

Comprehensive Hospital Abstract Reporting System (CHARS)

Procedure Manual For Submitting Discharge Data For UB-04

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Introduction

This manual outlines procedures for submitting Comprehensive Hospital Abstract Reporting System (CHARS) discharge data to the Department of Health (DOH). The rules for reporting hospital inpatient discharge data and the authority for reporting requirements are found in the Washington Administrative Code (WAC) 246-455. (See Appendix A.)

The Manual is organized as follows:

- Introduction
- CHARS overview
- UB04 Information
- CHARS Data Elements
- System Outputs
- Appendices

Organization and Background

The CHARS system was established in law by the 1984 Legislature. These data were previously collected by the Washington State Hospital Commission which was sunsetted in June 1989. The department was created by the Legislature effective July 1, 1989. In October 1989, the Legislature authorized the department to continue hospital based data collection, storage and retrieval systems as stated in Engrossed Senate Bill (ESB) 6152.

The CHARS system is currently authorized under Revised Code of Washington (RCW) 43.70.052 (Appendix B) and is implemented by Washington Administrative Code (WAC) 246.455. In the department, the Hospital and Patient Data Systems (HPDS) is responsible for performing this function. The mission of HPDS is to collect, maintain, analyze, and disseminate hospital patient discharge and financial utilization data that are useful in conducting public health work and in improving the quality and cost effectiveness of health care for all people in the state of Washington.

Purpose and Objectives

The purpose of the CHARS system is to provide public health personnel, consumers, purchasers, payers, providers, and researcher's useful information by which to make informed decisions on health care. The CHARS system provides those concerned with the development of public policy with information necessary to analyze many significant health care issues. Specifically, the department uses the CHARS data system to:

- identify and analyze health trends related to patients' hospitalizations;
- establish statewide diagnosis related groups (DRG) weights;
- create hospital specific case mix indices; and
- identify and quantify issues related to health care access, quality, and cost containment.

Your conscientious efforts in providing accurate data to CHARS enables health providers, policy makers, managers and researchers in our state to better understand our health care problems and to formulate effective solutions for these problems.

CHARS Overview

From the conception of the CHARS system hospital inpatient data were collected using the Uniform Billing (UB) 82 format. On October 1, 1993 the department began data collection in the UB92 format. The system was converted from a mainframe application to a relational database operating system. In August, 1994, the 1993 data were released in the UB92 format. Data collection in the UB04 format will begin in May 2007.

The CHARS data application is owned and operated by the department and accomplishes the following:

- Provides the department and the health care community with accurate and timely data through mandated requirements.
- Efficiently and accurately accommodates the processing volumes and performance criteria outlined.
- Responds to current Federal UB04/Centers for Medicare and Medicaid Services (CMS) reporting requirements in a timely manner.
- Improves analysis and management capabilities.
- Supports state-level data capture and compilation, and access to an on-line database for query and analysis.
- Manages data flow and processing to accurately track each discharge record or correction from time of receipt to final processing.
- Reduces problems related to data submission.
- Provides flexibility in custom application changes to accommodate future reporting and processing requirements.
- Increases opportunity for information sharing with other related databases.
- Assists with the assessment and evaluation process as outlined in the Washington State Public Health Improvement Plan.
- Provides accurate and timely reports as specified on each sample report.
- Ensures capability of operating on the department's system standards.
- Ensures confidentiality of all patient information.

System Functions

The CHARS system is designed to accommodate data elements from the Medicare provider-billing file and record formats for UB04. These inpatient data are processed to produce a range of products. The system includes the following functions:

- **Data Collection:** Hospitals prepare their patient data to conform to the CHARS system's operating structure. The data are submitted to CHARS via the Web-based CHARS data submission system.
- **Data Editing:** The CHARS system uses edits identified by the department. It also implements the Medicare Code Edits (MCE) that are used for editing clinical data. (See Appendix G.) Records that fail the edits are flagged for user correction. Incorrect records remain in the production system pending hospital review and correction.
- **Data Correction:** Records with errors are displayed online. Saving a corrected record re-edits the record and any remaining errors are displayed. The process continues until all errors are corrected. Hospitals can resubmit a complete period of data. If corrections are submitted, the specific period of data in production is deleted and is replaced by the new data. Previous corrections are lost. CHARS uses on-line editing for corrections and adjustments (hospital changes made to the accepted data). When the hospital's entire submission for a given year is accepted the database is closed.
- **On-Line Data Storage:** The system stores up to 12 months of data on-line for corrections and adjustments. The system stores the previous year's closed data for reference and reporting. Changes are not made to the database for closed years.
- **Data Reporting:** The released full year data are stored online in the history file in the database. Standard reports are generated from these data. Public data are released on a quarterly basis and made available for sale on CD-ROM. Confidential data are also released through a data sharing agreement and can be used for research but only when the request is approved by the Human Research Review Board.

The department is responsible for liaison with the hospitals, and making reports to the hospitals and the health care community available.

System Description

The CHARS system is designed to collect, edit, process, store, retrieve and report data using UB-04 guidelines. Following are characteristics of the CHARS data processing system:

1. Collects hospital inpatient and selected outpatient discharges. Uses industry standards as much as possible such as the NUBC UB-04 Data Specifications Manual, available at <http://www.nubc.org/>, the ANSI X12 837i file structure and the CMS UB-04 format. Please see our CHARS Companion guide for more information on file submittal http://www.doh.wa.gov/EHSPHL/hospdata/CHARS_UB04/. Also needed for reference is the X12 Health Care Claim: Institutional 837 (837i) Transaction Set Implementation Guide. This is available from the Washington Publishing Company. <http://www.wpc-edi.com/>
2. Applies patient clinical and financial Medicare Code Edits (MCE) and validation of State license numbers.
3. Sets error threshold for hospitals as a mechanisms to control data quality. (At present the department accepts 60% but strives for 5 %.)
4. Applies data grading mechanisms using MCEs and the department's edits.
5. Generates Data Quality Reports that allow the submitting facility to review the quality and completeness of data in a submission (e.g., Edit Error Summary, DRG).
6. Allows for data correction and adjustment through on-line record level updates or entire batch resubmission.
7. Provides the ability to delete and add a discharge record using online methods.
8. Allows the department and the hospital to track the progress and status of data submissions.
9. Assigns CMS, MDC, DRG and value-added fields – Washington State weights and case mix indices elements.
10. Provides security to prevent accidental removal or modification of data and provides protection of confidential data.
11. Allows customization of system functions to meet the department's needs (e.g., change physician numbers).
12. Allows CHARS web application users to run specific data quality reports on demand and download products to the user workstation.

CHARS Data Elements

The following describes data elements collected by CHARS and how they appear on-screen to the user. “FL” indicates the Form Locator number referenced in the National Uniform Billing Committee (NUBC) Data Element Specifications as of September 2006.

- **Patient Control Number (PCN) (FL03A)**
- **Type of Bill (FL04)**
- **Statement Covers Period (FL06)**
- **Patient Name Identifier/Last Name (at least the first 4 letter) (FL08)**
- **Patient Name Identifier/First Name(at least the first 3 letters) (FL08)**
- **Patient Name Identifier/Middle Initial (FL08)**
- **Patient Address/Zip Code (FL09)**
- **Patient Address/Country Code (outside USA) (FL09)**
- **Patient Birthdate (FL10)**
- **Patient Sex (FL11)**
- **Admission/Start of Care Date (FL12)**
- **Admission Hour (FL13)**
- **Priority (Type) of Visit (FL14)**
- **Source of Referral for Admission or Visit (Point of Origin Effective 10/1/07) (FL15)**
- **Discharge Hour (FL16)**
- **Patient Discharge Status (FL17)**
- **Revenue Code (FL42)**
- **HCPCS/Accommodation Rates/HIPPS Rate Codes (FL44)**
- **Service Date (FL45)**
- **Service Units (FL46)**
- **Total Charges (FL47)**
- **Health Plan Identification Number/Primary (FL51A)**
- **Health Plan Identification Number/Secondary (FL51B)**

- **Health Plan Identification Number/Tertiary (FL51C)**
- **National Provider Identifier – Billing Provider (FL56)**
- **Other (Billing) Provider Identifier (FL57)**
- **Patients Relationship to Insured (FL59)**
- **Principal Diagnosis Code and Present on Admission Indicator (FL67)**
- **Other Diagnoses Codes (FL67A-67Q)**
- **External Cause of Injury (ECI) Code (FL72 A-C)**
- **Principal Procedure Code and Date (FL74)**
- **Other Procedure Codes and Date (FL74A-74E)**
- **Attending Provider Name and Identifiers (FL76)**
- **Operating Physician Name and Identifiers (FL77)**
- **Other Provider (Individual) Name and Identifiers (FL78-79)**
- **Remarks Field/Patient Social Security number (the last 4 digits) (FL80)**
- **Code-Code Field/Patient Race (FL81–B1)**
- **Code-Code Field/Patient Ethnicity (FL81–B1)**
- **Code-Code Field/Health Care Provider Taxonomy Code (FL81–B3)**
- **Code-Code Field/Present on Admission (FL81–K3)**

UB04 Data Elements Required for CHARS

Please refer to the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual for complete definitions

UB04 Form

Locator

FL03 **Patient Control Number:** Patient's unique (alphanumeric) number assigned by the provider to facilitate retrieval of the individual's account of services (accounts receivable) containing the financial billing records and any postings of payment.

NOTE: DOH recommends the unique patient account number.

FL04 **Type of Bill:** a code indicating the specific type of bill. Values 111, 121, 131 & 181 are accepted:

Type of facility – first digit	1 = Hospital
Bill Classification – second digit	1 = Inpatient 2 = Inpatient (Medicare Part B) 3 = Outpatient (Observation) 8 = Swingbed
Frequency – third digit	1 = Admit through discharge claim

List of Acceptable Bill Types

111	Hospital Inpatient (Medicare Part A)
121	Hospital Inpatient (Medicare Part B)
131	Hospital Outpatient (Observation)
181	Hospital Swing Beds

FL06 **Statement Covers Period (From – Through):** The beginning and ending service dates of the period included on the UB04.

FL08 **Patient Last Name:** Requires the first four letters of the patient's last name if known. For hyphenated last names, use the first four letters. For last names less than four letters use a dash (-) for the missing letters. If last name is unknown *Note: fill with four dashes. The hospital is encouraged to send full Last name, first name and middle initial as it appears in your system to DOH and DOH will extract the required letters for the field.

FL08. **Patient First Name:** Requires the first three letters of the patient's first name if present. If the first name is unknown, even for newborns, fill with dashes. *Note: If first name is unknown or newborn is unnamed at discharge, fill with three dashes. The hospital is encouraged to send full Last name, first name and middle initial as it appears in your system to DOH and DOH will extract the required letters for the field.

- FL08 **Patient Middle Initial:** Requires the first letter of the patient’s middle name. *Note: If the middle name is unknown, use a dash (-). The hospital is encouraged to send full Last name, first name and middle initial as it appears in your system to DOH and DOH will extract the required letters for the field.
- FL09 **Patient Address/Zip Code:** For USA residents use the patient’s home address zip code. Report nine digits if known. Use no dashes between zip and zip+4. If the Zip Code is unknown use 99999. If the patient is homeless use 99998.
- FL09 **Patient Address/Patient Country Code (outside USA):** When a patient is from a foreign country use the alpha-2 country code from Appendix H (Part 1 of ISO 3166).
- FL10 **Patient Birth Date:** The date of birth of the patient. If unknown, use June 30 of the estimated year.
- FL11. **Patient Sex:** The sex of the patient as recorded admission or start of care. Use “M” (Male), “F” (Female) or “U” (Unknown).
- FL12. **Admission/Start of Care Date:** The start date for this episode of care.
- FL13. **Admission Hour:** The code referring to the hour during which the patient was admitted for inpatient or outpatient care.

Code Structure

<u>Code</u>	<u>Time – AM</u>	<u>Code</u>	<u>Time - PM</u>
00	12:00 – 12:59 Midnight	12	12:00 – 12:59 Noon
01	01:00 - 01:59	13	01:00 – 01:59
02	02:00 – 02:59	14	02:00 – 02:59
03	03:00 – 03:59	15	03:00 – 03:59
04	04:00 – 04:59	16	04:00 – 04:59
05	05:00 – 05:59	17	05:00 – 05:59
06	06:00 – 06:59	18	06:00 – 06:59
07	07:00 – 07:59	19	07:00 – 07:59
08	08:00 – 08:59	20	08:00 – 08:59
09	09:00 – 09:59	21	09:00 – 09:59
10	10:00 – 10:59	22	10:00 – 10:59
11	11:00 – 11:59	23	11:00 – 11:59

FL14. **Priority (Type) of Visit:** A code indicating the priority of this admission/visit. Only values 1-5 are accepted.

