75)	Estonia	0750	
76)	Ethiopia	0760	
77)	Falkland Islands (Islas Malvinas)	0770	
78)	Faroe Islands	0780	
79)	Fiji	0790	
80)	Finland	0800	
81)	France	0810	
82)	French Guiana	0820	
83)	French Polynesia	0830	
84)	French Southern and Antarctic Lands		0840
85)	Gabon	0850	
86)	Gambia, The	0860	
87)	Georgia	0870	
88)	Germany	0880	
89)	Ghana	0890	
90)	Gibraltar	0900	
91)	Greece	0910	
92)	Greenland	0920	
93)	Grenada	0930	
94)	Guadeloupe	0940	
95)	Guam	0950	
96)	Guatemala	0960	
97)	Guernsey	0970	
98)	Guinea	0980	
99)	Guinea-Bissau	0990	
100)	Guyana	1000	
101)	Haiti	1010	
102)	Heard Island and McDonald Islands	1020	
103)	Holy See	1030	
104)	Honduras	1040	
105)	Hong Kong	1050	
106)	Howland Island	1060	
107)	Hungary	1070	
108)	Iceland	1080	
109)	India	1090	
110)	Indonesia	1100	
111)	Iran	1110	
112)	Iraq	1120	
113)	Ireland	1130	
114)	Isle of Man	1140	
115)	Israel	1150	
116)	Italy	1160	
117)	Jamaica	1170	
118)	Jan Mayen	1180	
119)	Japan	1190	
120)	Jarvis Island	1200	
121)	Jersey	1210	

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122)	Johnston Atoll	1220
123)	Jordan	1230
124)	Kazakhstan	1240
125)	Kenya	1250
126)	Kingman Reef	1260
127)	Kiribati	1270
128)	Korea, North	1280
129)	Korea, South	1290
130)	Kosovo	1300
131)	Kuwait	1310
132)	Kyrgyzstan	1320
133)	Laos	1330
134)	Latvia	1340
135)	Lebanon	1350
136)	Lesotho	1360
137)	Liberia	1370
138)	Libya	1380
139)	Liechtenstein	1390
140)	Lithuania	1400
141)	Luxembourg	1410
142)	Macau	1420
143)	Macedonia	1430
144)	Madagascar	1440
145)	Malawi	1450
146)	Malaysia	1460
147)	Maldives	1470
148)	Mali	1480
149)	Malta	1490
150)	Marshall Islands	1500
151)	Martinique	1510
152)	Mauritania	1520
153)	Mauritius	1530
154)	Mayotte	1540
155)	Mexico	1550
156)	Micronesia, Federated States of	1560
157)	Midway Islands	1570
158)	Moldova	1580
159)	Monaco	1590
160)	Mongolia	1600
161)	Montenegro	1610
162)	Montserrat	1620
163)	Morocco	1630
164)	Mozambique	1640
165)	Namibia	1650
166)	Nauru	1660
167)	Navassa Island	1670
168)	Nepal	1680
169)	Netherlands	1690
170)	New Caledonia	1700
171)	New Zealand	1710

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172)	Nicaragua	1720
173)	Niger	1730
174)	Nigeria	1740
175)	Niue	1750
176)	Norfolk Island	1760
177)	Northern Mariana Islands	1770
178)	Norway	1780
179)	Oman	1790
180)	Pakistan	1800
181)	Palau	1810
182)	Palmyra Atoll	1820
183)	Panama	1830
184)	Papua New Guinea	1840
185)	Paracel Islands	1850
186)	Paraguay	1860
187)	Peru	1870
188)	Philippines	1880
189)	Pitcairn Islands	1890
190)	Poland	1900
191)	Portugal	1910
192)	Puerto Rico	1920
193)	Qatar	1930
194)	Reunion	1940
195)	Romania	1950
196)	Russia	1960
197)	Rwanda	1970
198)	Saint Barthelemy	1980
199)	Saint Helena	1990
200)	Saint Kitts and Nevis	2000
201)	Saint Lucia	2010
202)	Saint Martin	2020
203)	Saint Pierre and Miquelon	2030
204)	Saint Vincent and the Grenadines	2040
205)	Samoa	2050
206)	San Marino	2060
207)	Sao Tome and Principe	2070
208)	Saudi Arabia	2080
209)	Senegal	2090
210)	Serbia	2100
211)	Seychelles	2110
212)	Sierra Leone	2120
213)	Singapore	2130
214)	Sint Maarten	2140
215)	Slovakia	2150
216)	Slovenia	2160
217)	Solomon Islands	2170
218)	Somalia	2180
219)	South Africa	2190
220)	South Georgia and the South Sandwich Islands	2200
221)	South Sudan	2210

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222)	Spain	2220
223)	Spratly Islands	2230
224)	Sri Lanka	2240
225)	Sudan	2250
226)	Suriname	2260
227)	Svalbard	2270
228)	Swaziland	2280
229)	Sweden	2290
230)	Switzerland	2300
231)	Syria	2310
232)	Tajikistan	2320
233)	Tanzania	2330
234)	Thailand	2340
235)	Timor-Leste	2350
236)	Togo	2360
237)	Tokelau	2370
238)	Tonga	2380
239)	Trinidad and Tobago	2390
240)	Tunisia	2400
241)	Turkey	2410
242)	Turkmenistan	2420
243)	Turks and Caicos Islands	2430
244)	Tuvalu	2440
245)	Uganda	2450
246)	Ukraine	2460
247)	United Arab Emirates	2470
248)	United Kingdom	2480
249)	United States	2490
250)	Uruguay	2500
251)	Uzbekistan	2510
252)	Vanuatu	2520
253)	Venezuela	2530
254)	Vietnam	2540
255)	Virgin Islands, British	2550
256)	Virgin Islands, U.S.	2560
257)	Wake Island	2570
258)	Wallis and Futuna	2580
259)	Western Sahara	2590
260)	Yemen	2600
261)	Zambia	2610
262)	Zimbabwe	2620
263)	Other	7770
264)	Declined to answer	8880
265)	Unknown	9990

(109) Preferred Spoken Language. Enter the patient’s preferred spoken language for a health-related encounter.

(110.1a) Minutes of Physical Restraint Event 1.

(a) Enter the total number of minutes that a patient admitted to a hospital-based inpatient

psychiatric setting was maintained in physical restraint. Physical restraint should be reported in whole minutes. Events less than or equal to 60 seconds should be reported as 1 minute (i.e., event duration of 2 minutes 5 seconds is reported as 3 minutes).

- (b) Enter “9999 Unable to Determine” when either the start or stop time **OR** the total number of minutes of restraint in an event is missing from the medical record.

(i)	Minutes of physical restraint event	nnnn
(ii)	Not applicable	7777
(iii)	Unable to determine restraint minutes	9999

(110.1b) Date of Physical Restraint Event 1.

- (a) Enter the date that physical restraint of the patient occurred.
- (b) Enter “99999999 Unable to Determine” when the date of the physical restraint event is missing from the medical record.

(i)	Date of physical restraint event	mmdyyy
(ii)	Not applicable	77777777
(iii)	Unable to determine event date	99999999

(110.2a) Minutes of Physical Restraint Event 2. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.2b) Date of Physical Restraint Event 2. Enter the date that physical restraint of the patient occurred.

(110.3a) Minutes of Physical Restraint Event 3. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint

(110.3b) Date of Physical Restraint Event 3. Enter the date that physical restraint of the patient occurred.

(110.4a) Minutes of Physical Restraint Event 4. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.4b) Date of Physical Restraint Event 4. Enter the date that physical restraint of the patient occurred.

