Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

Chapter 06 Submission of Hospital Discharge Data Set to the Commission

Authority: Health-General Article, §§19-207 and 19-215,

Annotated Code of Maryland

.01   Collection and Submission of Data.

Upon the effective date of this regulation, each hospital under the jurisdiction of the Health Services Cost Review Commission shall:

A.   Submit the following data elements for the Commission within 45 days following the last day of the quarter during which the patient was discharged or died. This submission shall be made in the form prescribed in Regulation .03, below

B.   Be able to apply to the Commission for an exception or an extension to its filing requirements as provided for in COMAR 10.37.01.02 and .03.

.01-1   Out-of-State Hospitals

A.   The requirements for the collection and submission of data as described in Regulation .01 of this chapter shall also apply to those non-federal acute care hospitals located in Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia. Data submitted by these non-Maryland hospitals shall relate exclusively to those patients who are Maryland residents.

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B.   The Commission may consider these non-Maryland hospitals that otherwise provide discharge data as described in Regulation .04 of this chapter to the public to be exempt from the data requirements referred to in §A of this regulation. In addition, non-Maryland hospitals may apply to the Commission for an exception or an extension to either the form or to the manner of these data requirements as provided for in COMAR 10.37.01.02 and .03.

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

.02   Uniform Hospital Discharge Abstract Data Set.

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

B.   Data Elements.

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

(2)   Medical Record Number.

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

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

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

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

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

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

(7)   Nature of Admission.

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

(i)	Delivery	1
(ii)	Newborn	2
(iii)	Emergency	3
(iv)	Urgent	4
(v)	Scheduled	5
(vi)	Other	6
(vii)	Psychiatric	7
(viii)	Rehabilitation	8
(ix)	Unknown	9
(x)	Chronic	0

(b)   Code Description.

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

(ii)   Newborn. Patients born in the hospital.

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(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 of request and for whom an arrangement was made with the admissions office at least 24 hours before the admission.

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

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

(viii)   Unknown

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

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

(a)   Admission (transfer) within hospital:

(i)   Admitted (transferred) from on-site acute care unit to on-site distinct rehabilitation unit   20

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(ii)   Admitted (transferred) from on-site distinct rehabilitation
unit to acute care unit   21

(iii)   Admitted (transferred) from on-site distinct rehabilitation
unit to chronic unit   22

(iv)   Admitted (transferred) from chronic unit to
on-site distinct rehabilitation unit   23

(v)   Admitted (transferred) from acute care unit to
chronic unit   24

(vi)   Admitted (transferred) from chronic unit to acute
care unit   25

(vii)   Admitted (transferred) from on-site acute care unit to
on-site distinct psychiatric unit   26

(viii)   Admitted (transferred) from on-site distinct
psychiatric unit to an acute care unit   27

(ix)   Admitted from on-site sub-acute unit to acute care unit   28

(x)   Admitted within 72 hours from on-site
ambulatory/outpatient surgery unit or room in which ambulatory surgery is performed   29

(xi)   Newborn (patient born in the hospital)   30

(b)   Admission or transfer from another institution:

(i)   Admitted from another acute general hospital
to MIEMS-designated specialty referral or area-wide trauma center. Requires
additional provider definition from data item 74   40

(ii)   Admitted from another acute general hospital
inpatient service for any other reason. Requires additional provider definition from
data item 74   41

(iii)   Admitted from a rehabilitation hospital or
a rehabilitation unit of another acute care hospital. Requires additional provider
definition from data item 74   42

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        (iv)   Admitted from a private psychiatric hospital
or a psychiatric unit of another acute care hospital. Requires additional provider
definition from data item 74   43

        (v)   Admitted from a chronic hospital.
Requires additional provider definition from data item 74   44

        (vi)   Admitted from other facility, at which
subacute services were provided to the patient   45

        (vii)   Admitted within 72 hours from off-site
ambulatory/outpatient surgery unit or other outpatient setting at another
hospital or health care facility   46

        (viii)   Admitted from any other health institution
(domiciliary care, mental facility, halfway house, etc.)   47

    (c)   Admitted from home or equivalent:

        (i)   Admitted from home, physician office,
or any noninstitutional source   60

        (ii)   Admitted from a nursing home   61

    (d)   Not specified or Unknown   99

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

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

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

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

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

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

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

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

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

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

(a)   Single   1
(b)   Married   2
(c)   Separated   3
(d)   Divorced   4
(e)   Widow/Widower   5
(f)   Unknown   9

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

(a)   Allegany County   01
(b)   Anne Arundel County   02
(c)   Baltimore County   03
(d)   Calvert County   04
(e)   Caroline County   05

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

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

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

(a)   HMO/POS:

(i)	Aetna Health Plans	30
(ii)	CareFirst Blue Choice	31

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(iii)	Cigna Healthcare of Mid-Atlantic	32
(iv)	Coventry Health Plan of Delaware	33
(v)	Kaiser Permanente	34
(vi)	MAMSI	35
(vii)	United Healthcare	36
(viii)	Other HMO/POS	37

(b)	Medicaid MCO/HMO:

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

(c)	Medicare HMO:

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

(d)	Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs):

(i)	Aetna	65
(ii)	CareFirst - CareFirst of Maryland, Inc., (BC/BS Plan #190/690)	66
(iii)	CareFirst - Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS) Plan #080/580) (Federal Employee Program)	67
(iv)	CCN First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76

