

Attachment D - sample inpatient record

07/08/2011 VER 7.0 MARYLAND HSCRC INPATIENT CONFIDENTIAL FILE  
 CONFIDENTIAL FILE LAYOUT (1216 CHARACTERS)

RECORD POSITION	NO. BYTES	FIELD NAME	
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01-34	34	DISCHARGE KEY	
01-06	6	PROVIDER NUMBER	
07-17	11	MEDICAL RECORD NUMBER (STANDARDIZED)	
18-19	2	ADMIT MONTH (MM)	
20-21	2	ADMIT DATE (DD)	
22-25	4	ADMIT YEAR (CCYY)	
26-27	2	DISCHARGE MONTH (MM)	
28-29	2	DISCHARGE DATE (DD)	
30-33	4	DISCHARGE YEAR (CCYY)	
34-34	1	RECORD TYPE 1	
35-36	2	ADMIT HOUR	
37-37	1	NATURE OF ADMISSION	1=DELIVERY 2=NEWBORN 3=EMERGENCY 4=URGENT 5=SCHEDULED 6=OTHER 8=REHABILITATION 9=UNKNOWN 0=CHRONIC
38-39	2	SOURCE OF ADMISSION	
		00=TRANSFERRED FROM ON-SITE ACUTE CARE UNIT TO REHAB UNIT	
		01=TRANSFERRED FOR ANOTHER HOSPITAL TO A SPECIALTY CENTER	
		02=TRANSFERRED FROM ANOTHER HOSPITAL FOR ANY OTHER REASON	
		03=TRANSFERRED FROM A NURSING HOME	
		04=TRANSFERRED FROM ANY OTHER INSTITUTION	
		05=ADMITTED FROM HOME	
		06=TRANSFERRED FROM LITHOTRIPSY FACILITY	
		07=TRANSFERRED FROM ON-SITE AMBULATORY OUTPATIENT SURGERY UNIT	
		08=TRANSFERRED FROM OFF-SITE AMBULATORY OUTPATIENT UNIT	
		09=UNKNOWN	
		10=NEWBORN	
		11=TRANS FROM ONSITE ACUTE CARE UNIT TO PSYCHE UNIT	
		12=ADMITTED FROM ON-SITE SUB-ACUTE FACILITY	
		13=ADMITTED FROM OTHER SUB-ACUTE FACILITY	
		20=Trans from on-site acute care unit to on-site rehabilitation unit	
		21=Trans from on-site rehabilitation unit to acute care unit	
		22=Trans from on-site rehabilitation unit to chronic unit	
		23=Trans from chronic unit to on-site rehabilitation unit	
		24=Trans from on-site acute care unit to chronic unit	
		25=Trans from on-site chronic unit to acute care unit	
		26=Trans from on-site acute care to on-site psychiatric unit	
		27=Trans from on-site psychiatric unit to acute care unit	
		28=Trans from on-site sub-acute unit to acute care unit	
		29=Admit within 72 hours from on-site ambulatory surgery unit with surgery	
		30=Newborn (patient born in hospital)	

40=Admit from another acute general hospital to MIEMS-designated facility  
 41=Admit from another acute care hospital inpatient service for any reason  
 42=Admit from from rehab. hospital or unit of another acute care hospital  
 43=Admit from private psych. hospital or unit of another acute care hospital  
 44=Admit from a chronic hospital  
 45=Admit from other facility at which subacute services were provided  
 46=Admit within 72 hours from off-site amb. surg. / care of another facility  
 47=Admit from any other health institution (domiciliary, mental, halfway)  
 60=Admit from home, physician's office, noninstitutional source  
 61=Admit from a nursing home  
 99=Unknown