- | | |
|---------------|---|
| 1 – Emergency | The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. |
| 2 – Urgent | The patient requires immediate attention for the care and treatment of a physical or mental disorder. |
| 3 – Elective | The patient’s condition permits adequate time to schedule the services. |
| 4 – Newborn | Use of this code necessitates the use of Special Source of Admission Code. See Form Locator 15 below. |
| 5– Trauma | Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation. |

FL15. **Source of Referral for Admission or Visit:** A code indicating the source of the referral for this admission or visit. (**Changed to Point of Origin October 1, 2007 - see below**)

- | | |
|---|---|
| 1 – Physician Referral | The patient was admitted to this facility upon the recommendation of his or her personal physician. |
| 2 – Clinic Referral | The patient was admitted to this facility upon recommendation of this facility’s clinic physician. |
| 3 – HMO Referral | The patient was admitted to this facility upon the recommendation of a health maintenance organization physician. |
| 4 – Transfer from a hospital (Different Facility) | The patient was admitted to this facility as a hospital transfer from an different acute care facility where he or she was an inpatient. |
| 5 – Transfer from a Skilled Nursing Facility | The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an resident. |
| 6 – Transfer from Another Health Care Facility | The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a Skilled Nursing Facility. This includes transfers from nursing homes, long term care facilities and Skilled Nursing Facility patients that are at a non-skilled level of care. |

7 – Emergency Room	The patient was admitted to this facility upon the recommendation of this facility’s emergency room physician.
8 – Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
9 – Information Not Available	The means by which the patient was admitted to the hospital is not known.
A – Transfer from a Critical Access Hospital	The patient was admitted to this facility as a transfer from a Critical Access Hospital where he/she was an inpatient.
D – Transferred from hospital . inpatient in the same facility resulting a separate claim to the payer	The patient was admitted to this facility as a transfer from hospital inpatient within the same facility resulting in a separate claim to payer .

Special Source of Admission Codes for use with Newborns:

1. Normal Delivery	A baby delivered without complications
2. Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status.
3. Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
4. Extramural Birth	A newborn born in a non-sterile environment.

(FL15) Point of Origin for Admission or Visit (Effective 10-1-2007)

1. Non-Health Care Facility Point of Origin	The patient was admitted to this facility upon the order of a physician.
2. Clinic	The patient was admitted to this facility as a transfer From a freestanding or non-freestanding clinic.
3. Discontinued effective 10/1/07	
4. Transfer from a Hospital (Different Facility)	The patient was admitted to this facility as a hospital transfer from an acute care facility

5. Transfer from a Skilled Nursing Facility (SNF or Intermediate Care Facility (ICF)	The patient was admitted to this facility as a transfer from an SNF or ICF.
6. Transfer from another Health Care Facility	The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.
7. Emergency Room	The patient was admitted to this facility after receiving services in this facility's emergency room.
8. Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
9. Information is not Available	The means by which the patient was admitted to this hospital is not known.
A. Discontinued as of 10-1-2007	Reserved for assignment by NUBC.
D. Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital	The patient was admitted to this facility as a transfer from hospital inpatient within the hospital resulting in a separate claim to the payer.
E. Transfer from an Ambulatory Surgery Center	The patient was admitted to this facility as a transfer from an ambulatory surgery center.
F. Transfer from Hospice and under Hospice Plan of Care	The patient was admitted to this facility as a transfer from hospice.

G-Z Reserved for assignment by NUBC

Code Structure for Newborn

<u>1-4 Discontinued 10-1-07</u>	<u>Reserved for assignment by NUBC</u>
5. <u>Born Inside Hospital</u>	<u>A baby born inside this hospital.</u>
6. <u>Born Outside this Hospital</u>	<u>A baby born outside of this hospital.</u>
<u>7-9</u>	<u>Reserved for assignment by NUBC</u>

FL16 **Discharge Hour:** A code indicating the discharge hour of the patient from inpatient care.

Code Structure

<u>Code</u>	<u>Time – AM</u>	<u>Code</u>	<u>Time - PM</u>
00	12:00 – 12:59 Midnight	12	12:00 – 12:59 Noon
01	01:00 - 01:59	13	01:00 – 01:59
02	02:00 – 02:59	14	02:00 – 02:59
03	03:00 – 03:59	15	03:00 – 03:59
04	04:00 – 04:59	16	04:00 – 04:59
05	05:00 – 05:59	17	05:00 – 05:59
06	06:00 – 06:59	18	06:00 – 06:59
07	07:00 – 07:59	19	07:00 – 07:59
08	08:00 – 08:59	20	08:00 – 08:59
09	09:00 – 09:59	21	09:00 – 09:59
10	10:00 – 10:59	22	10:00 – 10:59
11	11:00 – 11:59	23	11:00 – 11:59

FL17 **Patient Discharge Status:** A code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill. The following values are accepted by CHARS:

- 01 Discharged to Home or Self care (Routine Discharges)
- 02 Discharged/transferred to ShortTerm General Hospital for Inpatient Care
- 03 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Covered Skilled Care.
- 04 Discharged/transferred to an Intermediate Care Facility (ICF)
- 05 Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in the Code List
- 06 Discharged/transferred to Home under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care.
- 07 Left Against Medical Advice or Discontinued Care
- 20 Expired
- 43 Discharged/transferred to a Federal Health Care Facility
- 50 Hospice-Home
- 51 Hospice – Medical Facility (Certified) Providing Hospice Level of Care
- 61 Discharged/transferred to a Hospital Based Medicare Approved Swing Bed
- 62 Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct-Part Units of a Hospital
- 63 Discharged/transferred to a Medicare-Certified Long Term Care Hospital (LTCH)
- 64 Discharged/transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare
- 65 Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)

FL42 **Revenue Codes:** Codes that identify a specific accommodation, or ancillary service or unique billing calculation or arrangement. Accommodation codes are identified in the 010x to 021x series. Ancillary codes are identified in the 022x to 099x series. Outpatient code 0760, 0761, 0762 (observation) will be accepted. Legitimate outpatient charges on inpatient discharges shall be mapped to the corresponding inpatient revenue codes. Professional fees, home care and all other outpatient revenue codes are not accepted and will return an error message when reported. For the list of accepted and unaccepted revenue codes see Appendix C

CHARS will accept revenue code detail; the hospital does not need to roll up same revenue codes. For hand key total charges of all accommodation and ancillary charges should be the last line item listed in the ancillary record type as revenue code "0001". Negative line item charges will cause an error that must be corrected.

NOTE: The legacy UB-92 CHARS system reporting directed hospitals to report revenue codes rolled up to the highest level. This is no longer required.

FL44 **HCPCS/Accommodation Rates/HIPPS Rate Codes:** The Healthcare Common Procedure Coding System (HCPCS) codes are applicable to ancillary service and outpatient bills. Refer to the most recent AMA Medicare's National Level II Codes HCPCS and AMA CPT Coding Manual.

FL45 **Service Date:** The date the outpatient (observation) service was provided.

FL46 **Service Units:** A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, renal dialysis treatments, etc. CHARS requires the same units as Medicare does; the units of service for accommodation days should equal the length of stay.

FL47 **Total Charges:** Total charges for the primary payer pertaining to the related revenue code for the current billing period as entered in the statement covers period. Total Charges includes both covered and non-covered charges.

51. **Health Plan Identification Number/Primary:** Payer Identification Number identifying each payer group from which the hospital may expect some payment of the bill. Report all payers that are applicable (up to three). Values for CHARS are:

- 001 = Medicare
- 002 = Medicaid
- 004 = Health Maintenance Organization (HMO)
- 006 = Commercial insurance
- 008 = Labor & Industries
- 009 = Self-pay
- 610 = Health Care Service Contractor
- 625 = Other government sponsored patients
- 630 = Charity care

- FL56 **National Provider Identifier-Billing Provider:** The unique identification number assigned to the provider submitting the bill; NPI is the national provider identifier.
- FL57 **Other (Billing) Provider Identifier:** Department of Health assigned Hospital License Number is REQUIRED (See Appendix F - DOH Hospital License and Unit License). If the discharge is from a Medicare certified sub unit the following letters should be added to the end of the license number: e.g. 159 for the acute setting and 159R for the Rehabilitation Unit.
P= Psychiatric Unit
R= Rehabilitation Unit
S= Swing Bed Unit
- FL59 **Patients Relationship to Insured:** Code indicating the relationship of the patient to the identified insured.
- FL67 **Principal Diagnosis Code and Present on Admission Indicator:** The ICD-9-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.) Please see notes in Present on Admission (POA) in Code-Code FL81 for reporting of POA before October 1, 2007.
- FL67A-Q **Other Diagnosis Codes:** The ICD-9-CM diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. Please see notes in Present on Admission (POA) in Code-Code FL81 for reporting of POA before October 1, 2007.
- FL72A-C **External Cause of Injury (ECI) Code:** The ICD-9-CM diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect. Please see notes in Present on Admission (POA) in Code-Code FL81 for reporting of POA before October 1, 2007. The priorities for recording an ECI code in Form Locator 72A-C are:
1. Principal diagnosis of an injury or poisoning
2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis.
3. Other diagnosis with an external cause.
- FL74 **Principal Procedure Code and Date:** The ICD-9-CM code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date.
- FL74A-E **Other Procedure Codes and Dates:** The ICD-9-CM codes identifying all significant procedures other than the principal procedure and the dates (identified by code) on which the procedures were performed. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

FL76 **Attending Provider Name and Identifiers:** The Attending Provider is the individual who has overall responsibility for the patient’s medical care and treatment reported in this claim. Provide the DOH license number in the secondary identifier space. If the DOH license number is not available, use the National Provider Identifier (NPI).

FL77 **Operating Physician Name and Identifiers:** The identification number of the individual with the primary responsibility for performing the surgical procedure(s). Provide the DOH license number in the secondary identifier space. If the DOH license number is not available, use the National Provider Identifier (NPI).

FL78-79 **Other Provider (Individual) Name and Identifiers:** The identification number of the individual corresponding to the Provider Type category in accordance with the UB-04. Provide the DOH license number in the secondary identifier space. If the DOH license number is not available, use the National Provider Identifier (NPI).

FL80 **Remarks Field/Patient Social Security Number:** Requires the last four digits of the patient’s Social Security number. If unknown use “0000”.

FL81 **B1 Code-Code Field/Patient Race:** The code which best describes the race of the patient. The Federal Office of Management and Budget (OMB) Standard titles are used.

<u>Code</u>	<u>Definition</u>
1	White
2	Black or African-American
3	American Indian or Alaska Native
4	Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
5	Native Hawaiian or Pacific Islander (including Chamorro, Samoan, etc.)
8	Patient refused
9	Unknown

FL81 **B1 Code-Code Field/Patient Ethnicity:** The code which best describes the ethnicity of the patient. The Federal Office of Management and Budget (OMB) Standard titles are used.

<u>Code</u>	<u>Description</u>
1	Hispanic Origin (including Spanish, Mexican, Puerto Rican, Cuban, etc.)
2	Not Hispanic
8	Patient refused
9	Unknown

FL81 **B3 Code-Code Field/Health Care Provider Taxonomy Code:** Providers submitting claims for their primary facility and its subparts (i.e.; psychiatric unit, rehabilitation unit, etc) will report a taxonomy code on all their claims submitted. The taxonomy code will assist in crosswalking from the NPI of the provider to each of its subparts when a

provider has chosen not to apply for a unique national provider number for those subparts individually. Refer to code source: ASC X12 External Code Source 682 (National Uniform Claim Committee)

Provider Type	Taxonomy Code
<u>Short-term(General and Specialty Hospitals</u>	<u>282N00000X</u>
<u>Critical Access Hospitals</u>	<u>282NC0060X</u>
<u>Long-Term Care Hospital</u>	<u>282E00000X</u>
<u>Hospital Based Renal Dialysis Facilities</u>	<u>261QE0700X</u>
<u>Independent Renal Dialysis Facilities</u>	<u>261QE0700X</u>
<u>Rehabilitation Hospitals</u>	<u>283X00000X</u>
<u>Children’s Hospitals</u>	<u>282NC2000X</u>
Hospital Based Satellite Renal Dialysis Facilities	Type of bill code 072x+261QE0700X + different zip code than any renal dialysis facility issued an OSCAR that is located on that hospital’s campus.
<u>Psychiatric Hospitals</u>	<u>283Q00000X</u>
<u>Organ Procurement Organization</u>	<u>335U00000X</u>
<u>Psychiatric Unit</u>	<u>273R00000X</u>
<u>Rehabilitation Unit</u>	<u>273Y00000X</u>
Swing-Bed Unit	275N00000X (in short-term hospital) 282NC0060X (in critical access hospital) 282E00000X (in long-term care hospital) 283X00000X (in Rehab hospital)

FL81 Present on Admission (POA) Indicator: Code required for principal diagnosis and each of the secondary fields FL 67A-Q and FL 72 – External Cause of Injury (ECI) (3 fields on the form)

The five reporting options for all diagnosis reporting are as follows:

<u>Code</u>	<u>Definition</u>
Y	Yes
N	No
U	No Information in the Record
W	Clinically Undetermined
1	Exempt from POA Reporting

Additional Information

Skilled Nursing Beds

CHARS does not collect discharges of skilled nursing beds. They should not be submitted to CHARS.

Mothers and Babies

Hospitals are to submit separate discharge records for mother and baby. All babies born in the hospital, even if the baby stays less than 24 hours, must be reported as a discharge in CHARS.

Appendix A

WAC

Chapter 246-455
HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC SECTIONS

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AMENDATORY SECTION (Amending WSR 03-13-029, filed 6/10/03, effective 7/11/03)

WAC 246-455-001 Purpose. This chapter is adopted by the Washington state department of health pursuant to RCW 43.70.040, 43.70.052, and 70.170.010 relating to the collection and maintenance of patient discharge data, including data necessary for identification of discharges by diagnosis-related groups.

