

## Attachment C - sample ED record

03/03/2008  
(OP-CONF-550.DOC)

### **CONFIDENTIAL OUTPATIENT FILE (550 CHAR.) EACH RECORD CONTAINS THE FOLLOWING FIELDS:**

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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#### RECORD TYPE 1

1	0001 - 0006	6	PROVIDER NUMBER	
2	0007 - 0019	13	MEDICAL RECORD NUMBER	
3	0020 - 0037	18	PATIENT ACCOUNT NUMBER	
4	0038 - 0045	8	FROM DATE OF SERVICE	(MMDDCCYY)
5	0046 - 0053	8	THROUGH DATE OF SERVICE	(MMDDCCYY)
6	0054 - 0054	1	RECORD TYPE	ALWAYS "1"
7	0055 - 0056	2	NATURE OF SURGERY	
			01 EMERGENCY	
			02 ELECTIVE	
			03 DELIVERY	
			04 OTHER	
			09 UNKNOWN	
			00 NOT APPLICABLE	
8	0057 - 0058	2	SOURCE OF ADMISSION	
			01 ER OF ANOTHER ACUTE HOSPI TAL	
			02 ER OF SAME HOSPITAL	
			03 NURSING HOME	
			04 OTHER HEALTH INSTITUTION	
			05 ADMITTED FROM HOME	
			06 OTHER	
			07 CLINIC OF ANOTHER ACUTE HOSPITAL	
			08 CLINIC OF SAME HOSPITAL	
			09 UNKNOWN	
			10 CHRONIC HOSPITAL	
			00 NOT APPLICABLE	
9	0059 - 0066	8	DATE OF BIRTH	(MMDDCCYY)
10	0067 - 0067	1	SEX	1 MALE

2 FEMALE  
9 UNKNOWN

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
11	0068 - 0068	1	RACE	1 WHITE 2 AFRICAN AMERICAN 3 ASIAN OR PACIFIC ISLANDER 4 AMER. INDIAN, ESKIMO OR ALEUT 5 OTHER 6 BIRACIAL 9 UNKNOWN
12	0069 - 0069	1	ETHNICITY	1 SPANISH/HISPANIC ORIGIN 2 NOT SPANISH/ISPANIC ORIGIN 9 UNKNOWN
13	0070 - 0070	1	MARITAL STATUS	1 SINGLE 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOW OR WIDOWER 9 UNKNOWN
14	0071 - 0072	2	AREA OF RESIDENCE (COUNTY CODE)	01 ALLEGANY COUNTY 02 ANNE ARUNDEL COUNTY 03 BALTIMORE COUNTY 04 CALVERT COUNTY 05 CAROLINE COUNTY 06 CARROLL COUNTY 07 CECIL COUNTY 08 CHARLES COUNTY 09 DORCHESTER COUNTY 10 FREDERICK COUNTY 11 GARRETT COUNTY 12 HARFORD COUNTY 13 HOWARD COUNTY

14 KENT COUNTY  
 15 MONTGOMERY COUNTY  
 16 PRINCE GEORGE'S COUNTY  
 17 QUEEN ANNE'S COUNTY  
 18 ST. MARY'S COUNTY  
 19 SOMERSET COUNTY  
 20 TALBOT COUNTY  
 21 WASHINGTON COUNTY  
 22 WICOMICO COUNTY  
 23 WORCESTER COUNTY  
 29 UNIDENTIFIED MARYLAND  
 30 BALTIMORE CITY  
 39 DELAWARE  
 49 PENNSYLVANIA  
 59 WEST VIRGINIA  
 69 VIRGINIA

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
14	0071 - 0072	2	AREA OF RESIDENCE (CONT.) 79 DISTRICT OF COLUMBIA 89 FOREIGN 98 OTHER STATE 99 UNKNOWN	
15	0073 - 0077	5	RESIDENCE ZIP CODE: XXXXX RESIDENCE ZIP CODE 77777 FOREIGN 99999 UNKNOWN	
16	0078 - 0079	2	PRIMARY HEALTH PLAN PAYER:  HMO OR POS: 30 AETNA HEALTH PLANS 31 CAREFIRST BLUE CHOICE 32 CIGNA HEALTHCARE OF MID-ATLANTIC 33 COVENTRY HEALTH PLAN OF DELAWARE 34 KAISER PERMANENTE 35 MAMSI 36 UNITED HEALTHCARE 37 OTHER HMO OR POS  MEDICAID MCO OR HMO:	