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(xiii)	Other Commercial, PPO, PPN, TPA	77

(e)   Behavioral Health:

(i)	American Psychiatric Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other Behavioral Health	92

(f)   Other Government Programs:

(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare - example: Health Net	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96
(v)	Other miscellaneous government programs	97

(g)   Other:

(i)	Not Applicable	00
(ii)	Unknown	99

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

(a)   HMO/POS:

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

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      (b)   Medicaid MCO HMO:

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

      (c)   Medicare HMO:

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

      (d)   Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)

(i)	Aetna	65
(ii)	CareFirst - CareFirst of Maryland, Inc (BC/BS Plan #190/690)	66
(iii)	CareFirst - Group Hospitalization and Medical Services Inc. (Non HMO) (BC/BS Plan #080/580) (Federal Employee Program)	67
(iv)	CCN/First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (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

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(e)   Behavioral Health:

(i)	American Psych Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other Behavioral Health	92

(f)   Other Government Programs:

(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare - examples: Health Net	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96
(v)	Other miscellaneous Government Programs	97

(g)   Other:

(i)	Not Applicable	00
(ii)	Unknown	99

(18)   Census Tract. Optional Field.

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

(a)   Discharge or transfer within hospital:

(i)   Discharge to on-site distinct rehabilitation unit from acute care unit   20

(ii)   Discharge to acute care unit from on-site distinct rehabilitation unit   21

(iii)   Discharge to chronic unit from on-site distinct rehabilitation unit   22

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(iv)   Discharge to on-site distinct rehabilitation unit from chronic
unit   23

(v)   Discharge to chronic unit from acute care unit   24

(vi)   Discharge to acute care unit from chronic care unit   25

(vii)   Discharge to on-site distinct psychiatric unit from acute care
unit   26

(viii)   Discharge to acute care unit from on-site distinct psychiatric
unit   27

(ix)   Discharge to on-site subacute unit   28

(b)   Discharge to Another Institution:

(i)   Discharge to acute care (medical/surgical) hospital.
Requires additional provider information from data item 75.   40

(ii)   Discharge to rehabilitation hospital or a rehabilitation
unit of another acute care hospital. Requires additional provider definition from data item 75. 41

(iii)   Discharge to a psychiatric facility or an off-site
psychiatric unit of another acute care hospital. Requires additional provider information from
data item 75.   42

(iv)   Discharge to a chronic hospital. Requires additional provider
definition from data item 75.   43

(v)   Discharge to nursing facility (This category includes skilled
nursing and intermediate care facilities, both freestanding and hospital-based units.)   44

(vi)   Discharge to facility at which subacute care is to be provided
to the patient   45

(vii)   Discharge to other health care facility (for example,
dependency, veterans' facilities, hospice facility)   46

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(c)   Discharge to Home or Equivalent:

(i)   Discharge to home or self-care. This category includes discharge to a prison or other non-medical custodial care facility.   60

(ii)   Discharge to home under the care of a home health agency. (This category includes hospice care provided in the home.   61

(iii)   Discharge to nursing home   62

(d)   Other:

(i)   Expired   70
(ii)   Left against medical advice   71

(e)   Not specified or Unknown   99

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

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

(a)   Medicare - Only Fee for Service Medicare   01
(b)   Medicaid - Only Fee for Service Medicaid   02
(c)   Title V   03
(d)   Blue Cross of Maryland - Indemnity and NASCO. Requires the selection of value "66" from data item (17)(d). (Do not include Blue Cross Health Maintenance Organization Products.)   04
(e)   Commercial insurance/PPO - Requires additional payer definition from data item (17)   05
(f)   Other government program - Requires additional payer definition from data item (17)   06
(g)   Workers' Compensation   07
(h)   Self-pay   08
(i)   Charity - no charge (Charity care represents health care services that are provided but are never expected to result in cash flows.)   09
(j)   Other   10
(k)   Donor   11

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     (l)   Managed Care Payer. (Do not include Medicare and Medicaid managed care payers.) Requires additional payer definition from data item (17)   12

     (m)   Do not use   13

     (n)   Medicaid Managed Care. Requires additional payer definition from data item (17)   14

     (o)   Medicare Managed Care. Requires additional payer definition from data item (17)   15

     (p)   Blue Cross of the National Capital Area - Indemnity only. Requires the selection of value "67" from data item (17-1)(d)   16

     (q)   Blue Cross (Other State) - All Blue Cross Out-of-State   17

     (r)   Unknown   99

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

     (a)   Medicare - Only Fee for Service Medicare   01

     (b)   Medicaid - Only Fee for Service Medicaid   02

     (c)   Title V   03

     (d)   Blue Cross of Maryland - Indemnity and NASCO. Requires the selection of value "66" from data item (17-1)(d). (Do not include Blue Cross Managed Care Health Maintenance Organization Products.)   04

     (e)   Commercial insurance/PPO - Requires additional payer definition from data item (17)   05

     (f)   Other government program - Requires additional payer definition from data item (17)   06

     (g)   Workers' Compensation   07

     (h)   Self-pay   08

     (i)   Charity - no charge. (Charity care represents health care services that are provided but are never expected to result in cash flows.)   09

     (j)   Other   10

     (k)   Donor   11

     (l)   Managed Care Payer. (Do not include Medicare and Medicaid managed care payers.) Requires additional payer definition from data item (17)   12

     (m)   Do not use   13

     (n)   Medicaid Managed Care. Requires additional payer definition from data item (17)   14

     (o)   Medicare Managed Care. Requires additional payer definition from data item (17)   15

     (p)   Blue Cross of the National Capital Area - Indemnity only. Requires the selection of value "67" from data item (17-1)(d)   16

     (q)   Blue Cross (other state) - All Blue Cross Out-of-State   17

     (r)   Not applicable - Only applies if primary payer is Medicaid (includes Medicaid HMO)   77

     (s)   Unknown   99

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(23)   Attending Physician.