(110.5a) Minutes of Physical Restraint Event 5. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.5b) Date of Physical Restraint Event 5. Enter the date that physical restraint of the patient occurred.

(110.6a) Minutes of Physical Restraint Event 6. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.6b) Date of Physical Restraint Event 6. Enter the date that physical restraint of the patient occurred.

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(110.7a) Minutes of Physical Restraint Event 7. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.7b) Date of Physical Restraint Event 7. Enter the date that physical restraint of the patient occurred.

(110.8a) Minutes of Physical Restraint Event 8. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.8b) Date of Physical Restraint Event 8. Enter the date that physical restraint of the patient occurred.

(110.9a) Minutes of Physical Restraint Event 9. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.9b) Date of Physical Restraint Event 9. Enter the date that physical restraint of the patient occurred.

(110.10a) Minutes of Physical Restraint Event 10. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was maintained in physical restraint.

(110.10b) Date of Physical Restraint Event 10. Enter the date that physical restraint of the patient occurred.

(111.1a) Minutes of Seclusion Event 1.

(a) Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion. Seclusion should be reported in whole minutes. Events less than or equal to 60 seconds should be reported as 1minute (i.e., event duration of 2 minutes 5 seconds is reported as 3 minutes).

(b) Enter “9999 Unable to Determine” when either the start or stop time OR the total number of minutes of seclusion event is missing from the medical record.

(i)	Minutes of seclusion	nnnn
(ii)	Not applicable	7777
(iii)	Unable to determine seclusion minutes	9999

(111.1b) Date of Seclusion Event 1.

(a) Enter the date that seclusion of the patient occurred.

(b) Enter “99999999 Unable to Determine” when the date of the seclusion event is missing from the medical record.

(i)	Date of physical restraint event	mmddyyyy
(ii)	Not applicable	77777777
(iii)	Unable to determine event date	99999999

(111.2a) Minutes of Seclusion Event 2. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.2b) Date of Seclusion Event 2. Enter the date that seclusion of the patient occurred.

(111.3a) Minutes of Seclusion Event 3. Enter the total number of minutes that a patient admitted to a

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hospital-based inpatient psychiatric setting was held in seclusion.

(111.3b) Date of Seclusion Event 3. Enter the date that seclusion of the patient occurred.

(111.4a) Minutes of Seclusion Event 4. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.4b) Date of Seclusion Event 4. Enter the date that seclusion of the patient occurred.

(111.5a) Minutes of Seclusion Event 5. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.5b) Date of Seclusion Event 5. Enter the date that seclusion of the patient occurred.

(111.6a) Minutes of Seclusion Event 6. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.6b) Date of Seclusion Event 6. Enter the date that seclusion of the patient occurred.

(111.7a) Minutes of Seclusion Event 7. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.7b) Date of Seclusion Event 7. Enter the date that seclusion of the patient occurred.

(111.8a) Minutes of Seclusion Event 8. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.8b) Date of Seclusion Event 8. Enter the date that seclusion of the patient occurred.

(111.9a) Minutes of Seclusion Event 9. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.9b) Date of Seclusion Event 9. Enter the date that seclusion of the patient occurred.

(111.10a) Minutes of Seclusion Event 10. Enter the total number of minutes that a patient admitted to a hospital-based inpatient psychiatric setting was held in seclusion.

(111.10b) Date of Seclusion Event 10. Enter the date that seclusion of the patient occurred.

(112) Medications panel.

(a) Enter whether a panel approved the patient to be administered involuntary medication anytime during the admission.

(b) Psychiatric medications may be forced upon a non-consenting patient only in an emergency or, in a non-emergency, when the patient has been hospitalized and the medications have been approved by a hearing panel convened

involuntarily  
under state law.

(i)	Yes	1
(ii)	No	2
(iii)	Not Applicable	7

- (113) Constant visual observation, 96 hours or greater.
- (a) Enter whether the patient received constant visual observation (level 1 or 2) anytime during the admission.
  - (b) Constant observation employed only for those patients admitted to a hospital-based inpatient psychiatric setting who are considered to be extremely high risk to either themselves or a third party. The first level involves a healthcare worker remaining within arm's reach of the service user at all times. The second level involves only maintaining a constant watch on a patient, sometimes from a distance.
 

(i)	Yes	1
(ii)	No	2
(iii)	Not Applicable	7
- (114) Other Procedure 15 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (115) Other Procedure 16 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (116) Other Procedure 17 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (117) Other Procedure 18 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (118) Other Procedure 19 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (119) Other Procedure 20 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (120) Other Procedure 21 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (121) Other Procedure 22 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (122) Other Procedure 23 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (123) Other Procedure 24 and Date. Enter the ICD-9-CM or or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (124) Other Procedure 25 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (125) Other Procedure 26 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary

procedure performed during the patient's stay, and date.

- (126) Other Procedure 27 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (127) Other Procedure 28 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.
- (128) Other Procedure 29 and Date. Enter the ICD-9-CM or ICD-10-PCS coding for a secondary procedure performed during the patient's stay, and date.

## 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,
  - One Type 4 record of 250 characters
  - One Type 5 record of 250 characters
  - One Type 6 record of 250 characters, and
  - One Type 7 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, Type 5, Type 6, and Type 7 records also contain 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, one Type 3 record of 250 characters which has a total of four occurrences of revenue data (three occurrences plus one for total charges), one Type 4 record of 250 characters, one Type 5 record of 250 characters, one Type 6 record of 250, and one Type 7 record of 250.
- (2) A patient with 25 occurrences will have one Type 1 record of 250 characters, one Type 2 record of 250 characters, three Type 3 records of 250 characters, one Type 4 record of 250 characters, one Type 5 record of 250 characters, one Type 6 record of 250, and one Type 7 record of 250. 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 only be used for the following data elements:

- Primary and secondary diagnosis codes
- Primary and secondary procedure codes
- UB-04 codes
- Reserve flag fields,
- Medicaid ID numbers, and
- Preferred language

**All other data elements (including the medical record and patient account number) must be numeric.**

D. The following data elements are right justified:

- Medical record number
- Patient account number
- Enterprise Master Patient Identifier (EMPI)
- Ambulance run number
- Physician NPI numbers
- UB-04 Codes
- All data fields designated as Numeric

All other data elements are left justified.

E. Decimal points may not be used with **any** data element (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.

**Record Type 1:**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission Date mmddyyyy Month, Day, Year
4	26-33	8	Date	Discharge Date mmddyyyy Month, Day, Year
5	34	1		Record Type 1 Record Type 1
6	35-36	2	Numeric	Admission Hour 00 Through 23 Admission Hour 99 Unknown
7	37	1	Numeric	Nature of Admission 1 Delivery 2 Newborn 3 Emergency 4 Urgent 5 Scheduled 6 Other 7 Psychiatric 8 Rehabilitation 9 Unknown <del>0</del> <b>Chronic</b>
8	38-39	2	Numeric	Source of Admission <b>(a) Admission (Transfer) Within Hospital:</b> 20 From on-site acute care unit to an on-site rehabilitation unit 21 From on-site rehabilitation unit to acute care unit 22 From on-site rehabilitation unit to chronic unit 23 From chronic unit to on-site rehabilitation unit 24 From acute care unit to chronic unit 25 From chronic unit to acute care unit