- 42 AMERIGROUP
- 43 COVENTRY HEALTH PLAN OF DELAWARE (DIAMOND PLAN)
- 44 HELIX FAMILY CHOICE, INC.
- 45 JAI MEDICAL GROUP
- 46 MEDICAID/UNINSURED APS-MARYLAND (PSYCHIATRIC PAYER)
- 47 MARYLAND PHYSICIANS CARE
- 48 PRIORITY PARTNERS
- 49 UNITED HEALTHCARE (AMERICHoice)
- 50 OTHER MEDICAID MCO OR HMO

MEDICARE HMO:

- 55 AETNA (GOLDEN CHOICE)
- 56 ELDERHEALTH
- 57 UNITED HEALTHCARE (EVERCARE)
- 58 OTHER MEDICARE HMO

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
16	0078 - 0079	2	PRIMARY HEALTH PLAN PAYER (CONT.)	
			COMMERCIAL (INDEMNITY), PPO, PPN, OR THIRD PARTY ADMINISTRATORS (TPAS):	
			65 AETNA	
			66 CAREFIRST-CAREFIRST OF MARYLAND, INC. (BC/BS PLAN #190/690)	
			67 CAREFIRST-GROUP HOSPITALIZATION AND MEDICAL SERVICES INC. (NONHMO) (BC/BSPLAN #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 AND  
MAMSI LIFE AND HEALTH)

75 NATIONAL CAPITAL PPO (NCPPO)  
76 PRIVATE HEALTH CARE SYSTEMS  
(PHCS)  
77 OTHER COMMERCIAL, PPO, PPN,  
OR TPA

BEHAVIORAL HEALTH:

85 AMERICAN PSYCHIATRIC SYSTEMS  
(APS)  
86 CIGNA BEHAVIORAL HEALTH  
87 COMPSYCH  
88 MAGELLAN  
89 MANAGED HEALTH NETWORK  
90 UNITED BEHAVIORAL HEALTH  
91 VALUE OPTIONS  
92 OTHER BEHAVIORAL HEALTH

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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16	0078 - 0079	2	PRIMARY HEALTH PLAN PAYER (CONT.)	
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OTHER GOVERNMENT PROGRAMS:

93 MD HEALTH INSURANCE PLAN  
(MHIP)EPO  
94 MD HEALTH INSURANCE PLAN  
(MHIP)PPO  
95 TRICARE (SUCH AS HEALTH NET)  
96 UNIFORMED SERVICES FAMILY  
HEALTH PLAN (USFHP)  
97 OTHER MISCELLANEOUS GOVT  
PROGRAMS  
99 UNKNOWN

00 NOT APPLICABLE

17 0080 - 0081 2 SECONDARY HEALTH PLAN PAYER:

HMO OR POS:

- 30 AETNA HEALTH PLANS
- 31 CAREFIRST BLUE CHOICE
- 32 CIGNA HEALTHCARE OF MID-ATLANTIC
- 33 COVENTRY HEALTH PLAN OF DELAWARE
- 34 KAISER PERMANENTE
- 35 MAMSI
- 36 UNITED HEALTHCARE
- 37 OTHER HMO OR POS

MEDICAID MCO OR HMO:

- 42 AMERIGROUP
- 43 COVENTRY HEALTH PLAN OF DELAWARE (DIAMOND PLAN)
- 44 HELIX FAMILY CHOICE, INC.
- 45 JAI MEDICAL GROUP
  
- 46 MEDICAID/UNINSURED APS-MARYLAND (PSYCHIATRIC PAYER)
- 47 MARYLAND PHYSICIANS CARE
- 48 PRIORITY PARTNERS
- 49 UNITED HEALTHCARE (AMERICHOICE)
- 50 OTHER MEDICAID MCO OR HMO

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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17	0080 - 0081	2	SECONDARY HEALTH PLAN PAYER (CONT.)	
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MEDICARE HMO:

- 55 AETNA (GOLDEN CHOICE)
- 56 ELDERHEALTH
- 57 UNITED HEALTHCARE (EVERCARE)

58 OTHER MEDICARE HMO

COMMERCIAL (INDEMNITY), PPO, PPN,  
OR THIRD PARTY ADMINISTRATORS  
(TPAS):

- 65 AETNA
- 66 CAREFIRST-CAREFIRST OF  
MARYLAND, INC.  
(BC/BS PLAN #190/690)
- 67 CAREFIRST-GROUP  
HOSPITALIZATION AND MEDICAL  
SERVICES INC. (NONHMO)  
(BC/BSPLAN #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 AND  
MAMSI LIFE AND HEALTH)
  
- 75 NATIONAL CAPITAL PPO (NCPPO)
- 76 PRIVATE HEALTH CARE SYSTEMS  
(PHCS)
- 77 OTHER COMMERCIAL, PPO, PPN,  
OR TPA

BEHAVIORAL HEALTH:

- 85 AMERICAN PSYCHIATRIC SYSTEMS  
(APS)
- 86 CIGNA BEHAVIORAL HEALTH
- 87 COMPSYCH
- 88 MAGELLAN
- 89 MANAGED HEALTH NETWORK
- 90 UNITED BEHAVIORAL HEALTH
- 91 VALUE OPTIONS
- 92 OTHER BEHAVIORAL HEALTH

<u>ITEM</u> <u>NO</u>	<u>RECORD</u> <u>POSITION</u>	<u>NO.OF</u> <u>BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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17 0080 - 0081 2 SECONDARY HEALTH PLAN PAYER (CONT.)

OTHER GOVERNMENT PROGRAMS:

- 93 MD HEALTH INSURANCE PLAN  
(MHIP)EPO
- 94 MD HEALTH INSURANCE PLAN  
(MHIP)PPO
- 95 TRICARE (SUCH AS HEALTH NET)
- 96 UNIFORMED SERVICES FAMILY  
HEALTH PLAN (USFHP)
- 97 OTHER MISCELLANEOUS GOVT  
PROGRAMS
- 99 UNKNOWN
- 00 NOT APPLICABLE

18 0082 - 0083 2 DISPOSITION OF PATIENT

- 01 HOME OR SELF-CARE, INC.  
TO PRISON
- 02 SHORT TERM GENERAL INPATIENT  
HOSPITAL
- 03 TRANSFERRED TO SNF
- 04 TRANSFERRED TO ICF
- 05 DISCHARGE TO ANOTHER ACUTE  
CARE FACILITY
- 06 DISCHARGE TO HOME HEALTH
- 07 LEFT AGAINST MEDICAL ADVICE
- 08 DISCHARGE TO ANOTHER  
HEALTHCARE FACILITY
- 09 ADMITTED AS INPATIENT - THIS  
HOSPITAL
- 10 DISCHARGE TO REHAB FACILITY
- 11 DISCHARGE TO REHAB UNIT OF  
OTHER ACUTE CARE HOSPITAL
- 12 DISCHARGE TO ON-SITE DISTINCT  
REHAB UNIT
- 20 EXPIRED
- 50 HOSPICE AT HOME
- 51 HOSPICE AT MEDICAL FACILITY
- 61 DISCHARGE WITHIN THIS  
HOSPITAL TO A HOSPITAL- BASED  
MEDICARE APPROVED SWING BED
- 71 DISCHARGE TO ANOTHER  
INSTITUTION FOR OUTPATIENT  
SERVICES
- 72 DISCHARGE TO THIS INSTITUTION



FOR OUTPATIENT SERVICES  
 99 UNKNOWN  
 00 NOT APPLICABLE

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
19	0084 - 0085	2	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 OR PPO	
			06 OTHER GOVERNMENT PROGRAM	
			07 WORKERS' COMPENSATION	
			08 SELF-PAY	
			09 CHARITY OR NO-CHARGE	
			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	
20	0086 - 0087	2	SECONDARY PAYER	
			01 MEDICARE-ONLY FEE FOR SERVICE	
			02 MEDICAID-ONLY FEE FOR SERVICE	
			03 TITLE V	
			04 BLUE CROSS OF MARYLAND	
			05 COMMERCIAL INSURANCE OR PPO	
			06 OTHER GOVERNMENT PROGRAM	
			07 WORKERS' COMPENSATION	
			08 SELF-PAY	
			09 CHARITY OR NO-CHARGE	
			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	