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

(b) The attending physician is the physician who is responsible for the longest portion of the patient's total length of stay. If two or more physicians are responsible for an equal number of days of the length of stay, the attending physician is the physician most associated with the principal diagnosis.

(24)   Operating Physician.

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

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

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

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

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

(a)	All other	01
(b)	Shock trauma	02
(c)	Oncology	03

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(d)		Skilled nursing care and chronic care	04
(e)		Intermediate care	05
(f)		Neonatal intensive care	06
(g)		Burn care	07
(h)		Rehabilitation (within distinct rehabilitation	

unit only)   08

(i)	Chronic	09

(27)   Days of Service.

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

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

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

(a)	Yes		1
(b)	No		2

(29)   Medical/Surgical Intensive Care Days.

(30)   Coronary Care Days.

(31)   Burn Care Days.

(32)   Neonatal Intensive Care Days.

(33)   Pediatric Intensive Care Days.

(34)   Shock Trauma Days.

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

(a)	Line LL - Medical/Surgical Intensive Care Days	004
(b)	Line MM - Coronary Care Days	777
(c)	Line NN - Burn Care Days	777
(d)	Line OO - Neonatal Intensive Care Days	777
(e)	Line PP - Pediatric Intensive Care Days	777
(f)	Line QQ - Shock Trauma Days	777
(g)	Line RR - Other Special Care Days	003

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

(37)   Filler.

(38)   Principal Diagnosis.

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

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

(39)   Other Diagnosis 1.

(40)   Other Diagnosis 2.

(41)   Other Diagnosis 3.

(42)   Other Diagnosis 4.

(43)   Other Diagnosis 5.

(44)   Other Diagnosis 6.

(45)   Other Diagnosis 7.

(46)   Other Diagnosis 8.

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(47)   Other Diagnosis 9.

(48)   Other Diagnosis 10.

(49)   Other Diagnosis 11.

(50)   Other Diagnosis 12.

(51)   Other Diagnosis 13.

(52)   Other Diagnosis 14.

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

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

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

(54)   Filler.

(55)   Principal Procedure and Date.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(71)   Patient Revenue Data.

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

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

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

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

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

(72)   Filler.

(73)   Arrival by Ambulance. Maryland Emergency Medical Service Unit, Maryland Ambulance Information System (MAIS) Participant. Defined as those municipal, volunteer, or commercial based emergency medical service units, to include both air and ground means, based in Maryland. A standardized MAIS form is used by most municipal and volunteer units in Maryland. All commercial units use a similar standardized form specific to commercial needs. If the method of arrival is by a MAIS participant, then enter on this line the 8-digit, prestamped runsheet number

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found in the upper right-hand portion of the form. If the runsheet number is not available, enter 77777777. If the patient did not arrive by ambulance leave blank (bbbbbbbb).

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

(a)   Acute Care Hospitals:

(i)	Washington County	210001
(ii)	University of Maryland	210002
(iii)	Prince George's	210003
(iv)	Holy Cross Hospital	210004
(v)	Frederick Memorial	210005
(vi)	Harford Memorial	210006
(vii)	Saint Joseph Medical Center	210007
(viii)	Mercy Medical Center	210008
(ix)	Johns Hopkins	210009
(x)	Dorchester General	210010
(xi)	Saint Agnes Hospital	210011
(xii)	Sinai Hospital	210012
(xiii)	Bon Secours	210013
(xiv)	Franklin Square	210015
(xv)	Washington Adventist	210016
(xvi)	Garrett County	210017
(xvii)	Montgomery General	210018
(xviii)	Peninsula Regional	210019
(xix)	Suburban Hospital	210022
(xx)	Anne Arundel Medical Center	210023
(xxi)	Union Memorial	210024
(xxii)	Memorial of Cumberland	210025
(xxiii)	Sacred Heart	210027
(xxiv)	Saint Mary's Hospital	210028
(xxv)	Hopkins Bayview Acute Care	210029
(xxvi)	Chester River	210030
(xxvii)	Union of Cecil	210032
(xxviii)	Carroll County General	210033
(xxvii)	Harbor Hospital Center	210034
(xxx)	Civista	210035
(xxxi)	Memorial Hospital at Easton	210037
(xxxii)	Maryland General	210038

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

(b)   Chronic hospitals:

(i)	Gladys Spellman	212203
(ii)	University Specialty	212007
(iii)	Levindale	212005
(iv)	Kernan Chronic Care	212058
(v)	Johns Hopkins Bayview Chronic Care	212029
(vi)	Deer's Head Hospital Center	212003
(vii)	Western Maryland Hospital Center	212002

(c)   Psychiatric Hospitals:

(i)	Sheppard Pratt	214000
(ii)	Brook Lane	214003
(iii)	Potomac Ridge	214013

(d)   Other Maryland Facilities:

(i)	Healthsouth Chesapeake Rehabilitation Hospital	213028

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		Adventist Rehabilitation Hospital of	
(ii)		Maryland	213029
(iii)		Mount Washington Pediatric	
		Hospital	213300
(iv)		Other Unspecified Institutions	660000

(e)   Washington D.C. Hospitals:

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

(f)   Out-of-State Hospitals:

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

(f)   Other:

(i)	Not Applicable	777777
(ii)	Unknown	999999

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

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(a)   Acute Care Hospitals:

(i)	Washington County	210001
(ii)	University of Maryland	210002
(iii)	Prince George's	210003
(iv)	Holy Cross Hospital	210004
(v)	Frederick Memorial	210005
(vi)	Harford Memorial	210006
(vii)	Saint Joseph Medical Center	210007
(viii)	Mercy Medical Center	210008
(ix)	Johns Hopkins	210009
(x)	Dorchester General	210010
(xi)	Saint Agnes Hospital	210011
(xii)	Sinai Hospital	210012
(xiii)	Bon Secours	210013
(xiv)	Franklin Square	210015
(xv)	Washington Adventist	210016
(xvi)	Garrett County	210017
(xvii)	Montgomery General	210018
(xviii)	Peninsula Regional	210019
(xix)	Suburban Hospital	210022
(xx)	Anne Arundel Medical Center	210023
(xxi)	Union Memorial	210024
(xxii)	Memorial of Cumberland	210025
(xxiii)	Sacred Heart	210027
(xxiv)	Saint Mary's Hospital	210028
(xxv)	Johns Hopkins Bayview Acute Care	210029
(xxvi)	Chester River	210030
(xxvii)	Union of Cecil	210032
(xxviii)	Carroll County General	210033
(xxix)	Harbor Hospital	210034
(xxx)	Civista	210035
(xxxi)	Memorial at Easton	210037
(xxxii)	Maryland General	210038
(xxxiii)	Calvert Memorial	210039
(xxxiv)	Northwest Hospital	210040
(xxxv)	North Arundel Hospital	210043
(xxxvi)	Greater Baltimore Medical Center	210044
(xxxvii)	McCready	210045
(xxxviii)	Howard General Hospital	210048
(xxxix)	Upper Chesapeake Medical Center	210049

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(xl)	Doctors Community Hospital	210051
(xli)	Southern Maryland	210054
(xlii)	Greater Laurel	210055
(xliii)	Good Samaritan	210056
(xliv)	Shady Grove Adventist	210057
(xlv)	Kernan Hospital Acute Care	210058
(xlvi)	Fort Washington	210060
(xlvii)	Atlantic General	210061
(xlviii)	Johns Hopkins Oncology	210904
(xlix)	University of Maryland Shock Trauma	218992
(l)	University of Maryland Cancer Center	218994

(b)   Chronic hospitals:

(i)	Gladys Spellman	212203
(ii)	University Specialty	212007
(iii)	Levindale	212005
(iv)	Kernan Chronic Care	212058
(v)	Johns Hopkins Bayview Chronic Care	212029
(vi)	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

(d)   Other Maryland Facilities:

(i)	Healthsouth Chesapeake Rehabilitation Hospital	213028
(ii)	Adventist Rehabilitation Hospital of MD	213029
(iii)	Mount Washington Pediatric Hospital	213300
(iv)	Other unspecified institution	660000

(e)   Washington DC Hospitals:

(i)	George Washington University Hospital	090001
(ii)	Hadley Memorial Hospital	090002
(iii)	Howard University Hospital	090003

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(iv)		Medstar-Georgetown University Hospital	090004
(v)		Sibley Memorial Hospital	090005
(vi)		Providence Hospital	090006
(vii)		Greater Southeast Community Hospital	090008
(viii)		Washington Hospital Center	090011
(ix)		National Rehabilitation Hospital	093025
(x)		Children's National Medical Center	093300
(xi)		Other	097000

(f)   Out-of-State Hospitals:

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

(g)   Other:

(i)		Not Applicable	777777
(ii)		Unknown	999999

(76)   Filler.

.03 Format of Data Submission.

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

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

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

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

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

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

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

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

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

                              TAPE LAYOUT FORMAT

Record Type 1

Data Item	Tape Record Position	Field Length	Data Item and Code Description
1	1-6	6	Medicare Provider Number xxxxxx Medicare Provider
2	7-17	11	Medical Record Number xxxxxxxxxxx ...Patient's Medical Record Number
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999 Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999 Unknown
5	34	1	Record Type 1 = Record Type 1
6	35-36	2	Admission Hour 00 Through 23 Hour 99 Unknown
7	37	1	Nature of Admission 1 Delivery 2 Newborn 3 Emergency 4 Urgent 5 Scheduled 6 Other 7 Psychiatric 8 Rehabilitation 9 Unknown 0 Chronic
8	38-39	2 (a)	Source of Admission Admission (transfer) Within Hospital 20 Admitted (transferred) from on-site acute care unit to an on-site rehabilitation unit 21 Admitted (transferred) from on-site rehabilitation unit to acute care unit 22 Admitted (transferred) from on-site rehabilitation unit to chronic unit 23 Admitted (transferred) from chronic unit to on-site rehabilitation unit 24 Admitted (transferred) from acute care unit to chronic unit