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
8	38-39	2	Numeric	Source of Admission: cont.
				26 From on-site acute care unit to on-site psychiatric unit
				27 From on-site psychiatric unit to acute care unit
				28 From on-site sub-acute to acute care unit
				29 Within 72 hours from on-site ambulatory/outpatient surgery unit in which ambulatory surgery is performed
				30 Newborn (patient born in the hospital)
				<b>(b) Admission from another Healthcare Institution:</b>
				40 From another <b>acute hospital</b> to MIEMS designated specialty referral or area-wide trauma center
				41 From another <b>acute hospital</b> inpatient service for any other reason
				42 From <b>physical</b> rehabilitation hospital or a <b>physical</b> rehabilitation unit of another acute care hospital.
				43 From a private psychiatric hospital or a psychiatric unit of another acute care hospital.
				44 From a chronic hospital.
				45 From other facility, at which sub-acute services were provided to the patient
				46 Within 72 hours, from off-site ambulatory/outpatient surgery unit or other outpatient setting at another hospital or health care facility.
				47 From supervised/congregate house
				48 From state psychiatric hospital
				49 From residential treatment center
				50 From long term care facility
				<b>(c) Admission from Home or Equivalent:</b>
				60 Admitted from home
				<b>(d) Not specified:</b>
				99 Unknown

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
9	40	1	Numeric	Admission from Emergency Room 1 Admitted from emergency room 7 Not Applicable 9 Unknown
10	41-48	8	Date	Date of Birth mmddyyyy Month, Day, Year 99999999 Unknown
11	49	1	Numeric	Sex 1 Male 2 Female 9 Unknown
12  100-107	50	1		Filler (blank filled). Race category variables replace the single race variable. See Items
13	51	1	Numeric	Ethnicity 1 Spanish/Hispanic Origin 2 Not Spanish/Hispanic Origin 7 Declined to Answer 9 Unknown
14	52	1	Numeric	Marital Status 1 Single 2 Married 3 Separated 4 Divorced 5 Widow/Widower 9 Unknown
15	53-54	2	Character	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

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
15	53-54	2	Character	Area of Residence (County Code): cont. 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	Numeric	nnnnn Residence Zip Code 77777 Foreign 99999 Unknown
17	60-61	2	Character	Primary Health Plan Payer <b>(a) Primary Adult Care (PAC) MCO:</b> 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare <b>(b) HMO/POS</b> 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

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
17	60-61	2	Character	Primary Health Plan Payer : cont.
				<b>(c) Medicaid MCO/HMO</b>
				42 Amerigroup Community Care
				43 Coventry Health Plan of Delaware (Diamond Plan)
				44 MedStar Family Choice, Inc.
				45 JAI Medical Systems
				46 Value Options
				47 Maryland Physicians Care
				48 Priority Partners
				49 UnitedHealthcare
				50 Other Medicaid MCO/HMO
				<b>51 Riverside Health</b>
				<b>(d) Medicare HMO</b>
				55 Aetna (Golden Choice)
				56 ElderHealth
				57 United Healthcare (Evercare)
				58 Other Medicare HMO
				<b>59 InforMed</b>
				<b>60 Bravo Health</b>
				<b>61 Kaiser Foundation Health Plan</b>
				<b>(e) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)</b>
				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
				<b>78 Anthem BC/BS</b>

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
17	60-61	2	Character	Primary Health Plan Payer : cont. <b>(f) Behavioral Health</b> 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  <b>(g) Other Government Programs</b> 93 MD Health Insurance Plan (MHIP) EPO 94 MD Health Insurance Plan (MHIP) PPO 95 Tricare (i.e.: Health Net) 96 Uniformed Services Family Health Plan (USFHP) 97 Other miscellaneous government programs  <b>(h) Other</b> 00 Not applicable 99 Unknown
18	62-63	2	Character	Secondary Health Plan Payer.  <b>(a) Primary Adult Care (PAC) MCO</b> 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare  <b>(b) HMO/POS</b> 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

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
18	62-63	2	Character	Secondary Health Plan Payer: Cont.
				<b>(c) Medicaid MCO/HMO</b>
				42 Amerigroup Community Care
				43 Coventry Health Plan of Delaware (Diamond Plan)
				44 MedStar Family Choice, Inc.
				45 JAI Medical Systems
				46 Value Options
				47 Maryland Physicians Care
				48 Priority Partners
				49 UnitedHealthcare
				50 Other Medicaid MCO/HMO
				51 <b>Riverside Health</b>
				<b>(d) Medicare HMO</b>
				55 Aetna (Golden Choice)
				56 ElderHealth
				57 United Healthcare (Evercare)
				58 Other Medicare HMO
				59 <b>InforMed</b>
				60 <b>Bravo Health</b>
				61 <b>Kaiser Foundation Health Plan</b>
				<b>(e) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)</b>
				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
				78 <b>Anthem BC/BS</b>

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
18	62-63	2	Character	Secondary Health Plan Payer: Cont. <b>(f) Behavioral Health</b> 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  <b>(g) Other Government Programs</b> 93 MD Health Insurance Plan (MHIP) EPO 94 MD Health Insurance Plan (MHIP) PPO 95 Tricare (i.e.: Health Net) 96 Uniformed Services Family Health Plan (USFHP) 97 Other miscellaneous government programs  <b>(h) Other</b> 00 Not Applicable 99 Unknown
19	64-69	6	Numeric	Census Tract (optional)
20	70-71	2	Numeric	Disposition of Patient <b>(a) Discharge (Transfer within Hospital)</b> 20 To distinct on-site rehab unit from acute care 21 To acute care from on-site rehab unit 22 To chronic unit from on-site rehab unit 23 To on-site rehab 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 27 To acute care from on-site psychiatric unit 28 To on-site sub-acute unit

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
20	70-71	2	Numeric	Disposition of Patient: cont. <b>(b) Discharge to Another Healthcare Institution</b> 40 To another acute care hospital 41 To a rehabilitation hospital or an off- site rehab 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 long term care facility 45 To a sub-acute facility 46 To other health care facility  <b>(c) Discharge to Home or Equivalent</b> 60 To home or self-care 61 To home under the care of a home health agency 62 To Nursing Home  <b>(d) Other</b> 70 Expired 71 Left Against Medical Advice  <b>(e) Not Specified</b> 99 Unknown
21	72-74	3	Character	Alternative Rate Program xxx Contract code bbb Not applicable

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
22	75-76	2	Character	Expected Primary 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 99 Unknown
23	77-78	2	Character	Expected 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

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
24	79-84	6	Numeric	Attending Physician nnnnnn Right Justified 999999 Unknown
25	85-90	6	Numeric	Operating Physician nnnnnn Right Justified 555555 CRNAs 777777 Other Clinical Provider 888888 Nurse Midwives 999999 Unknown
26	91-92	2	Character	Major Service 01 Medicine 02 Surgery 03 Obstetrics 04 Newborn 05 Pediatric 06 Psychiatric 07 Other 08 Rehabilitation 09 Unknown <del>10 Chronic</del>
27	93-94	2	Character	Type of Daily Hospital Service 01 All Other 02 Shock Trauma 03 Oncology 04 Skilled Nursing Care 05 Intermediate ( <del>Chronic</del> ) Care 06 Neonatal Intensive Care 07 Burn Care 08 Rehab <del>09 Chronic</del> 10 Hospice
28	95-100	6	Numeric	Psychiatric Days of Service nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
	95-97	3		Non-psychiatric days of service
	98-100	3		Psychiatric days of service