77 NOT APPLICABLE  
99 UNKNOWN

21 0088 - 0093 6 OPERATING PHYSICIAN  
XXXXXX PHYSICIAN NUMBER  
999999 UNKNOWN  
000000 NOT APPLICABLE

22 0094 - 0113 20 RESERVED FOR FUTURE USE

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
23	0114 - 0120	7	PRINCIPAL DIAGNOSIS XXXXXXX ICD-9-CM CODE BBBBBBB NOT APPLICABLE	
24	0121 - 0127	7	OTHER DIAGNOSIS 1	
25	0128 - 0134	7	OTHER DIAGNOSIS 2	
26	0135 - 0141	7	OTHER DIAGNOSIS 3	
27	0142 - 0148	7	OTHER DIAGNOSIS 4	
28	0149 - 0155	7	OTHER DIAGNOSIS 5	
29	0156 - 0162	7	OTHER DIAGNOSIS 6	
30	0163 - 0169	7	OTHER DIAGNOSIS 7	
31	0170 - 0176	7	OTHER DIAGNOSIS 8	
32	0177 - 0183	7	OTHER DIAGNOSIS 9	
33	0184 - 0190	7	OTHER DIAGNOSIS 10	
34	0191 - 0197	7	OTHER DIAGNOSIS 11	
35	0198 - 0204	7	OTHER DIAGNOSIS 12	
36	0205 - 0211	7	OTHER DIAGNOSIS 13	
37	0212 - 0218	7	OTHER DIAGNOSIS 14	
38	0219 - 0225	7	OTHER DIAGNOSIS 15	
39	0226 - 0232	7	E-CODE	
40	0233 - 0236	4	NUMBER OF ENCOUNTERS	
41	0237 - 0243	7	ADMITTING DIAGNOSIS	
42a	0244 - 0245	2	CONDITION CODE 1	
42b	0246 - 0247	2	CONDITION CODE 2	
42c	0248 - 0249	2	CONDITION CODE 3	
42d	0250 - 0251	2	CONDITION CODE 4	
42e	0252 - 0253	2	CONDITION CODE 5	

43 0254 - 0263 10 OCCURRENCE SPAN CODES AND DATES  
 44 0264 - 0267 4 ACCIDENT HOUR AND TIME  
 45 0268 - 0270 3 BILL TYPE  
 46 0271 - 0408 138 FILLER  
 47 0409 - 0416 8 AMBULANCE RUN NUMBER  
 XXXXXXXX RUN NUMBER  
 77777777 NOT AVAILABLE-PATIENT  
 ARRIVED BY AMBULANCE  
 00000000 NOT APPLICABLE-PATIENT  
 DID NOT ARRIVE BY  
 AMBULANCE

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
48	0417 - 0541	125	FILLER	
49	0542 - 0543	2	VISIT, DAILY VISIT, OR ENCOUNTER TYPE 01 CLINIC 02 EMERGENCY ROOM 03 OBSTETRICS 04 OUTPATIENT SURGERY 05 ALL OTHER OUTPATIENTS 80 GREENBAUM CANCER CENTER 81 UMMS SHOCK TRAUMA	
50	0544 - 0550	7	FILLER	

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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RECORD TYPE 2

1	0001 - 0006	6	PROVIDER NUMBER	
2	0007 - 0019	13	MEDICAL RECORD NUMBER	
3	0020 - 0037	18	PATIENT ACCOUNT NUMBER	
4	0038 - 0045	8	FROM DATE OF SERVICE (MMDDCCYY)	
5	0046 - 0053	8	THROUGH DATE OF SERVICE (MMDDCCYY)	
6	0054 - 0054	1	RECORD TYPE	ALWAYS "2"