40-40	1	ADMIT FROM EMERGENCY ROOM	1=ADMITTED FROM EMERGENCY ROOM 7=NOT APPLICABLE 9=UNKNOWN
41-42	2	BIRTHDATE MONTH (MM)	
43-44	2	BIRTHDATE DAY (DD)	
45-48	4	BIRTHDATE YEAR (CCYY)	
49-49	1	SEX	1=MALE 2=FEMALE 9=UNKNOWN
50-50	1	RACE	1=WHITE 2=AFRICAN AMERICAN 3=ASIAN OR PACIFIC ISLANDER 4=AMERICAN INDIAN/ ESKIMO/ALEUT 5=OTHER 6=BI - RACIAL 9=UNKNOWN
51-51	1	ETHNICITY	1=SPANISH/HISPANIC ORIGIN 2=NOT SPANISH/HISPANIC ORIGIN 9=UNKNOWN
52-52	1	MARTIAL STATUS	1=SINGLE 2=MARRIED 3=SEPARATED 4=DIVORCED 5=WIDOW/WIDOWER 9=UNKNOWN
53-54	2	AREA OF RESIDENCE	COUNTY CODE 01=ALLEGANY 02=ANNE ARUNDEL 03=BALTIMORE COUNTY 04=CALVERT 05=CAROLINE 06=CARROLL 07=CECIL 08=CHARLES 09=DORCHESTER 10=FREDERICK 11=GARRETT 12=HARFORD 13=HOWARD

14=KENT  
 15=MONTGOMERY  
 16=PRINCE GEORGE'S  
 17=QUEEN ANNE'S  
 18=ST. MARY'S  
 19=SOMERSET  
 20=TALBOT  
 21=WASHINGTON  
 22=WICOMICO  
 23=WORCESTER  
 29=UNIDENTIFIED  
     MARYLAND  
 30=BALTIMORE CITY  
     (INDEPENDENT CITY)  
 39=DELAWARE  
 49=PENNSYLVANIA  
 59=WEST VIRGINIA  
 69=VIRGINIA  
 79=DISTRICT OF COLUMBIA  
 89=FOREIGN  
 98=OTHER STATES  
 99=UNIDENTIFIED

55-59            5            RESIDENCE ZIP CODE

XXXXX ZIP CODE  
 77777 FOREIGN  
 99999 UNKNOWN

60-61            2            PRINCIPAL PAYER SOURCE

01=AETNA HEALTH PLANS  
 02=CAPITOLCARE (B/C-NCA)  
 03=CFS HEALTH GROUP  
 04=CHESAPEAKE HEALTH PLAN  
 05=CIGNA HEALTHCARE MID-ATL  
 06=COLUMBIA MEDICAL PLAN  
 07=DELMARVA HEALTH PLAN  
 08=HUMANA GROUP HEALTH PLAN  
 09=GWJ HEALTH PLAN  
 10=HEALTHPLUS  
 11=KAISER PERMANENTE  
 12=MAMSI  
 13=TOTAL HEALTH CARE  
 14=U.S.HEALTHCARE  
 15=PRUDENTIAL HEALTH CARE  
 16=PRINCIPAL HEALTH CARE  
 17=PREFERRED HEALTH NETWORK  
 18=PHYSICIANS HEALTH PLAN  
 19=PRINCIPAL HEALTH DELAWARE  
 20=MARYLAND PHYSICIANS CARE  
 21=HELIX FAMILY HEALTH  
 22=JAI MEDICAL  
 23=PRIORITY PARTNERS  
 24=UNITED HEALTHCARE  
 25=NEW AMERICAN HEALTH  
 26=PRIME HEALTH  
 27=AMERICAID  
 29=OTHER HMO  
 00=Not Applicable  
  