Data Item	Tape Record Position	Field Length	Data Item and Code Description

25 Admitted from chronic unit to acute care unit

26 Admitted (transferred) from on-site acute care unit to on-site psychiatric unit

27 Admitted (transferred) from on-site psychiatric unit to acute care unit

28 Admitted from on-site sub-acute unit to acute care unit

29 Admitted within 72 hours from on-site ambulatory/outpatient surgery unit in which ambulatory surgery is performed

30 Newborn (patient born in the hospital)

(b) Admission From another institution

40 Admitted from another acute general hospital to MIEMS-designated speciality referral or area-wide trauma center

41 Admitted from another acute general hospital inpatient service for any other reason

42 Admitted from rehabilitation hospital or a rehabilitation unit of another acute care hospital.

43 Admitted from a private psychiatric hospital or a psychiatric unit of another acute care hospital.

44 Admitted from a chronic hospital.

45 Admitted from other facility, at which subacute services were provided to the patient

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			46 Admitted within 72 hours from off-site ambulatory/outpatient surgery unit or other outpatient setting at another hospital or health care facility.
			47 Admitted from any other health institution (domiciliary care, mental facility, halfway house or similar)
		(c)	Admission From Home or Equivalent
			60 Admitted from home (home includes physician office or any noninstitutional source)
			61 Admitted from a nursing home
		(d)	Not specified
			99 Unknown
9	40	1	Admission from Emergency Room
			1 Admitted from emergency room
			7 Not Applicable
			9 Unknown
10	41-48	8	Date of Birth
			01 Through 12 Month
			99 Unknown
			01 Through 31 Day
			99 Unknown
			xxxx Year
			9999 Unknown
11	49	1	Sex
			1 Male
			2 Female
			9 Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
12	50	1	Race
			1 White
			2 African American
			3 Asian or Pacific Islander
			4 American Indian/ Eskimo/Aleut
			5 Other
			6 Biracial
			9 Unknown
13	51	1	Ethnicity
			1 Spanish/Hispanic Origin
			2 Not Spanish/Hispanic Origin
			9 Unknown
14	52	1	Martial Status
			1 Single
			2 Married
			3 Separated
			4 Divorced
			5 Widow/Widower
			9 Unknown
15	53-54	2	Area of Residence County Code
			01 Allegany
			02 Anne Arundel
			03 Baltimore County
			04 Calvert
			05 Caroline
			06 Carroll
			07 Cecil
			08 Charles
			09 Dorchester
			10 Frederick
			11 Garrett
			12 Harford
			13 Howard

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			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	Residence Zip Code
			xxxxx Residence Zip Code
			77777 Foreign
			99999 Unknown
17	60-61	2	Primary Health Plan Payer
			HMO/POS
			30 Aetna Health Plans
			31 CareFirst Blue Choice)
			32 Cigna Healthcare of Mid-Atlantic
			33 Coventry Health Plan of Delaware
			34 Kaiser Permanente
			35 MAMSI
			36 United Healthcare
			37 Other HMO/POS

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			Medicaid MCO/HMO
			42 Amerigroup
			43 Coventry Health Plan of Delaware (Diamond Plan)
			44 Helix Family Choice, Inc.
			45 JAI Medical Group
			46 Medicaid/Uninsured APS - Maryland (psychiatric payer)
			47 Maryland Physicians Care
			48 Priority Partners
			49 United Healthcare (Americhoice)
			50 Other Medicaid MCO/HMO
			Medicare HMO
			55 Aetna (Golden Choice)
			56 ElderHealth
			57 United Healthcare (Evercare)
			58 Other Medicare HMO
			Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)
			65 Aetna
			66 CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)
			67 CareFirst- Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS Plan #080/580) Federal Employee Program
			68 CCN/First Health
			69 Cigna
			70 Employer Health Plan (EHP)
			71 Fidelity Benefits Administrator
			72 Great West One Plan
			73 Kaiser Permanente
			74 MAMSI (that is, Alliance PPO and MAMSI Life and Health)
			75 National Capital PPO (NCPPO)
			76 Private Health Care Systems (PHCS)
			77 Other Commercial, PPO, PPN, TPA

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

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			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

Medicare HMO
- 55   Aetna (Golden Choice)
- 56   ElderHealth
- 57   United Healthcare (Evercare)
- 58   Other Medicare HMO

Commercial (Indemnity), PPO/PPN/Third PartyAdministrators (TPAs)
- 65   Aetna
- 66   CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)
- 67   CareFirst- Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS Plan #080/580) Federal Employee Program
- 68   CCN/First Health
- 69   Cigna
- 70   Employer Health Plan (EHP)
- 71   Fidelity Benefits Administrator
- 72   Great West One Plan
- 73   Kaiser Permanente
- 74   MAMSI (that is, Alliance PPO and MAMSI Life and Health)
- 75   National Capital PPO (NCPPO)
- 76   Private Health Care Systems (PHCS)
- 77   Other Commercial, PPO, PPN, TPA

Behavioral Health
- 85   American Psych Systems (APS)
- 86   Cigna Behavioral Health
- 87   ComPsych
- 88   Magellan
- 89   Managed Health Network
- 90   United Behavioral Health