AMENDATORY SECTION (Amending WSR 03-13-029, filed 6/10/03, effective 7/11/03)

WAC 246-455-010 Definitions. As used in this chapter, unless the context requires otherwise,

- (1) "Department" means department of health.
- (2) "Diagnosis-related groups" is a classification system that groups hospital patients according to principal and secondary diagnosis, presence or absence of a surgical procedure, age, presence or absence of significant comorbidities or complications, and other relevant criteria.
- (3) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.
- (4) "CHARS" means comprehensive hospital abstract reporting system.
- (5) "CHARS Procedure Manual" means the written instructions for reporting hospital discharge data to the department.
- (6) "CHARS 837 Companion Guide" means the written technical guidelines for creating the ASC X12 837 Health Care Claim file for CHARS.
- (7) Uniform Billing "UB-92/UB-04 data set" means the data element specifications developed by the National Uniform Billing Committee which can be found at www.NUBC.org. The UB-92 specifications will be used until they are replaced by the UB-04 of the National Uniform Billing Committee. Data elements are completely defined in the *CHARS Procedure Manual* which may be obtained on the department's web site or by contacting the department.
- (8) "Patient discharge" means the termination of an inpatient admission or observation stay, including an admission as a result of a birth, in a Washington hospital.
- (9) "Office of Management and Budget" means a body within the Executive Office of the President of the United States which is tasked with coordinating United States Federal agencies and can be found at www.whitehouse.gov/OMB.
- (10) "Individually identifiable health information" means any health information that can be linked or traced to an individual or family. It includes but is not limited to: Past, present and future health care; billings or payments for health care; physical or mental health conditions; and

physical or mental health diagnosis. This means names and parts of names, Social Security numbers and parts of Social Security numbers, date of birth, admission date, exact discharge date, procedure date, nine-digit zip code and identifiers and patient control numbers assigned by a hospital for record retrieval.

(11) "Minimum necessary use" means that the use and disclosure of individually identifiable health information will be limited to the minimum amount necessary to accomplish the authorized purpose.

(12) "Data sharing agreement" means a signed agreement between government agencies, or researchers having an Institutional Review Board approval for transmitting, receiving and using records containing individually identifiable health information. Sharing such records requires each agency to have independent statutory authority to receive and disclose the information. The agreement specifies, at a minimum, what information will be exchanged, and the conditions or restrictions under which the information will be used and protected.

AMENDATORY SECTION (Amending WSR 03-13-029, filed 6/10/03, effective 7/11/03)

WAC 246-455-020 Reporting of UB-92/UB-04 data set information. (1) Effective for all hospital patient discharges on or after April 1, 1994, hospitals shall collect and report the following UB-92 or (~~UB-02~~) UB-04 data set elements to the department:

(a) Patient control number

Patient's unique alpha-numeric number assigned by the hospital to facilitate retrieval of individual patient records

(b) Type of bill

(c) Medicare provider number

(UB-92), National Provider Identifier (UB-04), or department assigned identifier, as applicable

(d) Patient last name (at least the first four letters)

(e) Patient first name (at least the first three letters)

(f) Patient middle initial

(g) Patient Social Security number (the last four digits)

(h) Patient zip code (U.S.A.)

(i) Patient country code (outside U.S.A.)

(j) Patient's date of birth

(k) Sex

(l) Admission date

(m) Type of admission

(n) Source of admission

(o) Patient discharge status

(p) Statement covers period (from - through)

(q) Revenue code

(r) Units of service

(s) Total charges

(t) Payer identification (up to three): Payer identification number per the CHARS procedure manual identifying each payer group from which the hospital may expect some payment of the bill

- (u) Principal diagnosis code
 - (v) Other diagnosis codes
 - (w) External cause of injury (ECI) code
 - (x) Principal procedure code
 - (y) Other procedure code
 - (z) Attending provider identifier (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to Centers for Medicare and Medicaid Services (CMS) schedule
 - (aa) Operating physician identifier (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to CMS schedule, as applicable
 - (bb) Other provider identifiers (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to CMS schedule, as applicable
 - (cc) Admission hour
 - (dd) Race - per minimum Office of Management and Budget (OMB) standards
 - (ee) Ethnicity - per minimum OMB standards
 - (ff) Discharge hour
 - (gg) Procedure date
 - (hh) Present on admission status
 - (ii) Health care provider taxonomy code
 - (jj) Health care common procedure coding system (HCPCS)
 - (kk) Service date
- (2) The hospital shall report all patient discharge data described in WAC 246-455-010 and 246-455-020 according to UB-92/UB-04 specifications unless noted otherwise.

AMENDATORY SECTION (Amending WSR 03-13-029, filed 6/10/03, effective 7/11/03)

WAC 246-455-040 Acceptable media for submission of data. Hospitals shall submit data in the form prescribed by the department in the *CHARS Procedure Manual* and *CHARS 837 Companion Guide*. Additional information not listed in WAC 246-455-020 may be required by the department to successfully process data submission files. Copies of the *CHARS Procedure Manual* and *CHARS 837 Companion Guide* may be obtained on the department's web site or by contacting the department.

AMENDATORY SECTION (Amending WSR 94-12-090, filed 6/1/94, effective 7/2/94)

WAC 246-455-050 Time deadline for submission of data. Hospitals shall submit data to the department or its designee within forty-five days following the end of each calendar month.

AMENDATORY SECTION (Amending WSR 03-13-029, filed 6/10/03, effective 7/11/03)

WAC 246-455-080 Security of the data. (1) The department and its contractors or agents shall maintain the confidentiality of any individually identifiable health information as required by RCW 70.170.090 and federal Health Insurance Portability and Accountability Act standards.

(1) The department and ((any of)) its contractors or agents shall maintain the confidentiality of any individually identifiable health information ((which may in any manner

identify individual patients per)) as required by RCW 70.170.090 and federal Health Insurance Portability and Accountability Act standards.

(2) The department shall institute security and system safeguards to prevent and detect unauthorized access, modification, or manipulation of individually identifiable health information. Accordingly, the safeguards will include:

- (a) Documented formal procedures for handling the information;
- (b) Physical safeguards to protect computer systems and other pertinent equipment from intrusion;
- (c) Processes to protect, control and audit access to the information;
- (d) Processes to protect the information from unauthorized access or disclosure when it is transmitted over communication networks;
- (e) Processes to protect the information when it is physically moved from one location to another;
- (f) Processes to ensure the information is encrypted when:
 - (i) It resides in an area that is readily accessible by individuals who are not authorized to access the information (e.g., shared network drives or outside the agency data centers);
 - (ii) It is stored in a format that is easily accessible by individuals who are not authorized to access the information (e.g., text files and spreadsheets);
 - (iii) It is stored on removable media, or portable devices (e.g., tapes, electronic disks, thumb drives, external hard drives, laptops and handheld devices).

AMENDATORY SECTION (Amending WSR 94-12-090, filed 6/1/94, effective 7/2/94)

WAC 246-455-090 Release of the data. (1) To acknowledge the need to protect patient privacy, federal privacy rules are used as models for deidentification of individually identifiable health information and for minimum necessary disclosure of individually identifiable health information in the release of CHARS data.

(2) Individually identifiable health information will not be released to the public.

(3) Confidential data sets may contain all or portions of the individually identifiable health information. Confidential data sets will be released under the following conditions:

(a) Data sets containing any of the individually identifiable health information will be constructed by applying the standard of inclusion of the minimum elements necessary for the recipient's project requirements.

(b) Research projects may receive these data sets following approval by Washington state institutional review board, and receipt of a signed data use agreement with the board and the department of health.

(c) Projects of state, local and federal agencies directly related to quality assurance or quality improvement of the data activities, hospitalization payment rate setting, program evaluation or public health surveillance may receive these data sets through a signed contract that includes a data use agreement.

The department reserves the right to determine whether a use is appropriate.

(4) The data sharing agreements for confidential data sets must include language which:

- (a) Establishes who will use and receive the data set;
- (b) Requires that the data not be used to identify or contact individuals;
- (c) Requires appropriate safeguards to prevent the use or disclosure of the information other than as provided for in the agreement;

- (d) Establishes the permitted use of the data set and excludes other uses;
- (e) Requires immediate notification to DOH of any suspected security breach;
- (f) Requires a report to DOH of any use or disclosure not permitted in the agreement;
- (g) Contains penalties for violation of the agreement;
- (h) Requires that the data set be destroyed or returned; and
- (i) Requires all users, including contractors and subcontractors, to read the agreement, abide by its provisions and sign it.

REPEALER

The following section of the Washington Administrative Code is repealed:
WAC 246-455-030 Reporting of E-Codes.

Appendix B

RCW

RCW 43.70.052 Hospital discharge data--Financial reports--Data retrieval--American Indian health data.

(1) To promote the public interest consistent with the purposes of chapter 492, Laws of 1993 as amended by chapter 267, Laws of 1995, the department shall continue to require hospitals to submit hospital financial and patient discharge information, which shall be collected, maintained, analyzed, and disseminated by the department. The department shall, if deemed cost-effective and efficient, contract with a private entity for any or all parts of data collection. Data elements shall be reported in conformance with a uniform reporting system established by the department. This includes data elements identifying each hospital's revenues, expenses, contractual allowances, charity care, bad debt, other income, total units of inpatient and outpatient services, and other financial information reasonably necessary to fulfill the purposes of this section. Data elements relating to use of hospital services by patients shall be the same as those currently compiled by hospitals through inpatient discharge abstracts. The department shall encourage and permit reporting by electronic transmission or hard copy as is practical and economical to reporters.

(2) In identifying financial reporting requirements, the department may require both annual reports and condensed quarterly reports from hospitals, so as to achieve both accuracy and timeliness in reporting, but shall craft such requirements with due regard of the data reporting burdens of hospitals.

(3) The health care data collected, maintained, and studied by the department shall only be available for retrieval in original or processed form to public and private requestors and shall be available within a reasonable period of time after the date of request. The cost of retrieving data for state officials and agencies shall be funded through the state general appropriation. The cost of retrieving data for individuals and organizations engaged in research or private use of data or studies shall be funded by a fee schedule developed by the department that reflects the direct cost of retrieving the data or study in the requested form.

(4) The department shall, in consultation and collaboration with the federally recognized tribes, urban or other Indian health service organizations, and the federal area Indian health service, design, develop, and maintain an American Indian-specific health data, statistics information system. The department rules regarding confidentiality shall apply to safeguard the information from inappropriate use or release.

(5) All persons subject to the data collection requirements of this section shall comply with departmental requirements established by rule in the acquisition of data. [1995 c 267 1.]

NOTES: Captions not law--1995 c 267: "Captions as used in this act constitute no part of the law." [1995 c 267 § 16.] Severability--1995 c 267: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1995 c 267 § 17.]

Effective dates--1995 c 267: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public

institutions, and shall take effect July 1, 1995, except sections 8 through 11 of this act which shall take effect immediately [May 8, 1995]." [1995 c 267 § 18.]

Appendix C

Revenue Codes

Appendix C Revenue Codes

Medicare assigned Revenue Codes to be entered in UB-04 Form Locator #42.

List codes in ascending numeric sequence.

Do not repeat on the same bill to the extent possible.

Excluded revenue codes are listed beginning on page C-27

Where Medicare does not require Units of Service, units submitted to CHARS may be those used by the hospital.

If units of service are not used by the hospital, units of service field may be left blank.