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
29	101	1	Numeric	Readmission 1 Yes 2 No
30	102-104	3	Numeric	Medical/Surgical ICU Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
31	105-107	3	Numeric	Coronary Care Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
32	108-110	3	Numeric	Burn Care Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
33	111-113	3	Numeric	Neonatal ICU Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
34	114-116	3	Numeric	Pediatric ICU Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
35	117-119	3	Numeric	Shock Trauma Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
36	120-122	3	Numeric	Other Care Days nnn Right justified, Fill on left with leading zeros 777 Not Applicable 999 Unknown
37	123-126	4	Numeric	Newborn Birth Weight nnnn Actual weight at birth in grams 7777 Patient not a newborn 9999 Unknown
38	127	1	Numeric	Nature of Psychiatric Admission 1 Voluntary 2 Involuntary 3 Court Ordered 7 Not Applicable 9 Unknown
39	128	1	Numeric	Professional Referral Flag 1 Yes 0 No 7 Not Applicable
40	129	1	Numeric	ICD-9/ICD-10 Coding Flag 9 ICD-9 coding 0 ICD-10 coding
41	130-136	7	Character	Principal Diagnosis xxxxxxx ICD-9-CM/ICD10-CM Code bbbbbbb Not Applicable (spaces)
42	137-143	7	Character	Other Diagnosis 1 xxxxxxx ICD-9-CM/ICD10-CM Code bbbbbbb Not Applicable (spaces)
43	144-150	7	Character	Other Diagnosis 2 Same as Other Diagnosis 1
44	151-157	7	Character	Other Diagnosis 3 Same as Other Diagnosis 1
45	158-164	7	Character	Other Diagnosis 4 Same as Other Diagnosis 1

**Record Type 1: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
46	165-171	7	Character	Other Diagnosis 5 Same as Other Diagnosis 1
47	172-178	7	Character	Other Diagnosis 6 Same as Other Diagnosis 1
48	179-185	7	Character	Other Diagnosis 7 Same as Other Diagnosis 1
49	186-192	7	Character	Other Diagnosis 8 Same as Other Diagnosis 1
50	193-199	7	Character	Other Diagnosis 9 Same as Other Diagnosis 1
51	200-206	7	Character	Other Diagnosis 10 Same as Other Diagnosis 1
52	207-213	7	Character	Other Diagnosis 11 Same as Other Diagnosis 1
53	214-220	7	Character	Other Diagnosis 12 Same as Other Diagnosis 1
54	221-227	7	Character	Other Diagnosis 13 Same as Other Diagnosis 1
55	228-234	7	Character	Other Diagnosis 14 Same as Other Diagnosis 1
56	235-241	7	Character	E-Code xxxxxxx ICD-9-CM/ICD10-CM Code bbbbbbb Not Applicable (spaces)

**Record Type 1: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
57	242	1	Character	Reserve Flag <b>(a) Used by John Hopkins and UM only</b> 1 Transplant Cases 2 Research Cases 3 Hematological Cases 4 Transfer Cases  <b>(b) Used by Meritus, Sinai, and MedStar Montgomery General Hospital Only</b> 1-8 Rancho levels to determine DRGs for Rehab services  <b>(c) Used by all hospitals</b> I Involuntary Psychiatric Admission b Not Applicable (spaces)
	243-250	8		Filler (blank filled). Reserve for future use.

**Record Type 2:**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission Date mmddyyyy Month, Day, Year
4	26-33	8	Date	Discharge Date mmddyyyy Month, Day, Year
5	34	1	Numeric	Record Type 2 Record Type 2
58	35-41	7	Character	Principal Procedure xxxxxxx ICD-9-CM/ICD10-PCS Code bbbbbbb Not Applicable (spaces)
	42-49	8	Date	Principal Procedure Date mmddyyyy Month, Day, Year 77777777 Not Applicable 99999999 Unknown
59	50-56	7	Character	Other Procedure 1 xxxxxxx ICD-9-CM/ICD10-PCS Code bbbbbbb Not Applicable (spaces)
	57-64	8	Date	Other Procedure 1 Date. mmddyyyy month, day, year 77777777 Not Applicable 99999999 Unknown
60	65-71	7	Character	Other Procedure 2 Same as Other Procedure 1
	72-79	8	Date	Other Procedure 2 Date Same as Other Procedure 1 Date
61	80-86	7	Character	Other Procedure 3 Same as Other Procedure 1
	87-94	8	Date	Other Procedure 3 Date Same as Other Procedure 1 Date

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
62	95-101	7	Character	Other Procedure 4 Same as Other Procedure 1
	102-109	8	Date	Other Procedure 4 Date Same as Other Procedure 1 Date
63	110-116	7	Character	Other Procedure 5 Same as Other Procedure 1
	117-124	8	Date	Other Procedure 5 Date Same as Other Procedure 1 Date
64	125-131	7	Character	Other Procedure 6 Same as Other Procedure 1
	132-139	8	Date	Other Procedure 6 Date Same as Other Procedure 1 Date
65	140-146	7	Character	Other Procedure 7 Same as Other Procedure 1
	147-154	8	Date	Other Procedure 7 Date Same as Other Procedure 1 Date
66	155-161	7	Character	Other Procedure 8 Same as Other Procedure 1
	162-169	8	Date	Other Procedure 8 Date Same as Other Procedure 1 Date
67	170-176	7	Character	Other Procedure 9 Same as Other Procedure 1
	177-184	8	Date	Other Procedure 9 Date Same as Other Procedure 1 Date
68	185-191	7	Character	Other Procedure 10 Same as Other Procedure 1
	192-199	8	Date	Other Procedure 10 Date Same as Other Procedure 1 Date
200-227	28			Filler (blank filled). Reserve for future use. See Record Type 5 for remaining Other Procedures
73	228	1	Numeric	Rehabilitation Admission Class n Rehabilitation Admission Class
73.a	229-235	7	Character	Rehabilitation Impairment Group Code. xxxxxxx Left justify, blank-fill on right. Do not include decimal.

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
76	236-241	6	Numeric	Provider Specific Admission Source
				<b>(a) Acute Care Hospitals</b>
				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
				210063 Saint Joseph (originally 210007)
				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

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
76	236-241	6	Numeric	Provider Specific Admission Source: cont. <b>210062</b> MedStar Southern Maryland <b>(originally 210054)</b> 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>(b) Chronic Hospitals</b> 212203 Gladys Spellman 212007 University Specialty 212005 Levindale 212058 Kernan (chronic) 212029 Hopkins Bayview (chronic) 212003 Deer's Head Hospital 212002 Western Maryland Hospital
				<b>(c) Psychiatric Hospitals</b> 214000 Sheppard Pratt 214003 Brook Lane 214013 Potomac Ridge 214018 Spring Grove
				<b>(d) Other Maryland Facilities</b> 213028 Healthsouth Chesapeake Rehab Hospital 213029 Adventist Rehabilitation Hospital 213300 Mount Washington Pediatric Hospital 210333 Bowie Health Center 210052 Kennedy Krieger 660000 Other Unspecified Institutions <b>210087 Germantown Freestanding ER</b> <b>210088 Queens Anne's Freestanding ER</b>

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
76	236-241	6	Numeric	Provider Specific Admission Source: cont.  <b>(e) Washington D.C. Hospitals</b> 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  <b>(f) Out-of-State Hospitals</b> 080000 Delaware 390000 Pennsylvania 490000 Virginia 510000 West Virginia 770000 Other Out-of-State Facility  <b>(g) Other</b> 777777 Not Applicable 999999 Unknown
77	242-247	6	Numeric	Provider specific discharge disposition <b>(a) Acute Care Hospitals</b> 210001 Meritus Health System (Wash. Co.) 210002 University of Maryland 210003 Prince George's 210004 Holy Cross Hospital 210005 Frederick Memorial 210006 Harford Memorial 210063 Saint Joseph (originally 210007) 210008 Mercy Medical Center 210009 Johns Hopkins 210010 Dorchester General 210011 St. Agnes Hospital 210012 Sinai Hospital 210013 Bon Secours 210015 MedStar Franklin Square