7 0055 - 0484 430 PATIENT REVENUE DATA TABLE CONTAINING 10 OCCURENCES OF REVENUE DATA. EACH OCCURRENCE CONTAINS THE FOLLOWING DATA FIELDS. UB92 REVENUE CODE OF 0999 OR 0001 DESIGNATES TOTALS FOR PATIENT  
NOTE: EACH PATIENT MAY HAVE MULTIPLE TYPE 2 RECORDS PER DISCHARGE

7.1a	0055 - 0058	4	UB92 REVENUE CODE	
7.1b	0059 - 0065	7	UNITS OF SERVICE	
7.1c	0066 - 0074	9	CHARGES	DOLLARS AND CENTS (NO DECIMAL POINTS)
7.1d	0075 - 0079	5	CPT4 OR HCPCS CODE	
7.1e	0080 - 0081	2	CPT4 MODIFIER #1	
7.1f	0082 - 0083	2	CPT4 MODIFIER #2	
7.1g	0084 - 0085	2	CPT4 MODIFIER #3	
7.1h	0086 - 0087	2	CPT4 MODIFIER #4	
7.1i	0088 - 0089	2	CPT4 MODIFIER #5	
7.1j	0090 - 0097	8	DATE OF SERVICE	(MMDDCCYY)
8	0485 - 0550	66	FILLER	(NOT USED)

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
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RECORD TYPE 3

1	0001 - 0006	6	PROVIDER NUMBER	
2	0007 - 0019	13	MEDICAL RECORD NUMBER	
3	0020 - 0037	18	PATIENT ACCOUNT NUMBER	
4	0038 - 0045	8	FROM DATE OF SERVICE	(MMDDCCYY)
5	0046 - 0053	8	THROUGH DATE OF SERVICE	(MMDDCCYY)
6	0054 - 0054	1	RECORD TYPE	ALWAYS "3"
7	0055 - 0055	1	FILLER	

8	0056 - 0061	6	FILLER	ALL 9'S
9	0062 - 0064	3	PATIENT AGE IN YEARS	
10	0065 - 0069	5	PATIENT AGE IN DAYS	
11	0070 - 0070	1	METRO CODE	
			0=NOT METRO	
			1=BALT. METRO	
			2=WASH, DC METRO	
12	0071 - 0071	1	TEACHING CODE	
			0=NOT TEACHING	
			1=TEACHING	
13	0072 - 0072	1	BED CAPACITY CODE	
			0=NOT OVER 400 BEDS	
			1=OVER 400 BEDS	
14	0073 - 0073	1	PSRO AREA CODE	
			1=WESTERN MD	
			2=BALT.CITY	
			3=MONTGOMERY	
			4=PRINCE GEORGES	
			5=CENTRAL MD	
			6=SOUTHERN MD	
			7=DELMARVA	
15	0074 - 0074	1	HSA AREA CODE	
			1=WESTERN MD	
			2=MONTGOMERY CO.	
			3=SOUTHERN MD	
			4=CENTRAL MD	
			5=EASTERN SHORE	
16	0075 - 0075	1	ICG AREA CODE	

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
17	0076 - 0076	1	FROM DAY OF WEEK	
			1=SUNDAY	
			2=MONDAY	
			3=TUESDAY	

4=WEDNESDAY  
5=THURSDAY  
6=FRIDAY  
7=SATURDAY

18 0077 - 0077 1 THRU DAY OF WEEK  
1=SUNDAY  
2=MONDAY  
3=TUESDAY  
4=WEDNESDAY  
5=THURSDAY  
6=FRIDAY  
7=SATURDAY

19 0078 - 0078 1 CONF/NON-CONF FLAG  
N=NONCONF DATA  
C=CONF.DATA

NOTE \* ALL CHARGE FIELDS ARE IN DOLLARS AND CENTS  
\* NO DECIMAL POINTS

20 0079 - 0087 9 ROOM CHARGES  
21 0088 - 0096 9 OPER.ROOM CHARGES  
22 0097 - 0105 9 DRUG CHARGES  
23 0106 - 0114 9 RADIOLOGY CHARGES  
24 0115 - 0123 9 LABORATORY CHARGES  
25 0124 - 0132 9 SUPPLIES CHARGES  
26 0133 - 0141 9 THERAPY CHARGES  
27 0142 - 0150 9 OTHER CHARGES  
28 0151 - 0159 9 TOTAL CHARGES  
  