Source: National Uniform Billing Committee – Official UB-04 Data Specifications Manual 2007

Code	Title	Units of Service
0001	Total Charges	Units Not Required
010X-021X	ACCOMMODATION REVENUE CODES	
010X	All Inclusive Rate	
0100	All Inclusive Room & Board plus Ancillary	Days
0101	All Inclusive Room & Board	Days
0102	RESERVED	Not Used at this Time
0103	RESERVED	Not Used at this Time
0104	RESERVED	Not Used at this Time
0105	RESERVED	Not Used at this Time
0106	RESERVED	Not Used at this Time
0107	RESERVED	Not Used at this Time
0108	RESERVED	Not Used at this Time
0109	RESERVED	Not Used at this Time
011X	Room & Board – Private	
0110	General Classification	Days
0111	Medical/Surgical/GYN	Days
0112	Obstetrics (OB)	Days
0113	Pediatric	Days
0114	Psychiatric	Days
0115	Hospice	Days
0116	Detoxification	Days
0117	Oncology	Days
0118	Rehabilitation	Days
0119	Other	Days
012X	Room & Board - Semi Private (Two Beds)	

0120	General Classification	Days
0121	Medical/Surgical/GYN	Days
0122	Obstetrics (OB)	Days
0123	Pediatric	Days
0124	Psychiatric	Days
0125	Hospice	Days
0126	Detoxification	Days
0127	Oncology	Days
0128	Rehabilitation	Days
0129	Other	Days

013X Semi Private - Three and Four Beds

0130	General Classification	Days
0131	Medical/Surgical/GYN	Days
0132	Obstetrics (OB)	Days
0133	Pediatric	Days
0134	Psychiatric	Days
0135	Hospice	Days
0136	Detoxification	Days
0137	Oncology	Days
0138	Rehabilitation	Days
0139	Other	Days

014X Room & Board – Deluxe Private

0140	General Classification	Days
0141	Medical/Surgical/GYN	Days
0142	Obstetrics (OB)	Days
0143	Pediatric	Days
0144	Psychiatric	Days
0145	Hospice	Days
0146	Detoxification	Days
0147	Oncology	Days
0148	Rehabilitation	Days
0149	Other	Days

015X Room & Board - Ward

0150	General Classification	Days
0151	Medical/Surgical/GYN	Days
0152	Obstetrics (OB)	Days
0153	Pediatric	Days
0154	Psychiatric	Days
0155	Hospice	Days

0156	Detoxification	Days
0157	Oncology	Days
0158	Rehabilitation	Days
0159	Other	Days
016X	Room & Board - Other	
0160	General Classification	Days
0161	RESERVED	Not Used at this Time
0162	RESERVED	Not Used at this Time
0163	RESERVED	Not Used at this Time
0164	Sterile Environment	Days
0165	RESERVED	Not Used at this Time
0166	RESERVED	Not Used at this Time
0167	Self Care	Days
0168	RESERVED	Not Used at this Time
0169	Other	Days
017X	Nursery	
0170	General Classification	Days
0171	Newborn – Level I	Days
0172	Newborn – Level II	Days
0173	Newborn – Level III	Days
0174	Newborn – Level IV	Days
0175	RESERVED	Not Used at this Time
0176	RESERVED	Not Used at this Time
0177	RESERVED	Not Used at this Time
0178	RESERVED	Not Used at this Time
0179	Other Nursery	Days
018X	Leave of Absence	
0180	General Classification	Days
0181	RESERVED	Not Used at this Time
0182	Patient Convenience	Days
0183	Therapeutic Leave	Days
0184	RESERVED	Not Used at this Time
0185	Nursing Home (for Hospitalization)	Days
0186	RESERVED	Not Used at this Time
0187	RESERVED	Not Used at this Time
0188	RESERVED	Not Used at this Time
0189	Other Leave of Absence	Days

019X	Subacute Care	
0190	General Classification	Days
0191	Subacute Care Level I	Days
0192	Subacute Care Level II	Days
0193	Subacute Care Level III	Days
0194	Subacute Care Level IV	Days
0195	RESERVED	Not Used at this Time
0196	RESERVED	Not Used at this Time
0197	RESERVED	Not Used at this Time
0198	RESERVED	Not Used at this Time
0199	Other Subacute Care	Days

020X	Intensive Care Unit	
0200	General Classification	Days
0201	Surgical	Days
0202	Medical	Days
0203	Pediatric	Days
0204	Psychiatric	Days
0205	RESERVED	Not Used at this Time
0206	Intermediate ICU	Days
0207	Burn Care	Days
0208	Trauma	Days
0209	Other Intensive Care	Days

021X	Coronary Care Unit	
0210	General Classification	Days
0211	Myocardial Infarction	Days
0212	Pulmonary Care	Days
0213	Heart Transplant	Days
0214	Intermediate CCU	Days
0215	RESERVED	Not Used at this Time
0216	RESERVED	Not Used at this Time
0217	RESERVED	Not Used at this Time
0218	RESERVED	Not Used at this Time
0219	Other Coronary Care	Days

022X-099X ANCILLARY REVENUE CODES

022X	Special Charges	
0220	General Classification	Units Not Required
0221	Admission Charge	Units Not Required
0222	Technical Support Charge	Units Not Required

0223	U.R. Service Charge	Units Not Required
0224	Late Discharge, Medically Necessary	Units Not Required
0225	RESERVED	Not Used at this Time
0226	RESERVED	Not Used at this Time
0227	RESERVED	Not Used at this Time
0228	RESERVED	Not Used at this Time
0229	Other Special Charges	Units Not Required
023X	Incremental Nursing Charge	
0230	General Classification	Hours
0231	Nursery	Hours
0232	OB	Hours
0233	ICU - Includes Transitional Care	Hours
0234	CCU - Includes Transitional Care	Hours
0235	Hospice	Hours
0236	RESERVED	Not Used at this Time
0237	RESERVED	Not Used at this Time
0238	RESERVED	Not Used at this Time
0239	Other	Hours
024X	All Inclusive Ancillary	
0240	General Classification	Units Not Required
0241	Basic	Units Not Required
0242	Comprehensive	Units Not Required
0243	Specialty	Units Not Required
0244	RESERVED	Not Used at this Time
0245	RESERVED	Not Used at this Time
0246	RESERVED	Not Used at this Time
0247	RESERVED	Not Used at this Time
0248	RESERVED	Not Used at this Time
0249	Other All Inclusive Ancillary	Units Not Required
025X	Pharmacy (also see 063x, an extension of 25x)	
0250	General Classification	Units Not Required
0251	Generic Drug	Units Not Required
0252	Non-Generic Drug	Units Not Required
0253	Take Home Drug	Units Not Required
0254	Drugs Incident to Other Diagnostic Services	Units Not Required
0255	Drugs Incident to Radiology	Units Not Required
0256	Experimental Drugs	Units Not Required
0257	Nonprescription	Units Not Required
0258	IV Solutions	Units Not Required

0259 Other Pharmacy Units Not Required

026X IV Therapy

0260 General Classification Units Not Required
0261 Infusion Pump Units Not Required
0262 IV Therapy/Pharmacy Services Units Not Required
0263 IV Therapy/Drug/Supply Delivery Units Not Required
0264 IV Therapy/Supplies Units Not Required
0265 RESERVED Not Used at this Time
0266 RESERVED Not Used at this Time
0267 RESERVED Not Used at this Time
0268 RESERVED Not Used at this Time
0269 Other IV Therapy Units Not Required

027X Medical/Surgical Supplies & Devices (also see 062x, an extension of 027x)

0270 General Classification Units Not Required
0271 Non-sterile Supply Units Not Required
0272 Sterile Supply Units Not Required
0273 Take Home Supplies Units Not Required
0274 Prosthetic/Orthotic Devices Devices
0275 Pacemaker Units Not Required
0276 Intraocular Lens Units Not Required
0277 Oxygen-Take Home Units Not Required
0278 Other Implants Units Not Required
0279 Other Supplies/Devices Units Not Required

028X Oncology

0280 General Classification Units Not Required
0281 RESERVED Not Used at this Time
0282 RESERVED Not Used at this Time
0283 RESERVED Not Used at this Time
0284 RESERVED Not Used at this Time
0285 RESERVED Not Used at this Time
0286 RESERVED Not Used at this Time
0287 RESERVED Not Used at this Time
0288 RESERVED Not Used at this Time
0289 Other Oncology Units Not Required

029X Durable Medical Equipment (DME) (Other than Rental)

0290 General Classification Units Not Required
0291 Rental Units Not Required
0292 Purchase of New DME Units Not Required
0293 Purchase of Used DME Units Not Required
0294 Supplies/Drugs for DME Units Not Required
0295 RESERVED Not Used at this Time
0296 RESERVED Not Used at this Time

0297	RESERVED	Not Used at this Time
0298	RESERVED	Not Used at this Time
0299	Other Equipment	Units Not Required

030X Laboratory

0300	General Classification	Units Not Required
0301	Chemistry	Tests
0302	Immunology	Tests
0303	Renal Patient (Home) - * See Excluded List	Tests
0304	Non-Routine Dialysis	Tests
0305	Hematology	Tests
0306	Bacteriology and Microbiology	Tests
0307	Urology	Tests
0308	RESERVED	Not Used at this Time
0309	Other Laboratory	Tests

031X Laboratory Pathological

0310	General Classification	Tests
0311	Cytology	Tests
0312	Histology	Tests
0313	RESERVED	Not Used at this Time
0314	Biopsy	Tests
0315	RESERVED	Not Used at this Time
0316	RESERVED	Not Used at this Time
0317	RESERVED	Not Used at this Time
0318	RESERVED	Not Used at this Time
0319	Other	Tests

032X Radiology – Diagnostic

0320	General Classification	Tests
0321	Angiocardiography	Tests
0322	Arthrography	Tests
0323	Arteriography	Tests
0324	Chest X-Ray	Tests
0325	RESERVED	Not Used at this Time
0326	RESERVED	Not Used at this Time
0327	RESERVED	Not Used at this Time
0328	RESERVED	Not Used at this Time
0329	Other Radiology-Diagnostic	Tests

033X Radiology – Therapeutic

0330	General Classification	Tests
0331	Chemotherapy Admin – Injected	Tests
0332	Chemotherapy Admin – Oral	Tests
0333	Radiation Therapy	Tests
0334	RESERVED	Not Used at this Time
0335	Chemotherapy Admin – IV	Tests
0336	RESERVED	Not Used at this Time

0337	RESERVED	Not Used at this Time
0338	RESERVED	Not Used at this Time
0339	Other Radiology-Therapeutic	Tests

034X Nuclear Medicine

0340	General Classification	Tests
0341	Diagnostic Procedures	Tests
0342	Therapeutic Procedures	Tests
0343	Diagnostic Radiopharmaceuticals	Tests
0344	Therapeutic Radiopharmaceuticals	Tests
0345	RESERVED	Not Used at this Time
0346	RESERVED	Not Used at this Time
0347	RESERVED	Not Used at this Time
0348	RESERVED	Not Used at this Time
0349	Other Nuclear Medicine	Tests

035X Computed Tomographic (CT) Scan

0350	General Classification	Tests
0351	Head Scan	Tests
0352	Body Scan	Tests
0353	RESERVED	Not Used at this Time
0354	RESERVED	Not Used at this Time
0355	RESERVED	Not Used at this Time
0356	RESERVED	Not Used at this Time
0357	RESERVED	Not Used at this Time
0358	RESERVED	Not Used at this Time
0359	Other CT Scan	Tests

036X Operating Room Services

0360	General Classification	Units Not Required
0361	Minor Surgery	Units Not Required
0362	Organ Transplant - Other than Kidney	Units Not Required
0363	RESERVED	Not Used at this Time
0364	RESERVED	Not Used at this Time
0365	RESERVED	Not Used at this Time
0366	RESERVED	Not Used at this Time
0367	Kidney Transplant	Units Not Required
0368	RESERVED	Not Used at this Time
0369	Other Operating Room Services	Units Not Required

037X Anesthesia

0370	General Classification	Units Not Required
0371	Anesthesia Incident to Radiology	Units Not Required
0372	Anesthesia Incident to Other Diagnostic Services	Units Not Required
0373	RESERVED	Not Used at this Time
0374	Acupuncture	Units Not Required
0375	RESERVED	Not Used at this Time
0376	RESERVED	Not Used at this Time

0377	RESERVED	Not Used at this Time
0378	RESERVED	Not Used at this Time
0379	Other Anesthesia	Units Not Required

038X Blood

0380	General Classification	Units Not Required
0381	Packed Red Cells	# of Pints Required
0382	Whole Blood	# of Pints Required
0383	Plasma	# of Pints Required
0384	Platelets	Units Not Required
0385	Leukocytes	Units Not Required
0386	Other Blood Components	Units Not Required
0387	Other Derivatives (Cryoprecipitates)	Units Not Required
0388	RESERVED	Not Used at this Time
0389	Other Blood and Blood Components	Units Not Required

039X Administration, Processing and Storage for Blood and Blood Components

0390	General Classification	Units Not Required
0391	Blood Administration (e.g., Transfusion)	Pints
0392	Processing and Storage	Pints
0393	RESERVED	Not Used at this Time
0394	RESERVED	Not Used at this Time
0395	RESERVED	Not Used at this Time
0396	RESERVED	Not Used at this Time
0397	RESERVED	Not Used at this Time
0398	RESERVED	Not Used at this Time
0399	Other Blood Handling	Units Not Required

040X Other Imaging Services

0400	General Classification	Tests
0401	Diagnostic Mammography	Tests
0402	Ultrasound	Tests
0403	Screening Mammography	Tests
0404	Positron Emission Tomography	Tests
0405	RESERVED	Not Used at this Time
0406	RESERVED	Not Used at this Time
0407	RESERVED	Not Used at this Time
0408	RESERVED	Not Used at this Time
0409	Other Imaging Services	Tests

041X Respiratory Services

0410	General Classification	Treatments
0411	RESERVED	Not Used at this Time
0412	Inhalation Services	Treatments
0413	Hyperbaric Oxygen Therapy	Treatments
0414	RESERVED	Not Used at this Time
0415	RESERVED	Not Used at this Time
0416	RESERVED	Not Used at this Time
0417	RESERVED	Not Used at this Time