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
77	242-247	6	Numeric	Provider specific discharge disposition: cont
				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
				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
				210062 MedStar Southern Maryland (originally 210054)
				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

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
77	242-247	6	Numeric	Provider specific discharge disposition: cont.
				<b>(b) Chronic Hospitals</b>
				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
				<b>(c) Psychiatric Hospitals</b>
				214000 Sheppard Pratt
				214003 Brook Lane
				214013 Potomac Ridge
				214018 Spring Grove
				<b>(d) Other Maryland Facilities</b>
				213028 Healthsouth Chesapeake Rehabilitation
				213029 Adventist Rehabilitation Hospital
				213300 Mount Washington Pediatric
				210333 Bowie Health Center
				210052 Kennedy Krieger
				660000 Other Unspecified Institution
				210087 Germantown Freestanding ER
				210088 Queens Anne's Freestanding ER
				<b>(e) Washington D.C. Hospitals</b>
				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

**Record Type 2: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
77	242-247	6	Numeric	Provider specific discharge disposition: cont. <b>(f) Out-of-State Hospitals</b> 080000 Delaware 390000 Pennsylvania 490000 Virginia 510000 West Virginia 770000 Other Out-of-State facility  <b>(g) Other</b> 777777 Not applicable 999999 Unknown
	248-250	3		Filler (blank filled). Reserve for future use.

**Record Type 3:**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission Date mmddyyyy Month, Day, Year
4	26-33	8	Date	Discharge Date mmddyyyy Month, Day, Year
5	34	1	Numeric	Record Type 3 Record Type
74.1a	35-38	4	Character	Uniform Billing (UB-04) Revenue Code 1 xxxx 0001 UB code associated with the total charge
74.1b	39-40	2	Character	Rate Center Code 1 01 Medical Surgical Acute (MSG) 02 Pediatrics Acute (PED) 03 Psychiatric Acute (PSY) 04 Obstetrics Acute (OBS) 05 Definitive Observation (DEF) 06 Medical Surgical ICU (MIS) 07 Coronary Care (CCU) 08 Pediatric ICU (PIC) 09 Neonatal ICU (NEO) 10 Burn Care (BUR) 11 Psychiatric ICU (PSI) 12 Shock Trauma (TRM) 13 Oncology (ONC) 14 Newborn Nursery (NUR) 15 Premature Nursery (PRE) 16 Rehabilitation (RHB) 17 Intermediate Care (ICC) 18 Chronic Care (CRH) 19 Adult Psych (PAD) 20 Child Psych (PCD) 21 Psych Geriatric (PSG) 22 Normal Delivery (ND)

**Record Type 3: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
74.1b	39-40	2	Character	Rate Center Code 1: cont.
				23 Normal Newborn (NNB)
				24 Respiratory Dependent (RDS)
				25 Adolescent Neuropsychiatry (ADD)
				26 Pediatric Specialty (PSP)
				27 Pediatric Step Down (PSD)
				28 Emergency Services (EMG)
				29 Clinic Services (CL)
				30 Clinic Services Primary (CLP)
				31 O/P Surg – Proc Based (AMS)
				32 Psych. Day & Night Care Serv (PDC)
				33 Same Day Surgery (SDS)
				34 Free Standing Emergency Services (FSE)
				35 Oncology Clinic (OCL)
				36 Referred Ambulatory (REF)
				37 Shock Trauma O/P (TRO)
				38 Lithotripsy (LIT)
				39 Labor & Delivery Services (DEL)
				40 Operating Room (OR)
				41 Anesthesiology (ANS)
				42 Laboratory Services (LAB)
				43 Electrocardiography (EKG)
				44 Electroencephalography (EEG)
				45 Radiology – Diagnostic (RAD)
				46 Radiology – Therapeutic (RAT)
				47 Nuclear Medicine (NUC)
				48 CAT Scanner (CAT)
				49 Respiratory Therapy (RES)
				50 Pulmonary Function Testing (PUL)
				51 Renal Dialysis (RDL)
				52 Physical Therapy (PTH)
				53 Occupational Therapy (OTH)
				54 Speech Language Pathology (STH)
				55 Organ Acquisition (OA)
				56 Ambulatory Operating Room (AOR)
				57 Leukopheresis (LEU)
				58 Hyperbaric Chamber (HYP)
				59 Audiology (AUD)
				60 Other Physical Medicine (OPM)
				61 Magnetic Resonance Imaging (MRI)
				62 Ambulance Service Rebundled (AMR)
				63 Transurethral MicW Thermometer (TMT)
				64 Admission Services (ADM)
				65 Medical Surgical Supplies (MSS)

**Record Type 3: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
74.1b	39-40	2	Character	Rate Center Code 1: cont. 66 Med/Surg Extraordinary (MSE) 67 Drugs (CDS) 68 Individual Therapy (ITH) 69 Group Therapies (GTH) 70 Activity Therapy (ATH) 71 Family Therapy (FTH) 72 Psych Testing (PST) 73 Education (PSE) 74 Recreational Therapy (REC) 75 Electroconvulsive Therapy (ETH) 76 Psych Therapy (PSH) 77 Transurethral Needle Ablation (TNA) 78 Cardiac Catheterization Lab (IVC) 79 Operating Room Clinic Services (ORC) 80 Observation (OBV) <b>81 Clinic Services – STC (STC-CL)</b> <b>82 Operating Room – STC (STC-OR)</b> <b>83 Anesthesiology – STC (STC-ANS)</b> <b>84 Laboratory – STC (STC-LAB)</b> <b>85 Physical Therapy – STC (STC-PTH)</b> <b>86 Respiratory Therapy – STC (STC-PTH)</b> <b>87 Admissions – STC (STC-ADM)</b> <b>88 Med Surg Supplies – STC (STC-MSS)</b> 89 Ungroupable 00 Where UB = 9999 (Tot. Charge)
74.1c	41-45	5	Numeric	Units of Service 1 nnnnn Units of service
74.1d	46-54	9	Numeric	Total Charges 1 nnnnnnnnn Detailed charges in dollars and cents. Do not use decimal points.
74.2a	55-58	4	Character	Revenue Code 2
74.2b	59-60	2	Character	Rate Center Code 2
74.2c	61-65	5	Numeric	Units of Service 2
74.2d	66-74	9	Numeric	Total Charges 2
74.3a	75-78	4	Character	Revenue Code 3
74.3b	79-80	2	Character	Rate Center Code 3
74.3c	81-85	5	Numeric	Units of Service 3
74.3d	86-94	9	Numeric	Total Charges 3