 30=Aetna Health Plans  
  
 31=CareFirst (i.e., 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  
42=Amerigroup  
43=Coventry Health Plan of Delaware (Diamond Plan)  
44=Helix Family Health  
45=JAI Medical Group  
46=Medicaid/Uninsured APS - Maryland (psychiatric payer)  
47=Maryland Physicians Care  
48=Priority Partners  
49=United Healthcare (Americhoice)  
50=Other Medicaid MCO/HMO  
55=Aetna (Golden Choice)  
56=ElderHealth  
57=United Healthcare (Evercare)  
58=Other Medicare HMO  
65=Aetna  
66=CareFirst - CFMI (Maryland) (PPO, POS, Blue Preferred, FEP)  
67=CareFirst - GHMSI (DC) (PPO, POS, Blue Preferred, FEP)  
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 (i.e., Alliance PPO and MAMSI Life and Health)  
75=National Capital PPO (NCPPO)  
76=Private Health Care Systems  
77=Other Commercial, PPO, PPN, TPA  
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  
93=MD Health Insurance Plan (MHIP) EPO  
94=MD Health Insurance Plan (MHIP) PPO  
95=Tricare - examples: Health Net  
96=Uniformed Services Family Health Plan (USFHP)  
97=Other Miscellaneous Government Programs  
99=Invalid

62-63

2 SECONDARY PAYER SOURCE

01=AETNA HEALTH PLANS  
02=CAPITOLCARE (B/C-NCA)  
03=CFS HEALTH GROUP  
04=CHESAPEAKE HEALTH PLAN  
05=CIGNA HEALTHCARE MID-ATL  
06=COLUMBIA MEDICAL PLAN  
07=DELMARVA HEALTH PLAN  
08=HUMANA GROUP HEALTH PLAN  
09=GWJ HEALTH PLAN  
10=HEALTHPLUS  
11=KAISER PERMANENTE  
12=MAMSI  
13=TOTAL HEALTH CARE  
14=U.S.HEALTHCARE  
15=PRUDENTIAL HEALTH CARE  
16=PRINCIPAL HEALTH CARE  
17=PREFERRED HEALTH NETWORK  
18=PHYSICIANS HEALTH PLAN  
19=PRINCIPAL HEALTH DELAWARE  
20=MARYLAND PHYSICIANS CARE  
21=HELIX FAMILY HEALTH  
22=JAI MEDICAL  
23=PRIORITY PARTNERS  
24=UNITED HEALTHCARE  
25=NEW AMERICAN HEALTH  
26=PRIME HEALTH  
27=AMERICAID  
29=OTHER HMO  
00=Not Applicable  
  
30=Aetna Health Plans  
  
31=CareFirst (i.e., 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  
42=Amerigroup  
43=Coventry Health Plan of Delaware (Diamond Plan)  
44=Helix Family Health  
45=JAI Medical Group  
46=Medicaid/Uninsured APS - Maryland (psychiatric payer)  
47=Maryland Physicians Care  
48=Priority Partners  
49=United Healthcare (Americhoice)  
50=Other Medicaid MCO/HMO  
55=Aetna (Golden Choice)  
56=ElderHealth  
57=United Healthcare (Evercare)  
58=Other Medicare HMO  
65=Aetna  
66=CareFirst - CFMI (Maryland) (PPO, POS, Blue Preferred, FEP)  
67=CareFirst - GHMSI (DC) (PPO, POS, Blue Preferred, FEP)  
68=CCN/First Health  
69=Cigna  
70=Employer Health Plan (EHP)  
71=Fidelity Benefits Administrator  
72=Great West One Plan  
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74=MAMSI (i.e., Alliance PPO and MAMSI Life and Health)  
75=National Capital PPO (NCPPO)  
76=Private Health Care Systems  
77=Other Commercial, PPO, PPN, TPA  
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  
93=MD Health Insurance Plan (MHIP) EPO  
94=MD Health Insurance Plan (MHIP) PPO  
95=Tricare - examples: Health Net  
96=Uniformed Services Family Health Plan (USFHP)  
97=Other Miscellaneous Government Programs  
99=Invalid