0418	RESERVED	Not Used at this Time
0419	Other Respiratory Services	Treatments
042X	Physical Therapy	
0420	General Classification	Units Not Required
0421	Visit Charge	Units Not Required
0422	Hourly Charge	Units Not Required
0423	Group Rate	Units Not Required
0424	Evaluation or Re-Evaluation	Units Not Required
0425	RESERVED	Not Used at this Time
0426	RESERVED	Not Used at this Time
0427	RESERVED	Not Used at this Time
0428	RESERVED	Not Used at this Time
0429	Other Physical Therapy	Units Not Required
043X	Occupational Therapy	
0430	General Classification	Units Not Required
0431	Visit Charge	Units Not Required
0432	Hourly Charge	Units Not Required
0433	Group Rate	Units Not Required
0434	Evaluation or Re-Evaluation	Units Not Required
0435	RESERVED	Not Used at this Time
0436	RESERVED	Not Used at this Time
0437	RESERVED	Not Used at this Time
0438	RESERVED	Not Used at this Time
0439	Other Occupational Therapy	Units Not Required
044X	Speech-Language Pathology	
0440	General Classification	Units Not Required
0441	Visit Charge	Units Not Required
0442	Hourly Charge	Units Not Required
0443	Group Rate	Units Not Required
0444	Evaluation or Re-Evaluation	Units Not Required
0445	RESERVED	Not Used at this Time
0446	RESERVED	Not Used at this Time
0447	RESERVED	Not Used at this Time
0448	RESERVED	Not Used at this Time
0449	Other Speech/Language Therapy	Units Not Required
045X	Emergency Room	
0450	General Classification	Visit
0451	EMTALA Emergency Medical Screening Services	Visit
0452	ER Beyond EMTALA Screening	Visit
0453	RESERVED	Not Used at this Time
0454	RESERVED	Not Used at this Time
0455	RESERVED	Not Used at this Time
0456	Urgent Care	Visit
0457	RESERVED	Not Used at this Time
0458	RESERVED	Not Used at this Time

0459 Other Emergency Room Visit

046X Pulmonary Function

0460	General Classification	Tests
0461	RESERVED	Not Used at this Time
0462	RESERVED	Not Used at this Time
0463	RESERVED	Not Used at this Time
0464	RESERVED	Not Used at this Time
0465	RESERVED	Not Used at this Time
0466	RESERVED	Not Used at this Time
0467	RESERVED	Not Used at this Time
0468	RESERVED	Not Used at this Time
0469	Other Pulmonary Function	Tests

047X Audiology

0470	General Classification	Tests
0471	Diagnostic	Tests
0472	Treatment	Tests
0473	RESERVED	Not Used at this Time
0474	RESERVED	Not Used at this Time
0475	RESERVED	Not Used at this Time
0476	RESERVED	Not Used at this Time
0477	RESERVED	Not Used at this Time
0478	RESERVED	Not Used at this Time
0479	Other Audiology	Tests

048X Cardiology

0480	General Classification	Tests
0481	Cardiac Cath Lab	Tests
0482	Stress Test	Tests
0483	Echocardiology	Tests
0484	RESERVED	Not Used at this Time
0485	RESERVED	Not Used at this Time
0486	RESERVED	Not Used at this Time
0487	RESERVED	Not Used at this Time
0488	RESERVED	Not Used at this Time
0489	Other Cardiology	Tests

049X Ambulatory Surgical Center * See Excluded List

0490	General Classification	Units Not Required
0491	RESERVED	Not Used at this Time
0492	RESERVED	Not Used at this Time
0493	RESERVED	Not Used at this Time
0494	RESERVED	Not Used at this Time
0495	RESERVED	Not Used at this Time
0496	RESERVED	Not Used at this Time
0497	RESERVED	Not Used at this Time
0498	RESERVED	Not Used at this Time
0499	Other Ambulatory Surgical	Units Not Required

050X Out Patient Services * See Excluded List

0500	Current Classification	Tests
0501	RESERVED	Not Used at this Time
0502	RESERVED	Not Used at this Time
0503	RESERVED	Not Used at this Time
0504	RESERVED	Not Used at this Time
0505	RESERVED	Not Used at this Time
0506	RESERVED	Not Used at this Time
0507	RESERVED	Not Used at this Time
0508	RESERVED	Not Used at this Time
0509	Other	Tests

***Charges for services rendered to an Outpatient who is then admitted as an Inpatient before midnight of the day following the date of service. (Note: Medicare no longer requires this revenue code.)**

051X Clinic

0510	General Classification	Visit
0511	Chronic Pain Center	Visit
0512	Dental Clinic	Visit
0513	Psychiatric Clinic	Visit
0514	OB-GYN Clinic	Visit
0515	Pediatric Clinic	Visit
0516	Urgent Care Clinic	Visit
0517	Family Practice Clinic	Visit
0518	RESERVED	Not Used at this Time
0519	Other Clinic	Visit

052X Free-Standing Clinic

0520	General Classification	Visit
0521	Clinic Visit by Member to RHC/FQHC	Visit
0522	Home Visit by RHC/FQHC Practitioner	Visit
0523	Family Practice Clinic	Visit
0524	Visit by RHC/FQHC Practitioner to a Member a in Covered Part A Stay at SNF	Units Not Required
0525	Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or other Residential Facility	Units Not Required
0526	Urgent Care Clinic	Visit
0527	Visiting Nurse Service(s) to a Member's Home when in a Home Health Storage Area	Units Not Required
0528	Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC Site (e.g. Scene of Accident)	Units Not Required
0529	Other Freestanding Clinic	Visit

053X Osteopathic Services

0530	General Classification	Visit
0531	Osteopathic Therapy	Visit

0532	RESERVED	Not Used at this Time
0533	RESERVED	Not Used at this Time
0534	RESERVED	Not Used at this Time
0535	RESERVED	Not Used at this Time
0536	RESERVED	Not Used at this Time
0537	RESERVED	Not Used at this Time
0538	RESERVED	Not Used at this Time
0539	Other Osteopathic Services	Visit

054X Ambulance

0540	General Classification	Number of Miles
0541	Supplies	Item
0542	Medical Transport	Number of Miles
0543	Heart Mobile	Number of Miles
0544	Oxygen	Units
0545	Air Ambulance	Number of Miles
0546	Neonatal Ambulance Services	Number of Miles
0547	Pharmacy	Units
0548	EKG Transmission	Units
0549	Other Ambulance	Number of Miles

055X Home Health – Skilled Nursing * See Excluded List

0550	General Classification	Units Not Required
0551	Visit Charge	Visits
0552	Hourly Charge	Hours
0553	RESERVED	Not Used at this Time
0554	RESERVED	Not Used at this Time
0555	RESERVED	Not Used at this Time
0556	RESERVED	Not Used at this Time
0557	RESERVED	Not Used at this Time
0558	RESERVED	Not Used at this Time
0559	Other Skilled Nursing	Units Not Required

056X Medical Social Services

0560	General Classification	Units Not Required
0561	Visit Charge	Visits
0562	Hourly Charge	Hours
0563	RESERVED	Not Used at this Time
0564	RESERVED	Not Used at this Time
0565	RESERVED	Not Used at this Time
0566	RESERVED	Not Used at this Time
0567	RESERVED	Not Used at this Time
0568	RESERVED	Not Used at this Time
0569	Other Medical Social Services	Units Not Required

057X Home Health Aide * See Excluded List

0570	General Classification	Units Not Required
0571	Visit Charge	Visit
0572	Hourly Charge	Hour

0573	RESERVED	Not Used at this Time
0574	RESERVED	Not Used at this Time
0575	RESERVED	Not Used at this Time
0576	RESERVED	Not Used at this Time
0577	RESERVED	Not Used at this Time
0578	RESERVED	Not Used at this Time
0579	Other Home Health Aide	Units Not Required

058X Home Health – Other Visits

0580	General Classification	Units Not Required
0581	Visit Charge	Visits
0582	Hourly Charge	Hour
0583	RESERVED	Not Used at this Time
0584	RESERVED	Not Used at this Time
0585	RESERVED	Not Used at this Time
0586	RESERVED	Not Used at this Time
0587	RESERVED	Not Used at this Time
0588	RESERVED	Not Used at this Time
0589	Other Medical Social Services	Units Not Required

059X Home Health – Units of Service * See Excluded List

0590	General Classification	Units
0591	RESERVED	Not Used at this Time
0592	RESERVED	Not Used at this Time
0593	RESERVED	Not Used at this Time
0594	RESERVED	Not Used at this Time
0595	RESERVED	Not Used at this Time
0596	RESERVED	Not Used at this Time
0597	RESERVED	Not Used at this Time
0598	RESERVED	Not Used at this Time
0599	RESERVED	Not Used at this Time

060X Home Health – Oxygen * See Excluded List

0600	General Classification	Units Not Required
0601	Oxygen – Stat Equip/Supply/Content	Ft/Lbs
0602	Oxygen – Stat Equip/Supply < 1 LPM	Mos
0603	Oxygen – Stat Equip/Supply > 4 LPM	Mos
0604	Oxygen – Port Add-on	Mos
0605	RESERVED	Not Used at this Time
0606	RESERVED	Not Used at this Time
0607	RESERVED	Not Used at this Time
0608	RESERVED	Not Used at this Time
0609	Oxygen - Other	Units Not Required

061X Magnetic Resonance Imaging (MRI)

0610	General Classification	Tests
0611	MRI Brain (Including Brainstem)	Tests
0612	MRI Spinal Cord (Including Spine)	Tests
0613	RESERVED	Not Used at this Time

0614	MRI Other	Tests
0615	MRA – Head and Neck	Tests
0616	MRA - Lower Extremities	Tests
0617	RESERVED	Not Used at this Time
0618	MRA Other	Tests
0619	Other MRT	Tests

062X Medical/Surgical Supplies (Extension of 027X)

0620	RESERVED (Use 0270 for General Classification)	Not Used at this Time
0621	Supplies Incident to Radiology	Units Not Required
0622	Supplies Incident to Other Diagnostic Services	Units Not Required
0623	Surgical Dressings	Units Not Required
0624	FDA Investigational Device	Units Not Required
0625	RESERVED	Not Used at this Time
0626	RESERVED	Not Used at this Time
0627	RESERVED	Not Used at this Time
0628	RESERVED	Not Used at this Time
0629	RESERVED	Not Used at this Time

063X Drugs Requiring Specific Identification

0630	RESERVED (Use 0250 for General Classification)	Not Used at this Time
0631	Single Source Drug	Units Not Required
0632	Multiple Source Drug	Units Not Required
0633	Restrictive Prescription	Units Not Required
0634	Erythropoietin (EPO) less than 10,000 units	Units Not Required
0635	Erythropoietin (EPO) 10,000 or more units	Units Not Required
0636	Drugs Requiring Detailed Coding	Units Not Required
0637	Self-administrable Drugs	Units Not Required
0638	RESERVED	Not Used at this Time
0639	RESERVED	Not Used at this Time

064X Home IV Therapy Services * See Excluded List

0640	General Classification	Units Not Required
0641	Non-routine Nursing, Central Line	Units Not Required
0642	IV Site Care, Central Line	Units Not Required
0643	IV Start/Care, Peripheral Line	Units Not Required
0644	Non-routine Nursing, Peripheral Line	Units Not Required
0645	Training Patient/Caregiver, Central Line	Hour
0646	Training Disabled Patient, Central Line	Hour
0647	Training Patient/Caregiver, Peripheral Line	Hour
0648	Training Disabled Patient, Peripheral Line	Hour
0649	Other IV Therapy Services	Units Not Required

065X Hospice Services

0650	General Classification * See Excluded List	Units Not Required
0651	Routine Home Care * See Excluded List	Hours
0652	Continuous Home Care * See Excluded List	Hours
0653	RESERVED	Not Used at this Time
0654	RESERVED	Not Used at this Time

0655	Inpatient Respite Care	Number Days
0656	General Inpatient Care (non-respite)	Number Days
0657	Physician Services * See Excluded List	Units Not Required
0658	Hospice Room & Board – Nursing Facility * See Excluded List	Days
0659	Other Hospice Service * See Excluded List	Units Not Required

066X Respite Care * See Excluded List

0660	General Classification	Units Not Required
0661	Hourly Charge – Nursing	Hours
0662	Hourly Charge / Aide/Homemaker/Companion	Hours
0663	Daily Respite Charge	Days
0664	RESERVED	Not Used at this Time
0665	RESERVED	Not Used at this Time
0666	RESERVED	Not Used at this Time
0667	RESERVED	Not Used at this Time
0668	RESERVED	Not Used at this Time
0669	Other Respite Care	Hours

067X Outpatient Special Residence Charges* See Excluded

0670	General Classification	Units Not Required
0671	Hospital Owned	Days
0672	Contracted	Days
0673	RESERVED	Not Used at this Time
0674	RESERVED	Not Used at this Time
0675	RESERVED	Not Used at this Time
0676	RESERVED	Not Used at this Time
0677	RESERVED	Not Used at this Time
0678	RESERVED	Not Used at this Time
0679	Other Special Residence Charge	Days

068X Trauma Response

0680	Not Used	Units Not Required
0681	Level I	Activation
0682	Level II	Activation
0683	Level III	Activation
0684	Level IV	Activation
0685	RESERVED	Not Used at this Time
0686	RESERVED	Not Used at this Time
0687	RESERVED	Not Used at this Time
0688	RESERVED	Not Used at this Time
0689	Other Trauma Response	Activation

069X RESERVED - Not Used at This Time

0690	RESERVED	Not Used at this Time
0691	RESERVED	Not Used at this Time
0692	RESERVED	Not Used at this Time
0693	RESERVED	Not Used at this Time
0694	RESERVED	Not Used at this Time
0695	RESERVED	Not Used at this Time

0696	RESERVED	Not Used at this Time
0697	RESERVED	Not Used at this Time
0698	RESERVED	Not Used at this Time
0699	RESERVED	Not Used at this Time