**Record Type 3: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
74.4a	95-98	4	Character	Revenue Code 4
74.4b	99-100	2	Character	Rate Center Code 4
74.4c	101-105	5	Numeric	Units of Service 4
74.4d	106-114	9	Numeric	Total Charges 4
74.5a	115-118	4	Character	Revenue Code 5
74.5b	119-120	2	Character	Rate Center Code 5
74.5c	121-125	5	Numeric	Units of Service 5
74.5d	126-134	9	Numeric	Total Charges 5
74.6a	135-138	4	Character	Revenue Code 6
74.6b	139-140	2	Character	Rate Center Code 6
74.6c	141-145	5	Numeric	Units of Service 6
74.6d	146-154	9	Numeric	Total Charges 6
74.7a	155-158	4	Character	Revenue Code 7
74.7b	159-160	2	Character	Rate Center Code 7
74.7c	161-165	5	Numeric	Units of Service 7
74.7d	166-174	9	Numeric	Total Charges 7
74.8a	175-178	4	Character	Revenue Code 8
74.8b	179-180	2	Character	Rate Center Code 8
74.8c	181-185	5	Numeric	Units of Service 8
74.8d	186-194	9	Numeric	Total Charges 8
74.9a	195-198	4	Character	Revenue Code 9
74.9b	199-200	2	Character	Rate Center Code 9
74.9c	201-205	5	Numeric	Units of Service 9
74.9d	206-214	9	Numeric	Total Charges 9
74.10a	215-218	4	Character	Revenue Code 10
74.10b	219-220	2	Character	Rate Center Code 10
74.10c	221-225	5	Numeric	Units of Service 10
74.10d	226-234	9	Numeric	Total Charges 10
75.1	235	1	Character	Principal Diagnosis Present on Admission (POA) Flag Y     Diagnosis Present on Admission N     Diagnosis Not Present on Admission U     Diagnosis Insuff. Documentation to Determine W     Diagnosis Unable to Clinically Determine E     Diagnosis Exemption from Reporting

**Record Type 3: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
75.2	236	1	Character	Other Diagnosis 1 Present on Admission (POA) Flag Y Diagnosis Present on Admission N Diagnosis Not Present on Admission U Diagnosis Insuff. Documentation to Determine W Diagnosis Unable to Clinically Determine E Diagnosis Exemption from Reporting
75.3	237	1	Character	Other Diagnosis 2 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.4	238	1	Character	Other Diagnosis 3 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.5	239	1	Character	Other Diagnosis 4 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.6	240	1	Character	Other Diagnosis 5 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.7	241	1	Character	Other Diagnosis 6 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.8	242	1	Character	Other Diagnosis 7 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.9	243	1	Character	Other Diagnosis 8 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.10	244	1	Character	Other Diagnosis 9 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.11	245	1	Character	Other Diagnosis 10 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.12	246	1	Character	Other Diagnosis 11 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.13	247	1	Character	Other Diagnosis 12 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
75.14	248	1	Character	Other Diagnosis 13 Present on Admission Flag Same as Other Diagnosis 1 POA Flag

**Record Type 3: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
75.15	249	1	Character	Other Diagnosis 14 Present on Admission Flag Same as Other Diagnosis 1 POA Flag
	250	1		Filler (blank filled). Reserve for future use.

**Record Type 4:**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission date mmddyymm Month, Day, Year
4	26-33	8	Date	Discharge date mmddyymm Month, Day, Year
5	34	1	Numeric	Record Type 4 Record Type 4
78	35-41	7	Character	Other Diagnosis 15 xxxxxxx ICD-9-CM/ICD-10-CM Code bbbbbbb Not Applicable (spaces)
79	42-48	7	Character	Other Diagnosis 16 Same as Other Diagnosis 15
80	49-55	7	Character	Other Diagnosis 17 Same as Other Diagnosis 15
81	56-62	7	Character	Other Diagnosis 18 Same as Other Diagnosis 15
82	63-69	7	Character	Other Diagnosis 19 Same as Other Diagnosis 15
83	70-76	7	Character	Other Diagnosis 20 Same as Other Diagnosis 15
84	77-83	7	Character	Other Diagnosis 21 Same as Other Diagnosis 15
85	84-90	7	Character	Other Diagnosis 22 Same as Other Diagnosis 15
86	91-97	7	Character	Other Diagnosis 23 Same as Other Diagnosis 15

**Record Type 4: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
87	98-104	7	Character	Other Diagnosis 24 Same as Other Diagnosis 15
88	105-111	7	Character	Other Diagnosis 25 Same as Other Diagnosis 15
89	112-118	7	Character	Other Diagnosis 26 Same as Other Diagnosis 15
90	119-125	7	Character	Other Diagnosis 27 Same as Other Diagnosis 15
91	126-132	7	Character	Other Diagnosis 28 Same as Other Diagnosis 15
92	133-139	7	Character	Other Diagnosis 29 Same as Other Diagnosis 15
93.1	140	1	Character	Secondary Diagnosis 15 Present on Admission (POA) Flag Y Diagnosis Present on Admission N Diagnosis Not Present on Admission U Diagnosis Insuff Documentation to Determine W Diagnosis Unable to Clinically Determine E Diagnosis Exempt from Reporting
93.2	141	1	Character	Secondary Diagnosis 16 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.3	142	1	Character Flag	Secondary Diagnosis 17 Present on Admission Same as Other Diagnosis 15 POA Flag
93.4	143	1	Character Flag	Secondary Diagnosis 18 Present on Admission Same as Other Diagnosis 15 POA Flag
93.5 Flag	144	1	Character	Secondary Diagnosis 19 Present on Admission Same as Other Diagnosis 15 POA Flag
93.6 Flag	145	1	Character	Secondary Diagnosis 20 Present on Admission Same as Other Diagnosis 15 POA Flag

93.7 Flag	146	1	Character	Secondary Diagnosis 21 Present on Admission Same as Other Diagnosis 15 POA Flag
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**Record Type 4: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
93.8	147	1	Character Flag	Secondary Diagnosis 22 Present on Admission Same as Other Diagnosis 15 POA Flag
93.9	148	1	Character Flag	Secondary Diagnosis 23 Present on Admission Same as Other Diagnosis 15 POA Flag
93.10	149	1	Character	Diagnosis 24 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.11	150	1	Character	Diagnosis 25 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.12	151	1	Character	Diagnosis 26 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.13	152	1	Character	Diagnosis 27 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.14	153	1	Character	Diagnosis 28 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93.15	154	1	Character	Diagnosis 29 Present on Admission Flag Same as Other Diagnosis 15 POA Flag
93	155-164	10	Numeric	Attending Physician NPI nnnnnnnnnn Physician NPI 9999999999 Unknown
94	165-174	10	Numeric	Operating Physician NPI nnnnnnnnnn Physician NPI 7777777777 Not Applicable 9999999999 Unknown
95	175-185	11	Character	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	Numeric	Patient Account Number nnnnnnnnnnnnnnnnnnnn Right justified

Fill on left with leading zeros

**Record Type 4: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
97	204-214	11	Numeric	Ambulance Run Number nnnnnnnnnnnn Run number 777777777777 Not available – Patient arrived by ambulance 000000000000 Not applicable – Patient did not arrive by ambulance
98	215-225	11	Numeric	Enterprise Master Patient Identifier (EMPI) nnnnnnnnnnnn Right justified Fill on left with leading zeros
	226-250	25		Filler (blank filled). Reserve for future use.