29 0160 - 0168 9 MEDICAL/SURGICAL ACUTE CHARGES  
30 0169 - 0177 9 CORONARY CARE CHARGES  
31 0178 - 0186 9 MEDICAL/SURGICAL INTENS CHARGES  
32 0187 - 0195 9 NURSERY CHARGES  
33 0196 - 0204 9 ONCOLOGY CHARGES  
34 0205 - 0213 9 SKILLED NURSING CARE CHARGES  
35 0214 - 0222 9 PSYCHIATRIC ACUTE CHARGES  
36 0223 - 0231 9 OPERATING ROOM CHARGES  
37 0232 - 0240 9 COST OF DRUGS SOLD CHARGES  
38 0241 - 0249 9 RADIOLOGY DIAGNOSTIC CHARGES  
39 0250 - 0258 9 RADIOLOGY THERAPEUTIC CHARGES  
40 0259 - 0267 9 NUCLEAR MEDICINE CHARGES  
41 0268 - 0276 9 CAT SCAN CHARGES  
42 0277 - 0285 9 MRI CHARGES  
43 0286 - 0294 9 CARDIAC CATHETERIZATION CHARGES

<u>ITEM NO</u>	<u>RECORD POSITION</u>	<u>NO.OF BYTES</u>	<u>FIELD NAME</u>	<u>COMMENTS</u>
44	0295 - 0303	9	LABORATORY CHARGES	
45	0304 - 0312	9	MEDICAL SUPPLIES CHARGES	
46	0313 - 0321	9	RESPIRATORY THERAPY CHARGES	
47	0322 - 0330	9	PHYSICAL THERAPY CHARGES	
48	0331 - 0339	9	OCCUPATIONAL THERAPY CHARGES	
49	0340 - 0348	9	SPEECH & AUDIOLOGY CHARGES	
50	0349 - 0357	9	PULMONARY FUNCTION CHARGES	
51	0358 - 0366	9	ANESTHESIOLOGY CHARGES	
52	0367 - 0375	9	NOT USED	
53	0376 - 0384	9	EMERGENCY ROOM CHARGES	
54	0385 - 0393	9	OUTPATIENT CLINIC CHARGES	
55	0394 - 0402	9	FREE STANDING CLINIC CHARGES	
56	0403 - 0411	9	LABOR & DELIVERY CHARGES	
57	0412 - 0420	9	EKG CHARGES	
58	0421 - 0429	9	EEG CHARGES	
59	0430 - 0438	9	OTHER CHARGES	
60	0439 - 0447	9	TOTAL CHARGES	
61	0448 - 0449	2	2 DIGIT SPCC HOSPITAL NUMBER	
62	0450 - 0550	101	FILLER	(NOT USED)



\*\*\* SPECIAL NOTE \*\*\*

THIS DATASET CONSISTS OF MARYLAND HOSPITAL OUTPATIENT DISCHARGES FOR THE TIME PERIOD THAT YOU SELECTED AND IS A PLAIN ASCII TEXT FILE. THERE ARE NO DELIMITERS BETWEEN THE DATA FIELDS WHICH ARE POSITION DEPENDENT. EACH RECORD ENDS WITH CARRIAGE RETURN AND LINE FEED CHARACTERS (CR/LF).

EACH PATIENT STAY (DISCHARGE) IN THIS DATASET IS REPRESENTED BY THE MULTIPLE RECORD TYPES DESCRIBED ABOVE. EACH DISCHARGE WILL HAVE ONE TYPE 1 RECORD, ONE OR MORE TYPE 2 RECORDS, AND ONE TYPE 3 RECORD. THESE RECORD TYPES ARE IN ASCENDING ORDER FOR EACH DISCHARGE (e.g. 1,2,2,3).

IN ORDER TO SUCCESSFULLY ACCESS THIS DATASET, YOUR SOFTWARE MUST BE PROGRAMMED TO RECOGNIZE THE DIFFERENT RECORD TYPES AND PARSE THE DATA ACCORDINGLY.