070X Cast Room

0700	General Classification	Units Not Required
0701	RESERVED	Not Used at this Time
0702	RESERVED	Not Used at this Time
0703	RESERVED	Not Used at this Time
0704	RESERVED	Not Used at this Time
0705	RESERVED	Not Used at this Time
0706	RESERVED	Not Used at this Time
0707	RESERVED	Not Used at this Time
0708	RESERVED	Not Used at this Time
0709	RESERVED	Not Used at this Time

071X Recovery Room

0710	General Classification	Units Not Required
0711	RESERVED	Not Used at this Time
0712	RESERVED	Not Used at this Time
0713	RESERVED	Not Used at this Time
0714	RESERVED	Not Used at this Time
0715	RESERVED	Not Used at this Time
0716	RESERVED	Not Used at this Time
0717	RESERVED	Not Used at this Time
0718	RESERVED	Not Used at this Time
0719	RESERVED	Not Used at this Time

072X Labor Room/Delivery

0720	General Classification	Units Not Required
0721	Labor	Days
0722	Delivery	Days
0723	Circumcision	Each
0724	Birthing Center	Days
0725	RESERVED	Not Used at this Time
0726	RESERVED	Not Used at this Time
0727	RESERVED	Not Used at this Time
0728	RESERVED	Not Used at this Time
0729	Other Labor Room/Delivery	Units Not Required

073X Electrocardiogram (EKG/ECG)

0730	General Classification	Tests
0731	Holter Monitor	Tests
0732	Telemetry	Tests
0733	RESERVED	Not Used at this Time
0734	RESERVED	Not Used at this Time
0735	RESERVED	Not Used at this Time
0736	RESERVED	Not Used at this Time

0737	RESERVED	Not Used at this Time
0738	RESERVED	Not Used at this Time
0739	Other EKG/ECG	Tests

074X ECG (Electroencephalogram)

0740	General Classification	Tests
0741	RESERVED	Not Used at this Time
0742	RESERVED	Not Used at this Time
0743	RESERVED	Not Used at this Time
0744	RESERVED	Not Used at this Time
0745	RESERVED	Not Used at this Time
0746	RESERVED	Not Used at this Time
0747	RESERVED	Not Used at this Time
0748	RESERVED	Not Used at this Time
0749	RESERVED	Not Used at this Time

075X Gastro-Intestinal Services

0750	General Classification	Tests
0751	RESERVED	Not Used at this Time
0752	RESERVED	Not Used at this Time
0753	RESERVED	Not Used at this Time
0754	RESERVED	Not Used at this Time
0755	RESERVED	Not Used at this Time
0756	RESERVED	Not Used at this Time
0757	RESERVED	Not Used at this Time
0758	RESERVED	Not Used at this Time
0759	RESERVED	Not Used at this Time

076X Specialty Room - Treatment or Observation Room

0760	General Classification	Units Not Required
0761	Treatment Room	HCPCS
0762	Observation Room*	HCPCS
0763	RESERVED	Not Used at this Time
0764	RESERVED	Not Used at this Time
0765	RESERVED	Not Used at this Time
0766	RESERVED	Not Used at this Time
0767	RESERVED	Not Used at this Time
0768	RESERVED	Not Used at this Time
0769	Other Specialty Room	Units Not Required

077X Preventive Care Services

0770	General Classification	Units Not Required
0771	Vaccine Administration	Units Not Required
0772	RESERVED	Not Used at this Time
0773	RESERVED	Not Used at this Time
0774	RESERVED	Not Used at this Time
0775	RESERVED	Not Used at this Time
0776	RESERVED	Not Used at this Time
0777	RESERVED	Not Used at this Time

0778	RESERVED	Not Used at this Time
0779	RESERVED	Not Used at this Time

078X Telemedicine * See Excluded Lists

0780	General Classification	Units Not Required
0781	RESERVED	Not Used at this Time
0782	RESERVED	Not Used at this Time
0783	RESERVED	Not Used at this Time
0784	RESERVED	Not Used at this Time
0785	RESERVED	Not Used at this Time
0786	RESERVED	Not Used at this Time
0787	RESERVED	Not Used at this Time
0788	RESERVED	Not Used at this Time
0789	RESERVED	Not Used at this Time

079X Extracorporeal Shockwave Therapy (formerly Lithotripsy)

0790	General Classification	Units Not Required
0791	RESERVED	Not Used at this Time
0792	RESERVED	Not Used at this Time
0793	RESERVED	Not Used at this Time
0794	RESERVED	Not Used at this Time
0795	RESERVED	Not Used at this Time
0796	RESERVED	Not Used at this Time
0797	RESERVED	Not Used at this Time
0798	RESERVED	Not Used at this Time
0799	RESERVED	Not Used at this Time

080X Inpatient Renal Dialysis

0800	General Classification	Sessions
0801	Inpatient Hemodialysis	Sessions
0802	Inpatient Peritoneal (Non-CAPD)	Sessions
0803	Inpatient Continuous Ambulatory Peritoneal (CAPD)	Sessions
0804	Inpatient Continuous Cycling Peritoneal Dialysis (Sessions
0805	RESERVED	Not Used at this Time
0806	RESERVED	Not Used at this Time
0807	RESERVED	Not Used at this Time
0808	RESERVED	Not Used at this Time
0809	Other Inpatient Dialysis	Sessions

081X Acquisition of Body Components

0810	General Classification	Units Not Required
0811	Living Donor	Units Not Required
0812	Cadaver Donor	Units Not Required
0813	Unknown Donor	Units Not Required
0814	Unsuccessful Organ Search - Donor Bank Charge	Units Not Required
0815	RESERVED	Not Used at this Time
0816	RESERVED	Not Used at this Time
0817	RESERVED	Not Used at this Time
0818	RESERVED	Not Used at this Time

0819	Other Donor	Units Not Required
082X	Hemodialysis – Outpatient or Home * See Excluded L	
0820	General Classification	Units Not Required
0821	Hemodialysis Composite or Other Rates	Sessions
0822	Home Supplies	Sessions
0823	Home Equipment	Sessions
0824	Maintenance – 100%	Sessions
0825	Support Services	Sessions
0826	RESERVED	Not Used at this Time
0827	RESERVED	Not Used at this Time
0828	RESERVED	Not Used at this Time
0829	Other OP Hemodialysis	Sessions
083X	Peritoneal Dialysis – Outpatient or Home*See Exclu	
0830	General Classification	Sessions
0831	Peritoneal/Composite or Other Rate	Sessions
0832	Home Supplies	Sessions
0833	Home Equipment	Sessions
0834	Maintenance – 100%	Sessions
0835	Support Services	Sessions
0836	RESERVED	Not Used at this Time
0837	RESERVED	Not Used at this Time
0838	RESERVED	Not Used at this Time
0839	Other OP Peritoneal Dialysis	Sessions
084X	Continuous Ambulatory Peritoneal Dialysis (CAPD) –Outpatient or Home *See Excluded Lists	
0840	General Classification	Days
0841	CAPD/Composite or Other Rate	Days
0842	Home Supplies	Days
0843	Home Equipment	Days
0844	Maintenance – 100%	Days
0845	Support Services	Days
0846	RESERVED	Not Used at this Time
0847	RESERVED	Not Used at this Time
0848	RESERVED	Not Used at this Time
0849	Other Outpatient CAPD	Days
085X	Continuous Cycling Peritoneal Dialysis (CCPD) –Outpatient or Home *See Excluded Lists	
0850	General Classification	Days
0851	CCPD/Composite or Other Rate	Days
0852	Home Supplies	Days
0853	Home Equipment	Days
0854	Maintenance – 100%	Days
0855	Support Services	Days
0856	RESERVED	Not Used at this Time
0857	RESERVED	Not Used at this Time

0858	RESERVED	Not Used at this Time
0859	Other Outpatient CCPD	Days

086X RESERVED - Not Used at This Time

0860	RESERVED	Not Used at this Time
0861	RESERVED	Not Used at this Time
0862	RESERVED	Not Used at this Time
0863	RESERVED	Not Used at this Time
0864	RESERVED	Not Used at this Time
0865	RESERVED	Not Used at this Time
0866	RESERVED	Not Used at this Time
0867	RESERVED	Not Used at this Time
0868	RESERVED	Not Used at this Time
0869	RESERVED	Not Used at this Time

087X RESERVED - Not Used at This Time

0870	RESERVED	Not Used at this Time
0871	RESERVED	Not Used at this Time
0872	RESERVED	Not Used at this Time
0873	RESERVED	Not Used at this Time
0874	RESERVED	Not Used at this Time
0875	RESERVED	Not Used at this Time
0876	RESERVED	Not Used at this Time
0877	RESERVED	Not Used at this Time
0878	RESERVED	Not Used at this Time
0879	RESERVED	Not Used at this Time

088X Miscellaneous Dialysis

0880	General Classification	Sessions
0881	Ultrafiltration	Sessions
0882	Home Dialysis Aid Visit * See CHARS Excluded List	Sessions
0883	RESERVED	Not Used at this Time
0884	RESERVED	Not Used at this Time
0885	RESERVED	Not Used at this Time
0886	RESERVED	Not Used at this Time
0887	RESERVED	Not Used at this Time
0888	RESERVED	Not Used at this Time
0889	ther Miscellaneous Dialysis	Sessions

089X RESERVED - Not Used at This Time

0890	RESERVED	Not Used at this Time
0891	RESERVED	Not Used at this Time
0892	RESERVED	Not Used at this Time
0893	RESERVED	Not Used at this Time
0894	RESERVED	Not Used at this Time
0895	RESERVED	Not Used at this Time
0896	RESERVED	Not Used at this Time
0897	RESERVED	Not Used at this Time
0898	RESERVED	Not Used at this Time

0899	RESERVED	Not Used at this Time
090X	Behavioral Health Treatments/Services (see also 091X)	
0900	General Classification	Visit
0901	Electroshock Treatment	Visit
0902	Milieu Therapy	Visit
0903	Play Therapy	Visit
0904	Activity Therapy	Visit
0905	Intensive Outpatient Services – Psychiatric * See Exclusions	Visit
0906	Intensive O/P Services – Chemical Dependency * See Exclusions	Visit
0907	Community Behavioral Health Program (Day Treatment)	Visit
0908	RESERVED	Not Used at this Time
0909	RESERVED	Not Used at this Time
091X	Behavioral Health Treatments/Services (see also 090X)	
0910	RESERVED (Use 0900 for General Classification)	Visit
0911	Rehabilitation	Visit
0912	Partial Hospitalization – Less Intensive	Visit
0913	Partial Hospitalization – Intensive	Visit
0914	Individual Therapy	Visit
0915	Group Therapy	Visit
0916	Family Therapy	Visit
0917	Bio Feedback	Visit
0918	Testing	Visit
0919	Other Behavioral Health Treatments	Visit
092X	Other Diagnostic Services	
0920	General Classification	Tests
0921	Peripheral Vascular Lab	Tests
0922	Electromyelgram	Tests
0923	Pap Smear	Tests
0924	Allergy Test	Tests
0925	Pregnancy Test	Tests
0926	RESERVED	Not Used at this Time
0927	RESERVED	Not Used at this Time
0928	RESERVED	Not Used at this Time
0929	Other Diagnostic Service	Tests
093X	Medical Rehabilitation Day Program * See Excluded List	
0930	RESERVED	Not Used at this Time
0931	Half Day	Hours
0932	Full Day	Hours
0933	RESERVED	Not Used at this Time
0934	RESERVED	Not Used at this Time
0935	RESERVED	Not Used at this Time
0936	RESERVED	Not Used at this Time
0937	RESERVED	Not Used at this Time
0938	RESERVED	Not Used at this Time
0939	RESERVED	Not Used at this Time

094X	Other Therapeutic Services	
0940	General Classification	Visits
0941	Recreational Therapy	Visits
0942	Education/Training	Visits
0943	Cardiac Rehabilitation	Visits
0944	Drug Rehabilitation	Visits
0945	Alcohol Rehabilitation	Visits
0946	Complex Medical Equipment - Routine	Visits
0947	Complex Medical Equipment - Ancillary	Visits
0948	RESERVED	Not Used at this Time
0949	Other Therapeutic Service	Visits
095X	Other Therapeutic Services (Extension of 094x)	
0950	RESERVED (Use 0940 for General Classification)	Not Used at this Time
0951	Athletic Training	Visit
0952	Kinesiotherapy	Visit
0953	RESERVED	Not Used at this Time
0954	RESERVED	Not Used at this Time
0955	RESERVED	Not Used at this Time
0956	RESERVED	Not Used at this Time
0957	RESERVED	Not Used at this Time
0958	RESERVED	Not Used at this Time
0959	RESERVED	Not Used at this Time
096X	Professional Fees (Also see 097x & 098x)*See Excluded Lists	
0960	General Classification	Units Not Required
0961	Psychiatric	Units Not Required
0962	Ophthalmology	Units Not Required
0963	Anesthesiologist (MD)	Units Not Required
0964	Anesthesiologist (CRNA)	Units Not Required
0965	RESERVED	Not Used at this Time
0966	RESERVED	Not Used at this Time
0967	RESERVED	Not Used at this Time
0968	RESERVED	Not Used at this Time
0969	Other Professional Fee	Units Not Required
097X	Professional Fees (Extension of 096x) *See Excluded Lists	
0970	RESERVED (Use 0960 for General Classification)	Not Used at this Time
0971	Laboratory	Units Not Required
0972	Radiology - Diagnostic	Units Not Required
0973	Radiology – Therapeutic	Units Not Required
0974	Radiology – Nuclear	Units Not Required
0975	Operating Room	Units Not Required
0976	Respiratory Therapy	Units Not Required
0977	Physical Therapy	Units Not Required
0978	Occupational Therapy	Units Not Required
0979	Speech Pathology	Units Not Required