64-69            6            CENSUS TRACT

70-71            2            DISPOSITION OF PATIENT

01=HOME OR SELF CARE  
02=DO NOT USE  
03=HOME HEALTH CARE  
04=DO NOT USE  
05=ACUTE CARE GEN HOSP  
06=OTHER HEALTH CARE FACILITY  
07=DIED  
08=LEFT AGAINST MEDICAL ADVICE  
09=UNKNOWN  
10=REHAB FACILITY  
11=REHAB UNIT OF HOSP  
12=ON-SITE DISTINCT REHAB UNIT  
13=TRANS TO NURSING FAC  
14=DISCHARGE TO ONSITE PSYCHE  
15=DISCHARGE TO ONSITE SUB-ACUTE  
16=DISCHARGE TO OTHER SUB-ACUTE FACILITY  
20 To distinct on-site rehabilitation unit from acute care  
  
21 To acute care unit from on-site rehabilitation unit  
  
22 To chronic unit from on-site rehabilitation unit  
  
23 To on-site rehabilitation unit from chronic care unit  
  
24 To chronic unit from acute care unit  
  
25 To acute care unit from chronic care unit  
  
26 To on-site psychiatric unit from acute care unit  
  
27 To acute care unit from on-site psychiatric unit  
  
28 To on-site subacute  
29 To on-site hospice

hospital

40 To another acute care hospital

41 To a rehabilitation hospital or rehab. unit of another hospital

42 To a psychiatric hospital or an off-site psych. unit of another hospital

43 To a chronic hospital

44 To a nursing facility

45 To a subacute facility

46 To other health care facility

60 To home or self-care

61 To home under the care of a home health agency

62 To nursing home

70 Expired

71 Left against medical advice

99 Unknown

72-74	3	ALTERNATIVE RATE METHOD	ARM CODE
75-76	2	SOURCE OF PAYMENT	EXPECTED PAYOR FOR MOST OF THIS BILL 01=MEDICARE 02=MEDICAID 03=TITLE V 04=BLUE CROSS OF MD 05=COMMERCIAL INSURANCE 06=OTHER GOVERNMENT PROGRAM 07=WORKMEN'S COMPENSATION 08=SELF PAY 09=CHARITY 10=OTHER 11=DONOR 12=HMO 13=MEDICAID (STATE ONLY) 14=MEDICAID HMO 15=MEDICARE HMO 16=BLUE CROSS (NCA) 17=BLUE CROSS OTHER 99=UNKNOWN
77-78	2	SECONDARY SOURCE OF PAYMENT	SECONDARY PAYOR 01=MEDICARE 02=MEDICAID 03=TITLE V 04=BLUE CROSS OF MD 05=COMMERCIAL INSURANCE 06=OTHER GOVERNMENT PROGRAM 07=WORKMEN'S COMPENSATION 08=SELF PAY



09=CHARITY  
 10=OTHER  
 11=DONOR  
 12=HMO  
 13=MEDICAID (STATE ONLY)  
 14=MEDICAID HMO  
 15=MEDICARE HMO  
 16=BLUE CROSS (NCA)  
 17=BLUE CROSS OTHER  
 77=NOT APPLICABLE  
 99=UNKNOWN

79-84	6	ATTENDING PHYSICIAN	XXXXXX PHYSICIAN NUMBER 999999 UNKNOWN
85-90	6	OPERATING PHYSICIAN	XXXXXX PHYSICIAN NUMBER 777777 NOT APPLICABLE 999999 UNKNOWN
91-92	2	MAJOR SERVICE	01, B1=MEDICINE 02, B2=SURGERY 03, B3=OBSTETRICS 04, B4=NEWBORN 05, B5=PEDIATRIC 06, B6=PSYCHIATRIC 07, B7=OTHER 08, B8=REHABILITATION 09, B9, 99=UNKNOWN B=SPACE 10=CHRONIC
93-94	2	TYPE OF DAILY SERVICE	01=ALL OTHER 02=SHOCK TRAUMA 03=ONCOLOGY 04=SKILLED NURSING CARE 05=INTERMEDIATE (CHRONIC) CARE 06=NEO-NATAL INTENSIVE CARE 07=BURN CARE 08=REHAB 09=CHRONIC
95-97	3	NON-PSYCHIATRIC DAYS	001-776 NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
98-100	3	PSYCHIATRIC DAYS	001-776 NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
101-101	1	READMISSION	1=YES 2=NO
102-104	3	MEDICAL/SURGICAL ICU DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
105-107	3	CORONARY CARE DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
108-110	3	BURN CARE DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE

			999=UNKNOWN
111-113	3	NEO-NATAL ICU DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
114-116	3	PEDIATRIC ICU DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
117-119	3	SHOCK TRAUMA DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
120-122	3	OTHER CARE DAYS	XXX=NUMBER OF DAYS 777=NOT APPLICABLE 999=UNKNOWN
123-126	4	NEWBORN BIRTH WEIGHT	XXXX=ACTUAL WEIGHT AT BIRTH IN GRAMS 7777=PATIENT NOT A NEWBORN 9999=UNKNOWN
127-128	2	UMD-SERVICE	
129-129	1	FILLER	
130-136	7	PRINCIPAL DIAGNOSIS	
137-143	7	OTHER DIAGNOSIS1	
144-150	7	OTHER DIAGNOSIS2	
151-157	7	OTHER DIAGNOSIS3	
158-164	7	OTHER DIAGNOSIS4	
165-171	7	OTHER DIAGNOSIS5	
172-178	7	OTHER DIAGNOSIS6	
179-185	7	OTHER DIAGNOSIS7	
186-192	7	OTHER DIAGNOSIS8	
193-199	7	OTHER DIAGNOSIS9	
200-206	7	OTHER DIAGNOSIS10	
207-213	7	OTHER DIAGNOSIS11	
214-220	7	OTHER DIAGNOSIS12	
221-227	7	OTHER DIAGNOSIS13	
228-234	7	OTHER DIAGNOSIS14	
235-241	7	E-CODE	XXXXXXX=ICD9-CM CODE BBBBBBB=NOT APPLICABLE bbbbbbb=SPACES
242-242	1	RESERVE FLAG	
243-250	8	AMBULANCE RUN NUMBER (THRU 06/2011 ONLY)	
251-257	7	PRINCIPAL PROCEDURE	XXXXXXX=ICD9-CM CODE BBBBBBB=NOT APPLICABLE bbbbbbb=SPACES
258-265	8	PRINCIPAL PROCEDURE DATE	01-12=MONTH 77=NOT APPLICABLE 99=UNKNOWN 01-31=DAY 77=NOT APPLICABLE 99=UNKNOWN XXXX=YEAR 7777=NOT APPLICABLE