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			91 Value Options
			92 Other Behavioral Health
			Other Government Programs
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP) PPO
			95 Tricare - example: Health Net
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			Other
			00 Not Applicable
			99 Unknown
18	64-69	6	Census Tract (optional)
19	70-71	2	Disposition of Patient
19-1			Discharge (transfer) Within Hospital
			20 To distinct on-site rehabilitation unit from acute care
			21 To acute unit care from on-site rehabilitation unit
			22 To chronic unit from on-site rehabilitation unit
			23 To on-site rehabilitation unit from chronic care unit
			24 To chronic unit from acute care unit
			25 To acute care unit from chronic unit
			26 To on-site psychiatric unit from acute care unit
			27 To acute care unit from on-site psychiatric unit
			28 To on-site subacute unit

Data Item	Tape Record Position	Field Length	Data Item and Code Description
19-2			Discharge To Another Institution
			40 To another acute care hospital
			41 To a rehabilitation hospital or an off-site rehabilitation unit of another acute care hospital
			42 To a psychiatric facility or an off-site psychiatric unit of another acute care hospital
			43 To a chronic hospital
			44 To a nursing facility
			45 To a subacute facility
			46 To other health care facility
19-3			To Home or Equivalent
			60 To home or self-care
			61 To home under the care of a home health agency
			62 To Nursing Home
19-4			Other
			70 Expired
			71 Left Against Medical Advice
19-5			Not Specified
			99 Unknown
20	72-74	3	Alternative Rate Program
			xxx Contract code
			bbb Not applicable
21	75-76	2	Expected Primary Payer
			01 Medicare - Only Fee for Service Medicare
			02 Medicaid - Only Fee for Service Medicaid
			03 Title V
			04 Blue Cross of Maryland
			05 Commercial Insurance/PPO

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			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
22	77-78	2	Secondary Payer
			01 Medicare
			02 Medicaid
			03 Title V
			04 Blue Cross of Maryland
			05 Commercial Insurance/PPO
			06 Other government program
			07 Workers' Compensation
			08 Self-pay
			09 Charity
			10 Other
			11 Donor
			12 Managed care payer
			13 Do not use
			14 Medicaid managed care payer
			15 Medicare managed care payer
			16 Blue Cross - NCA
			17 Blue Cross - other state
			77 Not Applicable
			99 Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
23	79-84	6	Attending Physician xxxxxx Physician Number 999999 Unknown
24	85-90	6	Operating Physician xxxxxx Physician Number 777777 Not Applicable 999999 Unknown
25	91-92	2	Major Service 01, b1 - Medicine 02, b2 - Surgery 03, b3 - Obstetrics 04, b4 - Newborn 05, b5 - Pediatric 06, b6 - Psychiatric 07, b7 - Other 08, b8 - Rehabilitation 09,b9,99 - Unknown 10 Chronic b = Space
26	93-94	2	Type of Daily Hospital Service 01 All Other 02 Shock Trauma 03 Oncology 04 Skilled Nursing Care 05 Intermediate (Chronic) Care 06 Neonatal Intensive Care 07 Burn Care 08 Rehab 09 Chronic
27	95-97	3	Days Of Service Nonpsychiatric 001 Through 776 Number of Days 777 Not Applicable 999 Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
	98-100	3	Psychiatric 001 Through 776 Number of Days 777 Not Applicable 999 Unknown
28	101	1	Readmission 1 Yes 2 No
29	102-104	3	Medical/Surgical ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
30	105-107	3	Coronary Care Days xxx Number of Days 777 Not Applicable 999 Unknown
31	108-110	3	Burn Care Days xxx Number of Days 777 Not Applicable 999 Unknown
32	111-113	3	Neonatal ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
33	114-116	3	Pediatric ICU Days xxx Number of Days 777 Not Applicable 999 Unknown
34	117-119	3	Shock Trauma Days xxx Number of Days 777 Not Applicable 999 Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
35	120-122	3	Other Care Days xxx Number of Days 777 Not Applicable 999 Unknown
36	123-126	4	Newborn Birth Weight xxxx = Actual weight at birth in grams 7777 = Patient not a newborn 9999 = Unknown
37	127-129	3	Filler (blank filled)
38	130-136	7	Principal Diagnosis xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
39	137-143	7	Other Diagnosis 1 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
40	144-150	7	Other Diagnosis 2 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
41	151-157	7	Other Diagnosis 3 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
42	158-164	7	Other Diagnosis 4 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces

Data Item	Tape Record Position	Field Length	Data Item and Code Description
43	165-171	7	Other Diagnosis 5
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
44	172-178	7	Other Diagnosis 6
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
45	179-185	7	Other Diagnosis 7
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
46	186-192	7	Other Diagnosis 8
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
47	193-199	7	Other Diagnosis 9
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
48	200-206	7	Other Diagnosis 10
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
49	207-213	7	Other Diagnosis 11
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces
50	214-220	7	Other Diagnosis 12
			xxxxxxx ICD9-CM Code
			bbbbbbb Not Applicable
			bbbbbbb = Spaces

Data Item	Tape Record Position	Field Length	Data Item and Code Description
51	221-227	7	Other Diagnosis 13 xxxxxxx　　　ICD9-CM Code bbbbbbb　　　Not Applicable bbbbbbb　　　= Spaces
52	228-234	7	Other Diagnosis 14 xxxxxxx　　　ICD9-CM Code bbbbbbb　　　Not Applicable bbbbbbb　　　= Spaces
53	235-241	7	E-Code xxxxxxx　　　ICD9-CM Code bbbbbbb　　　Not Applicable bbbbbbb　　　= Space
54	242	1	Filler (blank filled)
73	243-250	8	Ambulance runsheet number

Record Type 2.