**Record Type 5:**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission date mmddyyyy month, day, year
4	26-33	8	Date	Discharge date mmddyyyy month, day, year
5	34	1	Numeric	Record Type 5 Record Type 5
69	35-41	7	Character	Other Procedure 11 xxxxxxx ICD-9-CM/ICD10-PCS Code bbbbbbb Not Applicable (spaces)
	42-49	8	Date	Other Procedure 11 Date mmddyyyy Month, Day, Yyear 777777777 Not Applicable 999999999 Unknown
70	50-56	7	Character	Other Procedure 12 Same as Other Procedure 11
	57-64	8	Date	Other Procedure 12 Date Same as Other Procedure Date 11
71	65-71	7	Character	Other Procedure 13 Same as Other Procedure 11
	72-79	8	Date	Other Procedure 13 Date Same as Other Procedure Date 11
72	80-86	7	Character	Other Procedure 14 Same as Other Procedure 11
	87-94	8	Date	Other Procedure 14 Date Same as Other Procedure Date 11
114	95-101	7	Character	Other Procedure 15 Same as Other Procedure 11
	102-109	8	Date	Other Procedure 15 Date Same as Other Procedure Date 11

**Record Type 5: Cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
115	110-116	7	Character	Other Procedure 16 Same as Other Procedure 11
	117-124	8	Date	Other Procedure 16 Date Same as Other Procedure Date 11
116	125-131	7	Character	Other Procedure 17 Same as Other Procedure 11
	132-139	8	Date	Other Procedure 17 Date Same as Other Procedure Date 11
117	140-146	7	Character	Other Procedure 18 Same as Other Procedure 11
	147-154	8	Date	Other Procedure 18 Date Same as Other Procedure Date 11
118	155-161	7	Character	Other Procedure 19 Same as Other Procedure 11
	162-169	8	Date	Other Procedure 19 Date Same as Other Procedure Date 11
119	170-176	7	Character	Other Procedure 20 Same as Other Procedure 11
	177-184	8	Date	Other Procedure 20 Date Same as Other Procedure Date 11
120	185-191	7	Character	Other Procedure 21 Same as Other Procedure 11
	192-199	8	Date	Other Procedure 21 Date Same as Other Procedure Date 11
121	200-206	7	Character	Other Procedure 22 Same as Other Procedure 11
	207-214	8	Date	Other Procedure 22 Date Same as Other Procedure Date 11
122	215-221	7	Character	Other Procedure 23 Same as Other Procedure 11
	222-229	8	Date	Other Procedure 23 Date Same as Other Procedure Date 11
123	230-236	7	Character	Other Procedure 24 Same as Other Procedure 11
	237-244	8	Date	Other Procedure 24 Date Same as Other Procedure Date 11

**Record Type 5: Cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
	245-250	6		Filler (blank filled). Reserve for future use.

**Record Type 6:**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission date mmddyyyy month, day, year
4	26-33	8	Date	Discharge date mmddyyyy month, day, year
5	34	1	Numeric	Record Type 6 Record Type 6
100	35	1	Numeric	Race Category White 1 Yes 0 No
101	36	1	Numeric	Race Category Black or African American 1 Yes 0 No
102	37	1	Numeric	Race Category American Indian or Alaska Native 1 Yes 0 No
103	38	1	Numeric	Race Category Asian 1 Yes 0 No
104	39	1	Numeric	Race Category Native Hawaiian or Other Pacific Islander 1 Yes 0 No
105	40	1	Numeric	Race Category Other 1 Yes 0 No
106	41	1	Numeric	Race Category Declined to Answer 1 Yes 0 No

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
107	42	1	Numeric	Race Category Unknown or Cannot be Determined 1 Yes 0 No
108	43-46	4	Character	Country of Origin 0010 Afghanistan 0020 Akrotiri 0030 Albania 0040 Algeria  0050 American Samoa 0060 Andorra 0070 Angola 0080 Anguilla 0090 Antarctica 0100 Antigua and Barbuda 0110 Argentina 0120 Armenia 0130 Aruba 0140 Ashmore and Cartier Islands 0150 Australia 0160 Austria 0170 Azerbaijan 0180 Bahamas, The 0190 Bahrain 0200 Baker Island 0210 Bangladesh 0220 Barbados 0230 Belarus 0240 Belgium 0250 Belize 0260 Benin 0270 Bermuda 0280 Bhutan 0290 Bolivia 0300 Bosnia and Herzegovina 0310 Botswana 0320 Bouvet Island 0330 Brazil 0340 British Indian Ocean Territory 0350 Brunei 0360 Bulgaria 0370 Burkina Faso 0380 Burma

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
108	43-46	4	Character	Country of Origin: cont. 0390 Burundi 0400 Cambodia 0410 Cameroon 0420 Canada 0430 Cape Verde 0440 Cayman Islands 0450 Central African Republic 0460 Chad 0470 Chile 0480 China 0490 Christmas Island 0500 Clipperton Island 0510 Cocos (Keeling) Islands 0520 Colombia 0530 Comoros 0540 Congo (Brazzaville) 0550 Congo (Kinshasa) 0560 Cook Islands 0570 Coral Sea Islands 0580 Costa Rica 0590 Côte d'Ivoire 0600 Croatia 0610 Cuba 0620 Curaçao 0630 Cyprus 0640 Czech Republic 0650 Denmark 0660 Dhekelia 0670 Djibouti 0680 Dominica 0690 Dominican Republic 0700 Ecuador 0710 Egypt 0720 El Salvador 0730 Equatorial Guinea 0740 Eritrea 0750 Estonia 0760 Ethiopia 0770 Falkland Islands (Islas Malvinas) 0780 Faroe Islands 0790 Fiji 0800 Finland 0810 France

**Record Type 6: cont.**

Maryland Hospital Inpatient Data Submission Elements and Format

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
108	43-46	4	Character	Country of Origin cont. 0820 French Guiana 0830 French Polynesia 0840 French Southern and Antarctic Lands 0850 Gabon 0860 Gambia, The 0870 Georgia 0880 Germany 0890 Ghana 0900 Gibraltar 0910 Greece 0920 Greenland 0930 Grenada 0940 Guadeloupe 0950 Guam 0960 Guatemala 0970 Guernsey 0980 Guinea 0990 Guinea-Bissau 1000 Guyana 1010 Haiti 1020 Heard Island and McDonald Islands 1030 Holy See 1040 Honduras 1050 Hong Kong 1060 Howland Island 1070 Hungary 1080 Iceland 1090 India 1100 Indonesia 1110 Iran 1120 Iraq 1130 Ireland 1140 Isle of Man 1150 Israel 1160 Italy 1170 Jamaica 1180 Jan Mayen 1190 Japan 1200 Jarvis Island 1210 Jersey 1220 Johnston Atoll 1230 Jordan 1240 Kazakhstan

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
108	43-46	4	Character	Country of Origin cont. 1250 Kenya 1260 Kingman Reef 1270 Kiribati 1280 Korea, North 1290 Korea, South 1300 Kosovo 1310 Kuwait 1320 Kyrgyzstan 1330 Laos 1340 Latvia 1350 Lebanon 1360 Lesotho 1370 Liberia 1380 Libya 1390 Liechtenstein 1400 Lithuania 1410 Luxembourg 1420 Macau 1430 Macedonia 1440 Madagascar 1450 Malawi 1460 Malaysia 1470 Maldives 1480 Mali 1490 Malta 1500 Marshall Islands 1510 Martinique 1520 Mauritania 1530 Mauritius 1540 Mayotte 1550 Mexico 1560 Micronesia, Federated States of 1570 Midway Islands 1580 Moldova 1590 Monaco 1600 Mongolia 1610 Montenegro 1620 Montserrat 1630 Morocco 1640 Mozambique 1650 Namibia 1660 Nauru 1670 Navassa Island