098X	Professional Fees (Ext of 096x & 097X)*See Excluded Lists	
0980	RESERVED (Use 0960 for General Classification)	Not Used at this Time
0981	Emergency Room	Units Not Required
0982	Outpatient Services	Units Not Required
0983	Clinic	Units Not Required
0984	Medical Social Services	Units Not Required
0985	EKG	Units Not Required
0986	EEG	Units Not Required
0987	Hospital Visit	Units Not Required
0988	Consultation	Units Not Required
0989	Private Duty Nurse	Units Not Required
099X	Patient Convenience Items	
0990	General Classification	Units Not Required
0991	Cafeteria/Guest Tray	Units Not Required
0992	Private Linen Service	Units Not Required
0993	Telephone/Telecom	Units Not Required
0994	TV/Radio	Units Not Required
0995	Non-patient Room Rentals	Units Not Required
0996	Late Discharge	Units Not Required
0997	Admission Kits	Units Not Required
0998	Beauty Shop/Barber	Units Not Required
0999	Other Patient Convenience Items	Units Not Required

Revenue Codes Excluded from CHARS

010X All Inclusive Rate

0102 – 0109

016X Room and Board – Other

0161 - 0163

0165 - 0166

0168

017X - Nursery

0175-0178

18X Leave of Absence

0181

0184

0186 - 0188

019X – Subacute Care

0195 – 0198

020X – Intensive Care

0205

021X – Coronary Care Unit

0215 – 0218

022X – Special Charges

0225 - 0228

023X – Incremental Nursing Charge

0236 – 0238

024X – All Inclusive Ancillary

0244 – 0248

026X – IV Therapy

0265 – 0268

028X – Oncology

0281 – 0288

029X – Durable Medical Equipment (DME)

0295 – 0298

030X Laboratory

0303

0308

031X – Laboratory Pathological

0313

0315 – 0318

032X – Radiology – Diagnostic

0325 – 0328

033X – Radiology – Therapeutic

0334

0336 – 0338

034X – Nuclear Medicine

0345 – 0348

035X – CT Scan

0353 – 0358

036X – Operating Room Services

0363 – 0366

0368

037X – Anesthesia

0373

0375 – 0378

038X – Blood

0388

039X – Administration, Processing and Storage for Blood and Blood Components

0393 – 0398

040X – Other Imaging Services

0405 - 0408

041X – Respiratory Services

0411

0414 – 0418

042X – Physical Therapy

0425 – 0428

043X – Occupational Therapy

0435 - 0438

044X – Speech-Language Pathology

0445 – 0448

045X – Emergency Room

0453 - 0455

0457 – 0458

046X – Pulmonary Function

0461 – 0468

047X – Audiology

0473 - 0478

048X – Cardiology

0484 – 0488

049X Ambulatory Surgical Care

0490 - 0499

050X – Outpatient Services

0500 - 0509

051X - Clinic

0510-519

052X - Free Standing Clinic

0520-0529

053X – Osteopathic Services

0530 - 0539

055X Home Health - Skilled Nursing

0550-0559

056X – Home Health – Medical Social Services

0560 – 0569

057X Home Health Aide (Home Health)

0570-0579

058X Other Visits (Home Health)

0580-0589

059X Home Health Units of Service

0590 - 0599

060X Home Health Oxygen

0600-0609

064X Home IV Therapy Services

0640-0649

065X Hospice Services

0650 - 0654

0657 - 0659

066X Respite Care (HHA only)

0660-0669

067X Outpatient Special Residence Charges

0670-0672

679

069X Not Assigned

0690 – 0699

078X Telemedicine

0781 - 0789

079X – Extra-Corporeal Shock Wave Therapy

0791 – 0799

080X – Inpatient Renal Dialysis

0805 – 0808

081X – Acquisition of Body Components

0815 – 0818

082X Hemodialysis - Outpatient or Home

0820 - 0829

083X Peritoneal Dialysis - Outpatient or Home

0830 - 0839

084X Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient

0840 - 0849

085X Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
0850 - 0859

086X Reserved for Dialysis (National Assignment)

087X Reserved For Dialysis (State Assignment)

088X Miscellaneous Dialysis
0880 -0889

089X Reserved for National Assignment

090X – Behavioral Health Treatment/Services (Also see 091x, an extension of 090x)
0905 – 0909

092X – Other Diagnostic Services
0926 – 0928

093X – Medical Rehabilitation Day Program
0933 – 0939

094X – Other Therapeutic Services also see 095x, an extension of 094x)
0948

095X Other Therapeutic Services (Extension of 094x)
0950, 0953 – 0959

096X Professional Fees
0960 - 0969

097X Professional Fees (Cont.)
0970 -0979

098X Professional Fees (Cont.)
0980 - 0989

100X – Behavioral Health Accommodations
1000 – 1009

1010 – 2099 - RESERVED

210X Alternative Therapy Services
2107-2109

2110 – 3099 - RESERVED

310X - Adult Care
3100-3109

3110 – 9999 – RESERVED

Appendix D

Processing Schedule

<p style="text-align: center;"><u>JANUARY</u></p> <p>1st week – Half-year file released</p> <p>15 - November data due</p>	<p style="text-align: center;"><u>FEBRUARY</u></p> <p>2nd week – 3Q (Jan-Sept) corrections due</p> <p>15 - December data due</p> <p>3rd week - 3Q snapshot taken</p>	<p style="text-align: center;"><u>MARCH</u></p> <p>15 – January data due</p>
<p style="text-align: center;"><u>APRIL</u></p> <p>1st week – 3Q file released</p> <p>15 – February data due</p>	<p style="text-align: center;"><u>MAY</u></p> <p>2nd week – Full-Year (Jan-Dec) corrections due</p> <p>15 – March data due</p> <p>3rd week – Full-year snapshot taken</p>	<p style="text-align: center;"><u>JUNE</u></p> <p>15 – April data due</p>
<p style="text-align: center;"><u>JULY</u></p> <p>1st week – Full-Year file released</p> <p>15 – May data due</p>	<p style="text-align: center;"><u>AUGUST</u></p> <p>2nd week – 1Q (Jan-Mar) corrections due</p> <p>15 – June data due</p> <p>3rd week – 1Q snapshot taken</p>	<p style="text-align: center;"><u>SEPTEMBER</u></p> <p>15 – July data due</p>
<p style="text-align: center;"><u>OCTOBER</u></p> <p>1st week – 1Q file released</p> <p>15 – August data due</p>	<p style="text-align: center;"><u>NOVEMBER</u></p> <p>2nd week – Half-year (Jan-June) corrections due</p> <p>15 – September data due</p> <p>3rd week – Half-year snapshot taken</p>	<p style="text-align: center;"><u>DECEMBER</u></p> <p>15 – October data due</p>

NOTES:

- File submissions are due in CHARS 45 days after the last day of the discharge month.
- Hospitals will receive a reminder notice from DOH of upcoming database snapshots 14 days before the snapshot is taken.

Appendix E

Country Codes

Patient Country Code (outside of USA): When a patient is from a foreign country use the alpha-2 country code from ISO 3166 (latest release)

Available from:

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

<http://www.iso.org/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/index.html>

AFGHANISTAN	AF
ÅLAND ISLANDS	AX
ALBANIA	AL
ALGERIA	DZ
AMERICAN SAMOA	AS
ANDORRA	AD
ANGOLA	AO
ANGUILLA	AI
ANTARCTICA	AQ
ANTIGUA AND BARBUDA	AG
ARGENTINA	AR
ARMENIA	AM
ARUBA	AW
AUSTRALIA	AU
AUSTRIA	AT
AZERBAIJAN	AZ
BAHAMAS	BS
BAHRAIN	BH
BANGLADESH	BD
BARBADOS	BB
BELARUS	BY
BELGIUM	BE
BELIZE	BZ
BENIN	BJ
BERMUDA	BM
BHUTAN	BT
BOLIVIA	BO
BOSNIA AND HERZEGOVINA	BA
BOTSWANA	BW
BOUVET ISLAND	BV
BRAZIL	BR
BRITISH INDIAN OCEAN TERRITORY	IO
BRUNEI DARUSSALAM	BN
BULGARIA	BG
BURKINA FASO	BF

BURUNDI	BI
CAMBODIA	KH
CAMEROON	CM
CANADA	CA
CAPE VERDE	CV
CAYMAN ISLANDS	KY
CENTRAL AFRICAN REPUBLIC	CF
CHAD	TD
CHILE	CL
CHINA	CN
CHRISTMAS ISLAND	CX
COCOS (KEELING) ISLANDS	CC
COLOMBIA	CO
COMOROS	KM
CONGO	CG
CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD
COOK ISLANDS	CK
COSTA RICA	CR
COTE D'IVOIRE	CI
CROATIA	HR
CUBA	CU
CYPRUS	CY
CZECH REPUBLIC	CZ
DENMARK	DK
DJIBOUTI	DJ
DOMINICA	DM
DOMINICAN REPUBLIC	DO
ECUADOR	EC
EGYPT	EG
EL SALVADOR	SV
EQUATORIAL GUINEA	GQ
ERITREA	ER
ESTONIA	EE
ETHIOPIA	ET
FALKLAND ISLANDS (MALVINAS)	FK
FAROE ISLANDS	FO
FIJI	FJ
FINLAND	FI
FRANCE	FR
FRENCH GUIANA	GF
FRENCH POLYNESIA	PF
FRENCH SOUTHERN TERRITORIES	TF
GABON	GA
GAMBIA	GM
GEORGIA	GE
GERMANY	DE
GHANA	GH
GIBRALTAR	GI
GREECE	GR

GREENLAND	GL
GRENADA	GD
GUADELOUPE	GP
GUAM	GU
GUATEMALA	GT
GUERNSEY	GG
GUINEA	GN
GUINEA-BISSAU	GW
GUYANA	GY
HAITI	HT
HEARD ISLAND AND MCDONALD ISLANDS	HM
HOLY SEE (VATICAN CITY STATE)	VA
HONDURAS	HN
HONG KONG	HK
HUNGARY	HU
ICELAND	IS
INDIA	IN
INDONESIA	ID
IRAN, ISLAMIC REPUBLIC OF	IR
IRAQ	IQ
IRELAND	IE
ISLE OF MAN	IM
ISRAEL	IL
ITALY	IT
JAMAICA	JM
JAPAN	JP
JERSEY	JE
JORDAN	JO
KAZAKHSTAN	KZ
KENYA	KE
KIRIBATI	KI
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP
KOREA, REPUBLIC OF	KR
KUWAIT	KW
KYRGYZSTAN	KG
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA
LATVIA	LV
LEBANON	LB
LESOTHO	LS
LIBERIA	LR
LIBYAN ARAB JAMAHIRIYA	LY
LIECHTENSTEIN	LI
LITHUANIA	LT
LUXEMBOURG	LU
MACAO	MO
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK
MADAGASCAR	MG
MALAWI	MW
MALAYSIA	MY

MALDIVES	MV
MALI	ML
MALTA	MT
MARSHALL ISLANDS	MH
MARTINIQUE	MQ
MAURITANIA	MR
MAURITIUS	MU
MAYOTTE	YT
MEXICO	MX
MICRONESIA, FEDERATED STATES OF	FM
MOLDOVA, REPUBLIC OF	MD
MONACO	MC
MONGOLIA	MN
MONTENEGRO	ME
MONTserrat	MS
MOROCCO	MA
MOZAMBIQUE	MZ
MYANMAR	MM
NAMIBIA	NA
NAURU	NR
NEPAL	NP
NETHERLANDS	NL
NETHERLANDS ANTILLES	AN
NEW CALEDONIA	NC
NEW ZEALAND	NZ
NICARAGUA	NI
NIGER	NE
NIGERIA	NG
NIUE	NU
NORFOLK ISLAND	NF
NORTHERN MARIANA ISLANDS	MP
NORWAY	NO
OMAN	OM
PAKISTAN	PK
PALAU	PW
PALESTINIAN TERRITORY, OCCUPIED	PS
PANAMA	PA
PAPUA NEW GUINEA	PG
PARAGUAY	PY
PERU	PE
PHILIPPINES	PH
PITCAIRN	PN
POLAND	PL
PORTUGAL	PT
PUERTO RICO	PR
QATAR	QA
REUNION	RE
ROMANIA	RO
RUSSIAN FEDERATION	RU