Data Item	Tape Record Position	Field Length	Data Item and Code Description
1	1-6	6	Medicare Provider Number XXXXXX　　Medicare Provider
2	7-17	11	Medical Record Number xxxxxxxxxxx...Patient's Medical Record Number
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999　　Unknown
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999　　Unknown

Data Item	Tape Record Position	Field Length	Data Item and Code Description
5	34	1	Record Type 2 = Record Type 2
55	35-41	7	Principal Procedure xxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbbb = Spaces
	42-49	8	Principal Procedure Date 01 Through 12 Month 77 Not Applicable 99 Unknown 01 Through 31 Day 77 Not Applicable 99 Unknown xxxx Year 7777 Not Applicable 9999 Unknown
56	50-56	7	Other Procedure 1 xxxxxxx ICD9-CM Code bbbbbbb Not Applicable bbbbbb = Spaces
	57-64	8	Other Procedure 1 Date 01 Through 12 Month 77 Not Applicable 99 Unknown 01 Through 31 Day 77 Not Applicable 99 Unknown xxxx Year 7777 Not Applicable 9999 Unknown
57	65-71	7	Other Procedure 2 Same as Other Procedure 1
	72-79	8	Other Procedure 2 Date Same as Other Procedure 1 Date

Data Item	Tape Record Position	Field Length	Data Item and Code Description
58	80-86	7	Other Procedure 3 Same as Other Procedure 1
	87-94	8	Other Procedure 3 Date Same as Other Procedure 1 Date
59	95-101	7	Other Procedure 4 Same as Other Procedure 1
	102-109	8	Other Procedure 4 Date Same as Other Procedure 1 Date
60	110-116	7	Other Procedure 5 Same as Other Procedure 1
	117-124	8	Other Procedure 5 Date Same as Other Procedure 1 Date
61	125-131	7	Other Procedure 6 Same as Other Procedure 1
	132-139	8	Other Procedure 6 Date Same as Other Procedure 1 Date
62	140-146	7	Other Procedure 7 Same as Other Procedure 1
	147-154	8	Other Procedure 7 Date Same as Other Procedure 1 Date
63	155-161	7	Other Procedure 8 Same as Other Procedure 1
	162-169	8	Other Procedure 8 Date Same as Other Procedure 1 Date
64	170-176	7	Other Procedure 9 Same as Other Procedure 1
	177-184	8	Other Procedure 9 Date Same as Other Procedure 1 Date

Data Item	Tape Record Position	Field Length	Data Item and Code Description
65	185-191	7	Other Procedure 10 Same as Other Procedure 1
	192-199	8	Other Procedure 10 Date Same as Other Procedure 1 Date
66	200-206	7	Other Procedure 11 Same as Other Procedure 1
67	207-213	7	Other Procedure 12 Same as Other Procedure 1
68	214-220	7	Other Procedure 13 Same as Other Procedure 1
69	221-227	7	Other Procedure 14 Same as Other Procedure 1
70	228	1	Rehabilitation Admission Class (Numeric)
70-1	229-235	7	Rehabilitation Impairment Group Code. Do not include decimal. Left justify, blank fill on right.
74	236-241	6	Provider Specific Admission Source Acute Care Hospitals

			210001	Washington County
			210002	University of Maryland
			210003	Prince George's
			210004	Holy Cross Hospital
			210005	Frederick Memorial
			210006	Harford Memorial Hospital
			210007	Saint Joseph
			210008	Mercy Medical Center
			210009	Johns Hopkins
			210010	Dorchester General
			210011	St. Agnes Hospital
			210012	Sinai Hospital
			210013	Bon Secours
			210015	Franklin Square
			210016	Washington Adventist
			210017	Garrett County
			210018	Montgomery General

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			210019 Peninsula Regional
			210022 Suburban Hospital
			210023 Anne Arundel Medical Center
			210024 Union Memorial
			210025 Memorial of Cumberland
			210027 Sacred Heart
			210028 Saint Mary's Hospital
			210029 Hopkins Bayview (acute)
			210030 Chester River
			210032 Union of Cecil
			210033 Carroll County General
			210034 Harbor Hospital
			210035 Civista
			210037 Memorial at Easton
			210038 Maryland General
			210039 Calvert Memorial
			210040 Northwest Hospital
			210043 North Arundel Hospital
			210044 Greater Baltimore Medical Center
			210045 McCready
			210048 Howard General Hospital
			210049 Upper Chesapeake Medical Center
			210051 Doctors Community Hospital
			210054 Southern Maryland
			210055 Greater Laurel
			210056 Good Samaritan
			210057 Shady Grove Adventist
			210058 Kernan Hospital (acute)
			210060 Fort Washington
			210061 Atlantic General
			210904 Hopkins Oncology
			218992 University of Maryland Shock Trauma
			218994 University of Maryland Cancer Center

Chronic hospitals
212203   Gladys Spellman
212007   University Specialty
212005   Levindale
212058   Kernan (chronic)

Data Item	Tape Record Position	Field Length	Data Item and Code Description

212029   Hopkins Bayview (chronic)
212003   Deer's Head Hospital
212002   Western Maryland Hospital

Psychiatric Hospitals
214000   Sheppard Pratt
214003   Brook Lane
214013   Potomac Ridge

Other Maryland Facilities
213028   Healthsouth Chesapeake Rehabilitation
213029   Adventist Rehabilitation Hospital of MD