			9999=UNKNOWN
266-272	7	OTHER PROCEDURE 2	XXXXXXX=ICD9-CM CODE BBBBBBB=NOT APPLICABLE bbbbbbb=SPACES
273-280	8	OTHER PROCEDURE DATE 2	01-12=MONTH 77=NOT APPLICABLE 99=UNKNOWN 01-31=DAY 77=NOT APPLICABLE 99=UNKNOWN XXXX=YEAR 7777=NOT APPLICABLE 9999=UNKNOWN
281-287	7	OTHER PROCEDURE 3	SAME AS OTHER PROCEDURE 1
288-295	8	OTHER PROCEDURE DATE 3	SAME AS OTHER PROCEDURE DATE 1
296-302	7	OTHER PROCEDURE 4	SAME AS OTHER PROCEDURE 1
303-310	8	OTHER PROCEDURE DATE 4	SAME AS OTHER PROCEDURE DATE 1
311-317	7	OTHER PROCEDURE 5	SAME AS OTHER PROCEDURE 1
318-325	8	OTHER PROCEDURE DATE 5	SAME AS OTHER PROCEDURE DATE 1
326-332	7	OTHER PROCEDURE 6	SAME AS OTHER PROCEDURE 1
333-340	8	OTHER PROCEDURE DATE 6	SAME AS OTHER PROCEDURE DATE 1
341-347	7	OTHER PROCEDURE 7	SAME AS OTHER PROCEDURE 1
348-355	8	OTHER PROCEDURE DATE 7	SAME AS OTHER PROCEDURE DATE 1
356-362	7	OTHER PROCEDURE 8	SAME AS OTHER PROCEDURE 1
363-370	8	OTHER PROCEDURE DATE 8	SAME AS OTHER PROCEDURE DATE 1
371-377	7	OTHER PROCEDURE 9	SAME AS OTHER PROCEDURE 1
378-385	8	OTHER PROCEDURE DATE 9	SAME AS OTHER PROCEDURE DATE 1
386-392	7	OTHER PROCEDURE 10	SAME AS OTHER PROCEDURE 1
393-400	8	OTHER PROCEDURE DATE 10	SAME AS OTHER PROCEDURE DATE 1

401-407	7	OTHER PROCEDURE 11	SAME AS OTHER PROCEDURE 1
408-415	8	OTHER PROCEDURE DATE 11	SAME AS OTHER PROCEDURE DATE 1
416-422	7	OTHER PROCEDURE 12	SAME AS OTHER PROCEDURE 1
423-429	7	OTHER PROCEDURE 13	SAME AS OTHER PROCEDURE 1
430-436	7	OTHER PROCEDURE 14	SAME AS OTHER PROCEDURE 1
437-443	7	OTHER PROCEDURE 15	SAME AS OTHER
444-444	1	REHABILITATION ADMISSION CLASS	1=INITIAL REHABILITATION 2=EVALUATION 3=READMISSION 4=UNPLANNED DISCHARGE 5=CONTINUING REHABILITATION
445-451	7	REHABILITATION IMPAIRMENT GROUP CODE	
452-457	6	PROVIDER SPECIFIC ADMIT CODE	
458-463	6	PROVIDER SPECIFIC DISCHARGE CODE	
464-466	3	FILLER	
467-468	2	CMS MDC CODE	
469-471	3	CMS DRG CODE	
472-500	29	FILLER	
501-501	1	POA FOR PRIMARY DIAGNOSIS N Diagnosis Not Present on Admission U Diagnosis Insufficient Documentation to Determine W Diagnosis Unable to Clinically Determine E Diagnosis Exempt from Reporting	
502-502	1	POA FOR OTHER DIAGNOSIS1	
503-503	1	POA FOR OTHER DIAGNOSIS2	
504-504	1	POA FOR OTHER DIAGNOSIS3	
505-505	1	POA FOR OTHER DIAGNOSIS4	
506-506	1	POA FOR OTHER DIAGNOSIS5	
507-507	1	POA FOR OTHER DIAGNOSIS6	
508-508	1	POA FOR OTHER DIAGNOSIS7	
509-509	1	POA FOR OTHER DIAGNOSIS8	
510-510	1	POA FOR OTHER DIAGNOSIS9	
511-511	1	POA FOR OTHER DIAGNOSIS10	
512-512	1	POA FOR OTHER DIAGNOSIS11	
513-513	1	POA FOR OTHER DIAGNOSIS12	
514-514	1	POA FOR OTHER DIAGNOSIS13	
515-515	1	POA FOR OTHER DIAGNOSIS14	
516-516	1	FILLER	
517-517	1	ATTENDING PHYSICIAN FLAG	0=VALID PHYSICIAN NUMBER 1=INVALID PHYSICIAN NUMBER
518-523	6	ATTENDING PHYSICIAN GHOST NUMBER	
524-524	1	OPERATING PHYSICIAN FLAG	0=VALID PHYSICIAN NUMBER