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
108	43-46	4	Character	Country of Origin cont. 1680 Nepal 1690 Netherlands 1700 New Caledonia 1710 New Zealand 1720 Nicaragua 1730 Niger 1740 Nigeria 1750 Niue 1760 Norfolk Island 1770 Northern Mariana Islands 1780 Norway 1790 Oman 1800 Pakistan 1810 Palau 1820 Palmyra Atoll 1830 Panama 1840 Papua New Guinea 1850 Paracel Islands 1860 Paraguay 1870 Peru 1880 Philippines 1890 Pitcairn Islands 1900 Poland 1910 Portugal 1920 Puerto Rico 1930 Qatar 1940 Reunion 1950 Romania 1960 Russia 1970 Rwanda 1980 Saint Barthelemy 1990 Saint Helena 2000 Saint Kitts and Nevis 2010 Saint Lucia 2020 Saint Martin 2030 Saint Pierre and Miquelon 2040 Saint Vincent and the Grenadines 2050 Samoa 2060 San Marino 2070 Sao Tome and Principe 2080 Saudi Arabia 2090 Senegal 2100 Serbia

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
108	43-46	4	Character	Country of Origin cont. 2110 Seychelles 2120 Sierra Leone 2130 Singapore 2140 Sint Maarten 2150 Slovakia 2160 Slovenia 2170 Solomon Islands 2180 Somalia 2190 South Africa 2200 South Georgia & South Sandwich Islands 2210 South Sudan 2220 Spain 2230 Spratly Islands 2240 Sri Lanka 2250 Sudan 2260 Suriname 2270 Svalbard 2280 Swaziland 2290 Sweden 2300 Switzerland 2310 Syria 2320 Tajikistan 2330 Tanzania 2340 Thailand 2350 Timor-Leste 2360 Togo 2370 Tokelau 2380 Tonga 2390 Trinidad and Tobago 2400 Tunisia 2410 Turkey 2420 Turkmenistan 2430 Turks and Caicos Islands 2440 Tuvalu 2450 Uganda 2460 Ukraine 2470 United Arab Emirates 2480 United Kingdom 2490 United States 2500 Uruguay 2510 Uzbekistan 2520 Vanuatu 2530 Venezuela

**Record Type 6: cont.**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
108	43-46	4	Character	Country of Origin cont. 2540 Vietnam 2550 Virgin Islands, British 2560 Virgin Islands, U.S. 2570 Wake Island 2580 Wallis and Futuna 2590 Western Sahara 2600 Yemen 2610 Zambia 2620 Zimbabwe 7770 Other 8880 Declined to answer 9990 Unknown
110.1a	47-50	4	Numeric	Minutes of Physical Restraint Event 1 nnnn Minutes of physical restraint event 7777 Not Applicable 9999 Unable to determine event minutes
110.1b	51-58	8	Date	Date of Physical Restraint Event 1 mmddyyyy Month, Day, Year 77777777 Not Applicable (blanks) 99999999 Unable to determine event date
110.2a	59-62	4	Numeric	Minutes of Physical Restraint Event 2
110.2b	63-70	8	Date	Date of Physical Restraint Event 2
110.3a	71-74	4	Numeric	Minutes of Physical Restraint Event 3
110.3b	75-82	8	Date	Date of Physical Restraint Event 3
110.4a	83-86	4	Numeric	Minutes of Physical Restraint Event 4
110.4b	87-94	8	Date	Date of Physical Restraint Event 4
110.5a	95-98	4	Numeric	Minutes of Physical Restraint Event 5
110.5b	99-106	8	Date	Date of Physical Restraint Event 5
110.6a	107-110	4	Numeric	Minutes of Physical Restraint Event 6
110.6b	111-118	8	Date	Date of Physical Restraint Event 6
110.7a	119-122	4	Numeric	Minutes of Physical Restraint Event 7
110.7b	123-130	8	Date	Date of Physical Restraint Event 7

**Record Type 6: cont.**

Maryland Hospital Inpatient Data Submission Elements and Format

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
110.8a	131-134	4	Numeric	Minutes of Physical Restraint Event 8
110.8b	135-142	8	Date	Date of Physical Restraint Event 8
110.9a	143-146	4	Numeric	Minutes of Physical Restraint Event 9
110.9b	147-154	8	Date	Date of Physical Restraint Event 9
110.10a	155-158	4	Numeric	Minutes of Physical Restraint Event 10
110.10b	159-166	8	Date	Date of Physical Restraint Event 10
123	167-173	7	Character	Other Procedure 25 xxxxxxx ICD-9-CM/ICD10-PCS Code bbbbbbb Not Applicable (spaces)
	174-181	8	Date	Other Procedure Date 25 mddyyyy Month, Day, Year 777777777 Not Applicable 999999999 Unknown
124	182-188	7	Character	Other Procedure 26 Same as Other Procedure 25
	189-196	8	Date	Other Procedure 26 Date Same as Other Procedure Date 25
125	197-203	7	Character	Other Procedure 27 Same as Other Procedure 25
	204-211	8	Date	Other Procedure 27 Date Same as Other Procedure Date 25
126	212-218	7	Character	Other Procedure 28 Same as Other Procedure 25
	219-226	8	Date	Other Procedure 28 Date Same as Other Procedure Date 25
127	227-233	7	Character	Other Procedure 29 Same as Other Procedure 25
	234-241	8	Date	Other Procedure 29 Date Same as Other Procedure Date 25
	242-250	9		Filler (blank filled). Reserve for future use.

**Record Type 7:**

<b><u>Data Item</u></b>	<b><u>Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Type</u></b>	<b><u>Data Item and Code Description</u></b>
1	1-6	6	Numeric	Medicare Provider Number nnnnnn
2	7-17	11	Numeric	Medical Record Number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	18-25	8	Date	Admission date mmddyyyy month, day, year
4	26-33	8	Date	Discharge date mmddyyyy month, day, year
5	34	1	Numeric	Record Type 7 Record Type 7
110.1a	35-38	4	Numeric	Minutes of Seclusion Event 1 nnnn Minutes of seclusion event 7777 Not Applicable 9999 Unable to determine event minutes
110.1b	39-46	8	Date	Date of Seclusion Event 1 mddyyyy month, day, year 77777777 Not Applicable 99999999 Unable to determine event date
110.2a	47-50	4	Numeric	Minutes of Seclusion Event 2
110.2b	51-58	8	Date	Date of Seclusion Event 2
110.3a	59-62	4	Numeric	Minutes of Seclusion Event 3
110.3b	63-70	8	Date	Date of Seclusion Event 3
110.4a	71-74	4	Numeric	Minutes of Seclusion Event 4
110.4b	75-82	8	Date	Date of Seclusion Event 4
110.5a	83-86	4	Numeric	Minutes of Seclusion Event 5
110.5b	87-94	8	Date	Date of Seclusion Event 5
110.6a	95-98	4	Numeric	Minutes of Seclusion Event 6
110.6b	99-106	8	Date	Date of Seclusion Event 6
110.7a	107-110	4	Numeric	Minutes of Seclusion Event 7
110.7b	111-118	8	Date	Date of Seclusion Event 7

**Record Type 7: cont.**

<u>Data Item</u>	<u>Record Position</u>	<u>Field Length</u>	<u>Data Type</u>	<u>Data Item and Code Description</u>
105.8a	119-122	4	Numeric	Minutes of Seclusion Event 8
105.8b	123-130	8	Date	Date of Seclusion Event 8
110.9a	131-134	4	Numeric	Minutes of Seclusion Event 9
110.9b	135-142	8	Date	Date of Seclusion Event 9
110.10a	143-146	4	Numeric	Minutes of Seclusion Event 10
110.10b	147-154	8	Date	Date of Seclusion Event 10
111	155-155	1	Numeric	Medications Panel 1 Yes 2 No 7 Not Applicable
112	156-156	1	Numeric	Constant Visual Observation 1 Yes 2 No 7 Not Applicable
109	157-181	25	Character	Preferred Language xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Left justified
	182-250	69		Filler (blank filled). Reserve for future use.