213300   Mount Washington Pediatric Hospital
660000   Other Unspecified Institutions

Washington D.C. Hospitals
090001   George Washington University Hospital
090002   Hadley Memorial Hospital
090003   Howard University Hospital
090004   Georgetown University Hospital
090005   Sibley Memorial Hospital
090006   Providence Hospital
090008   Greater Southeast Community Hospital
090011   Washington Hospital Center
093025   National Rehabilitation Hospital
093300   Children's National Medical Center
097000   Other D.C. Hospital

Out-of-State Hospital
080000   Delaware
390000   Pennsylvania
490000   Virginia
510000   West Virginia

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			770000 Other Out-of-State Facility
			Other
			777777 Not Applicable
			999999 Unknown
75	242-247	6	Provider specific discharge disposition
			Acute Care Hospitals
			210001 Washington County
			210002 University of Maryland
			210003 Prince George's
			210004 Holy Cross Hospital
			210005 Frederick Memorial
			210006 Harford Memorial
			210007 St. Joseph
			210008 Mercy Medical Center
			210009 Johns Hopkins
			210010 Dorchester General
			210011 St. Agnes Hospital
			210012 Sinai Hospital
			210013 Bon Secours
			210015 Franklin Square
			210016 Washington Adventist
			210017 Garrett County
			210018 Montgomery General
			210019 Peninsula Regional
			210022 Suburban Hospital
			210023 Anne Arundel General
			210024 Union Memorial
			210025 Memorial of Cumberland
			210027 Sacred Heart
			210028 St. Mary's Hospital
			210029 Hopkins Bayview (acute)
			210030 Chester River
			210032 Union of Cecil
			210033 Carroll County General
			210034 Harbor Hospital
			210035 Civista
			210037 Memorial at Easton
			210038 Maryland General
			210039 Calvert Memorial
			210040 Northwest Hospital
			210043 North Arundel Hospital

Data Item	Tape Record Position	Field Length	Data Item and Code Description
			210044 Greater Baltimore Medical Center
			210045 McCready
			210048 Howard General Hospital
			210049 Upper Chesapeake Medical Center
			210051 Doctors Community Hospital
			210054 Southern Maryland
			210055 Greater Laurel
			210056 Good Samaritan
			210057 Shady Grove Adventist
			210058 Kernan Hospital (acute)
			210060 Fort Washington
			210061 Atlantic General
			210904 Hopkins Oncology
			218992 University of Maryland Shock Trauma
			218994 University of Maryland Cancer Center

Chronic hospitals

212203   Gladys Spellman
212007   University Specialty
212005   Levindale
212058   Kernan Chronic Care
212029   Johns Hopkins Bayview Chronic Care
212003   Deer's Head Hospital
212002   Western Maryland Hospital

Psychiatric Hospitals

214000   Sheppard Pratt
214003   Brook Lane
214013   Potomac Ridge

Other Maryland Facility

213028   Healthsouth Chesapeake Rehabilitation
213029   Adventist Rehabilitation Hospital
213300   Mount Washington Pediatric
660000   Other Unspecified Institution

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

Record Type 3.

Data Item	Tape Record Position	Field Length	Data Item and Code Description
1	1-6	6	Medicare Provider Number
2	7-17	11	Medical Record Number xxxxxxxxxx...Patient's Medical Record Number

Data Item	Tape Record Position	Field Length	Data Item and Code Description
3	18-25	8	Admission Date MMDDYYYY Month, Day, Year 99999999 Unknown
4	26-33	8	Discharge Date MMDDYYYY Month, Day, Year 99999999 Unknown
5	34	1	Record Type 3 = Record Type
71	35-234	200	Revenue Data (The last occurrence of revenue shall always be the the total charge.)
71.1a	35-38	4	Uniform Billing Revenue Code
71.1b	39-45	7	Units of Service
71.1c	46-54	9	xxxxxxxxx Detailed Charges Dollars and Cents (Note: Do not use decimal point.)
71.2a	55-58	4	Revenue Code
71.2b	59-65	7	Units of Service
71.2c	66-74	9	Charges
71.3a	75-78	4	Revenue Code
71.3b	79-85	7	Units of Service
71.3c	86-94	9	Charges
71.4a	95-98	4	Revenue Code
71.4b	99-105	7	Units of Services
71.4c	106-114	9	Charges
71.5a	115-118	4	Revenue Code
71.5b	119-125	7	Units of Service
71.5c	126-134	9	Charges
71.6a	135-138	4	Revenue Code
71.6b	139-145	7	Units of Service
71.6c	146-154	9	Charges
71.7a	155-158	4	Revenue Code
71.7b	159-165	7	Units of Service
71.7c	166-174	9	Charges
71.8a	175-178	4	Revenue Code
71.8b	179-185	7	Units of Service
71.8c	186-194	9	Charges

10.37.06.06

Data Item	Tape Record Position	Field Length	Data Item and Code Description
71.9a	195-198	4	Revenue Code
71.9b	199-205	7	Units of Service
71.9c	206-214	9	Charges
71.10a	215-218	4	Revenue Code
71.10b	219-225	7	Units of Service
71.10c	226-234	9	Charges
72	235-250	16	Filler (blank filled)

.04 Magnetic Tapes.

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

.05 Summary Studies, Reports, Compilations.

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

.06 Corrections to Magnetic Tapes.

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