			1=INVALID PHYSICIAN NUMBER
525-530	6	OPERATING PHYSICIAN GHOST NUMBER	
531-533	3	AGE IN YEARS	
534-538	5	AGE IN DAYS (IF AGE IN YEARS = 000)	
539-541	3	LENGTH OF STAY	
542-542	1	FILLER	
543-543	1	METROPOLITAN CODE	0=NOT METROPOLITAN 1=BALTIMORE METROPOLITAN 2=WASHINGTON METROPOLITAN
544-544	1	TEACHING HOSPITAL CODE	0=NOT TEACHING 1=TEACHING
545-545	1	BED CAPACITY (HOSPITAL BED SIZE)	0=NOT OVER 400 BEDS 1=OVER 400 BEDS
546-546	1	PSRO AREA	1=WESTERN MARYLAND 2=BALTIMORE CITY 3=MONTGOMERY 4=PRINCE GEORGES 5=CENTRAL MARYLAND 6=SOUTHERN MARYLAND 7=DELMARVA
547-547	1	HSA (HEALTH STATIC AREA GROUPED BY COUNTY)	1=CENTRAL MARYLAND 2=EASTERN SHORE 3=SOUTHERN MARYLAND 4=WESTERN MARYLAND 5=MONTGOMERY COUNTY
548-548	1	ICG CODE	
549-549	1	ADMIT DAY OF WEEK	
550-550	1	DISCHARGE DAY OF WEEK	
551-553	3	PREOP TIME FOR PRIMARY PROCEDURE	
554-556	3	OTHER PREOP TIME 1	
557-559	3	OTHER PREOP TIME 2	
560-562	3	OTHER PREOP TIME 3	
563-565	3	OTHER PREOP TIME 4	
566-568	3	OTHER PREOP TIME 5	
569-571	3	OTHER PREOP TIME 6	
572-574	3	OTHER PREOP TIME 7	
575-577	3	OTHER PREOP TIME 8	
578-580	3	OTHER PREOP TIME 9	
581-583	3	OTHER PREOP TIME 10	
584-584	1	CLASS FOR PRIMARY PROCEDURE	
585-585	1	CLASS FOR 1ST SECONDARY PROCEDURE	
586-586	1	CLASS FOR 2ND SECONDARY PROCEDURE	
587-587	1	CLASS FOR 3RD SECONDARY PROCEDURE	
588-588	1	CLASS FOR 4TH SECONDARY PROCEDURE	
589-589	1	CLASS FOR 5TH SECONDARY PROCEDURE	
590-590	1	CLASS FOR 6TH SECONDARY PROCEDURE	
591-591	1	CLASS FOR 7TH SECONDARY PROCEDURE	
592-592	1	CLASS FOR 8TH SECONDARY PROCEDURE	
593-593	1	CLASS FOR 9TH SECONDARY PROCEDURE	
594-594	1	CLASS FOR 10TH SECONDARY PROCEDURE	

595-595	1	CLASS FOR 11TH SECONDARY PROCEDURE
596-596	1	CLASS FOR 12TH SECONDARY PROCEDURE
597-597	1	CLASS FOR 13TH SECONDARY PROCEDURE
598-598	1	CLASS FOR 14TH SECONDARY PROCEDURE
599-607	9	DAILY ROOM & BED CHARGES IMPLIED DECIMAL POINT ON
608-616	9	OPERATING ROOM CHARGES ALL CHARGES 9999999V99
617-625	9	DRUGS CHARGES
626-634	9	RADIOLOGY CHARGES
635-643	9	LABORATORY CHARGES
644-652	9	SUPPLIES CHARGES
653-661	9	THERAPY CHARGES
662-670	9	OTHER CHARGES
671-679	9	TOTAL CHARGES
680-682	3	FILLER
683-691	9	IP Med/Surg Acute CHARGES
692-700	9	Coronary Care CHARGES
701-709	9	ICU CHARGES
710-718	9	Nursery CHARGES
719-727	9	Oncology CHARGES
728-736	9	SNF CHARGES
737-745	9	Psychiatric CHARGES
746-754	9	OR CHARGES
755-763	9	Drugs CHARGES
764-772	9	Radiology Diagnostic CHARGES
773-781	9	Radiation Therapy CHARGES
782-790	9	Nuclear Medicine CHARGES
791-799	9	CT CHARGES
800-808	9	MRI CHARGES
809-817	9	IVC CHARGES
818-826	9	Lab CHARGES
827-835	9	Supplies CHARGES
836-844	9	Respiratory Therapy CHARGES
845-853	9	PT CHARGES
854-862	9	OT CHARGES
863-871	9	Speech/Audiology CHARGES
872-880	9	Pulmonary Function CHARGES
881-889	9	Anesthesia CHARGES
890-898	9	Not Used
899-907	9	Emergency Room CHARGES
908-916	9	Clinic CHARGES
917-925	9	Freestanding Clinic CHARGES
926-934	9	Labor & Delivery CHARGES
935-943	9	EKG CHARGES
944-952	9	EEG CHARGES
953-961	9	OTHER CHARGES
962-970	9	TOTAL CHARGES
971-1000	30	FILLER
1001-1007	7	OTHER DIAGNOSIS15
1008-1014	7	OTHER DIAGNOSIS16
1015-1021	7	OTHER DIAGNOSIS17
1022-1028	7	OTHER DIAGNOSIS18
1029-1035	7	OTHER DIAGNOSIS19
1036-1042	7	OTHER DIAGNOSIS20
1043-1049	7	OTHER DIAGNOSIS21
1050-1056	7	OTHER DIAGNOSIS22
1057-1063	7	OTHER DIAGNOSIS23
1064-1070	7	OTHER DIAGNOSIS24
1071-1077	7	OTHER DIAGNOSIS25
1078-1084	7	OTHER DIAGNOSIS26
1085-1091	7	OTHER DIAGNOSIS27

1092-1098	7	OTHER DIAGNOSIS28
1099-1105	7	OTHER DIAGNOSIS29
1106-1106	1	POA FOR OTHER DIAGNOSIS 15 N Diagnosis Not Present on Admission U Diagnosis Insufficient Documentation to Determine W Diagnosis Unable to Clinically Determine E Diagnosis Exempt from Reporting
1107-1107	1	POA FOR OTHER DIAGNOSIS 16
1108-1108	1	POA FOR OTHER DIAGNOSIS 17
1109-1109	1	POA FOR OTHER DIAGNOSIS 18
1110-1110	1	POA FOR OTHER DIAGNOSIS 19
1111-1111	1	POA FOR OTHER DIAGNOSIS 20
1112-1112	1	POA FOR OTHER DIAGNOSIS 21
1113-1113	1	POA FOR OTHER DIAGNOSIS 22
1114-1114	1	POA FOR OTHER DIAGNOSIS 23
1115-1115	1	POA FOR OTHER DIAGNOSIS 24
1116-1116	1	POA FOR OTHER DIAGNOSIS 25
1117-1117	1	POA FOR OTHER DIAGNOSIS 26
1118-1118	1	POA FOR OTHER DIAGNOSIS 27
1119-1119	1	POA FOR OTHER DIAGNOSIS 28
1120-1120	1	POA FOR OTHER DIAGNOSIS 29
1121-1130	10	ATTENDING PHYSICIAN NPI NUMBER (07/2009+)
1131-1140	10	OPERATING PHYSICIAN NPI NUMBER (07/2009+)
1141-1151	11	MEDICAID ID NUMBER (07/2011+)
1152-1169	18	PATIENT ACCOUNT NUMBER (07/2011+)
1170-1180	11	MAIS AMBULANCE RUNSHEET NUMBER (07/2011+)
1170-1216	47	FILLER