RWANDA	RW
SAINT HELENA	SH
SAINT KITTS AND NEVIS	KN
SAINT LUCIA	LC
SAINT PIERRE AND MIQUELON	PM
SAINT VINCENT AND THE GRENADINES	VC
SAMOA	WS
SAN MARINO	SM
SAO TOME AND PRINCIPE	ST
SAUDI ARABIA	SA
SENEGAL	SN
SERBIA	RS
SEYCHELLES	SC
SIERRA LEONE	SL
SINGAPORE	SG
SLOVAKIA	SK
SLOVENIA	SI
SOLOMON ISLANDS	SB
SOMALIA	SO
SOUTH AFRICA	ZA
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GS
SPAIN	ES
SRI LANKA	LK
SUDAN	SD
SURINAME	SR
SVALBARD AND JAN MAYEN	SJ
SWAZILAND	SZ
SWEDEN	SE
SWITZERLAND	CH
SYRIAN ARAB REPUBLIC	SY
TAIWAN, PROVINCE OF CHINA	TW
TAJIKISTAN	TJ
TANZANIA, UNITED REPUBLIC OF	TZ
THAILAND	TH
TIMOR-LESTE	TL
TOGO	TG
TOKELAU	TK
TONGA	TO
TRINIDAD AND TOBAGO	TT
TUNISIA	TN
TURKEY	TR
TURKMENISTAN	TM
TURKS AND CAICOS ISLANDS	TC
TUVALU	TV
UGANDA	UG
UKRAINE	UA
UNITED ARAB EMIRATES	AE
UNITED KINGDOM	GB

UNITED STATES	US
UNITED STATES MINOR OUTLYING ISLANDS	UM
URUGUAY	UY
UZBEKISTAN	UZ
VANUATU	VU
VENEZUELA	VE
VIET NAM	VN
VIRGIN ISLANDS, BRITISH	VG
VIRGIN ISLANDS, U.S.	VI
WALLIS AND FUTUNA	WF
WESTERN SAHARA	EH
YEMEN	YE
ZAMBIA	ZM
ZIMBABWE	ZW

Appendix F
DOH
Hospital
License
and
Unit
License

Hosp Lic	NAME	CHARS Unit Type	ADDRESS	CITY	ZIP CODE
183	Auburn Regional Medical Center	Acute Care	20 2nd St NE	Auburn	98002-4932
183P	Auburn Regional Medical Center	Psychiatric Unit	20 2nd St NE	Auburn	98002-4932
904	BHC Fairfax Hospital	Psychiatric	10200 132nd St NE	Kirkland	98034-2899
197	Capital Medical Center	Acute Care	3900 Capital Mall Dr SW	Olympia	98502
197P	Capital Medical Center closed	Psychiatric Unit	3900 Capital Mall Dr SW	Olympia	98502
158	Cascade Medical Center	Acute Care	817 Commercial St	Leavenworth	98826-0330
158R	Cascade Medical Center	Rehabilitation Unit	817 Commercial St	Leavenworth	98826-0330
158S	Cascade Medical Center	Swing Bed Unit	817 Commercial St	Leavenworth	98826-0330
106	Cascade Valley Hospital	Acute Care	330 Stillaguamish Ave S	Arlington	98223-1641
168	Central Washington Hospital	Acute Care	1300 Fuller St	Wenatchee	98807-1887
014	Childrens Hospital & Regional Medical Center	Acute Care	4800 Sandpoint Way NE	Seattle	98105-0317
045	Columbia Basin Hospital	Acute Care	200 Southeast Blvd	Ephrata	98823-1997
045S	Columbia Basin Hospital	Swing Bed Unit	200 Southeast Blvd	Ephrata	98823-1997
150	Coulee Community Hospital	Acute Care	411 Fortuyn Rd	Grand Coulee	99133-0840
150S	Coulee Community Hospital	Swing Bed Unit	411 Fortuyn Rd	Grand Coulee	99133-0840
141	Dayton General Hospital	Acute Care	1012 South 3rd St	Dayton	99328-1696
141S	Dayton General Hospital	Swing Bed Unit	1012 South 3rd St	Dayton	99328-1696
037	Deaconess Medical Center	Acute Care	West 800 - 5Th Ave	Spokane	99210
178	Deer Park Hospital	Acute Care	Forest And D St	Deer Park	99006
178S	Deer Park Hospital	Swing Bed Unit	Forest And D St	Deer Park	99006
111	East Adams Rural Hospital	Acute Care	903 Adams S	Ritzville	99169-2298
111S	East Adams Rural Hospital closed	Swing Bed Unit	903 Adams S	Ritzville	99169-2298
035	Enumclaw Community Hospital	Acute Care	2125 'C' Street	Enumclaw	98022
164	Evergreen Hospital Medical Center	Acute Care	12040 128th St NE	Kirkland	98033-3098
164R	Evergreen Hospital Medical Center	Rehabilitation Unit	12040 128th St NE	Kirkland	98033-3098
167	Ferry County Memorial Hospital	Acute Care	36 N Klondike	Republic	99166-0365
167S	Ferry County Memorial Hospital	Swing Bed Unit	36 N Klondike	Republic	99166-0365
054	Forks Community Hospital	Acute Care	530 Bagachiel Way	Forks	98331-9699
054S	Forks Community Hospital	Swing Bed Unit	530 Bagachiel Way	Forks	98331-9699
082	Garfield County Memorial Hospital	Acute Care	North 66 - 6th St	Pomeroy	99347-0880
082S	Garfield County Memorial Hospital	Swing Bed Unit	North 66 - 6th St	Pomeroy	99347-0880
081	Good Samaritan Hospital	Acute Care	407 14Th Ave SE	Puyallup	98372-3851
081R	Good Samaritan Hospital	Rehabilitation Unit	407 14Th Ave SE	Puyallup	98372-3851
063	Grays Harbor Community Hospital	Acute Care	915 Anderson Dr	Aberdeen	98520-1097
020	Group Health Central Hospital	Acute Care	200 15th Ave E	Seattle	98112-5298
169	Group Health Eastside Hospital	Acute Care	2700 152nd Ave NE	Redmond	98052-5560
029	Harborview Medical Center	Acute Care	325 Ninth Ave	Seattle	98104-2499
029P	Harborview Medical Center	Psychiatric Unit	325 Ninth Ave	Seattle	98104-2499
029R	Harborview Medical Center	Rehabilitation Unit	325 Ninth Ave	Seattle	98104-2499
142	Harrison Memorial Hospital	Acute Care	2520 Cherry Ave	Bremerton	98310-4270
126	Highline Community Hospital	Acute Care	16251 Sylvester Rd SW	Burien	98166-3052
126P	Highline Community Hospital	Psychiatric Unit	16251 Sylvester Rd SW	Burien	98166-3052
126R	Highline Community Hospital	Rehabilitation Unit	16251 Sylvester Rd SW	Burien	98166-3052
139	Holy Family Hospital	Acute Care	5633 Lidgerwood N	Spokane	99207-1224
134	Island Hospital	Acute Care	1211 24th St	Anacortes	98221-2590
085	Jefferson Hospital	Acute Care	834 Sheridan St	Port Townsend	98368-2499

Hosp Lic	NAME	CHARS Unit Type	ADDRESS	CITY	ZIP CODE
085S	Jefferson Hospital	Swing Bed Unit	834 Sheridan St	Port Townsend	98368-2499
161	Kadlec Medical Center	Acute Care	888 Swift Blvd	Richland	99352-3583
161R	Kadlec Medical Center	Rehabilitation Unit	888 Swift Blvd	Richland	99352-3583
039	Kennewick General Hospital	Acute Care	900 Auburn St S	Kennewick	99336-5672
148	Kindred Hospital Seattle	Acute Care	10560 5th Ave NE	Seattle	98125-7298
140	Kittitas Valley Hospital	Acute Care	603 Chestnut St S	Ellensburg	98926-3897
140S	Kittitas Valley Hospital	Swing Bed Unit	603 Chestnut St S	Ellensburg	98926-3897
008	Klickitat Valley Hospital	Acute Care	Roosevelt & Allyn St	Goldendale	98620-0005
008S	Klickitat Valley Hospital	Swing Bed Unit	Roosevelt & Allyn St	Goldendale	98620-0005
165	Lake Chelan Community Hospital	Acute Care	503 Highland Ave E	Chelan	98816-0908
165P	Lake Chelan Community Hospital closed	Psychiatric Unit	503 Highland Ave E	Chelan	98816-0908
165S	Lake Chelan Community Hospital	Swing Bed Unit	503 Highland Ave E	Chelan	98816-0908
208	Legacy Salmon Creek Hospital	Acute Care	2211 NE 139th Street	Vancouver	98686
137	Lincoln Hospital	Acute Care	10 Nichols St	Davenport	99122-0068
137S	Lincoln Hospital	Swing Bed Unit	10 Nichols St	Davenport	99122-0068
915	Lourdes Counseling Center	Psychiatric	1175 Carondelet Drive	Richland	99352-3396
022	Lourdes Medical Center	Acute Care	520 4th Ave N	Pasco	99301-5257
022R	Lourdes Medical Center	Rehabilitation Unit	520 4th Ave N	Pasco	99301-5257
186	Mark Reed Hospital	Acute Care	322 Birch St S	McCleary	98557
175	Mary Bridge Children's Hospital & Health Center	Acute Care	311 South "L" St	Tacoma	98405-3720
152	Mason General Hospital	Acute Care	2100 Sherwood LN	Shelton	98584-2057
147	Mid-Valley Hospital	Acute Care	810 Valley Wy	Omak	98841
147S	Mid-Valley Hospital	Swing Bed Unit	810 Valley Wy	Omak	98841
173	Morton General Hospital	Acute Care	520 Adams St	Morton	98356-0019
173S	Morton General Hospital	Swing Bed Unit	520 Adams St	Morton	98356-0019
193	Mount Carmel Hospital	Acute Care	982 Columbia E.	Colville	99114-0351
193S	Mount Carmel Hospital	Swing Bed Unit	982 Columbia E.	Colville	99114-0351
021	Newport Community Hospital	Acute Care	714 W. Pine	Newport	99156-0669
021S	Newport Community Hospital	Swing Bed Unit	714 W. Pine	Newport	99156-0669
107	North Valley Hospital	Acute Care	2nd & Western	Tonasket	98855-0488
107S	North Valley Hospital	Swing Bed Unit	2nd & Western	Tonasket	98855-0488
130	Northwest Hospital	Acute Care	1550 North 115Th St	Seattle	98133-8401
130P	Northwest Hospital	Psychiatric Unit	1550 North 115Th St	Seattle	98133-8401
130R	Northwest Hospital	Rehabilitation Unit	1550 North 115Th St	Seattle	98133-8401
079	Ocean Beach Hospital	Acute Care	First & Fir	Ilwaco	98624-0258
079S	Ocean Beach Hospital	Swing Bed Unit	First & Fir	Ilwaco	98624-0258
080	Odessa Memorial Hospital	Acute Care	502 Amende Dr E	Odessa	99159-0368
080S	Odessa Memorial Hospital	Swing Bed Unit	502 Amende Dr E	Odessa	99159-0368
023	Okanogan-Douglas Hospital	Acute Care	703 Second NW	Brewster	98812-0577
023S	Okanogan-Douglas Hospital	Swing Bed Unit	703 Second NW	Brewster	98812-0577
038	Olympic Medical Center	Acute Care	939 Caroline St	Port Angeles	98362-3997
125	Othello Community Hospital	Acute Care	315 14th Ave N	Othello	99344-1297
125S	Othello Community Hospital	Swing Bed Unit	315 14th Ave N	Othello	99344-1297
131	Overlake Hospital Medical Center	Acute Care	1035 116th Ave NE	Bellevue	98004-4686
131P	Overlake Hospital Medical Center	Psychiatric Unit	1035 116th Ave NE	Bellevue	98004-4686
131R	Overlake Hospital Medical Center closed	Rehabilitation Unit	1035 116th Ave NE	Bellevue	98004-4686
026	PeaceHealth Saint John Medical Center	Acute Care	1614 E Kessler Blvd	Longview	98632-0302

Hosp Lic	NAME	CHARS Unit Type	ADDRESS	CITY	ZIP CODE
046	Prosser Memorial Hospital	Acute Care	723 Memorial St	Prosser	99350-1593
046S	Prosser Memorial Hospital	Swing Bed Unit	723 Memorial St	Prosser	99350-1593
191	Providence Centralia Hospital	Acute Care	914 South Scheuber Road	Centralia	98531-9097
191E	Providence Centralia Hospital closed	Extended Care Unit	914 South Scheuber Road	Centralia	98531-9097
191R	Providence Centralia Hospital	Rehabilitation Unit	914 South Scheuber Road	Centralia	98531-9097
084	Providence Everetl Medical Center	Acute Care	916 Pacific Ave	Everett	98201-4147
084R	Providence Everetl Medical Center	Rehabilitation Unit	916 Pacific Ave	Everett	98201-4147
159	Providence Saint Peter Hospital	Acute Care	413 Lilly Rd N	Olympia	98506-5166
159P	Providence Saint Peter Hospital	Psychiatric Unit	413 Lilly Rd N	Olympia	98506-5166
159R	Providence Saint Peter Hospital	Rehabilitation Unit	413 Lilly Rd N	Olympia	98506-5166
172	Pullman Regional Hospital	Acute Care	1125 Washington St NE	Pullman	99163-4742
172S	Pullman Regional Hospital	Swing Bed Unit	1125 Washington St NE	Pullman	99163-4742
129	Quincy Valley Hospital	Acute Care	908 10th Ave Sw	Quincy	98848-1376
129S	Quincy Valley Hospital	Swing Bed Unit	908 10th Ave Sw	Quincy	98848-1376
202	Regional Hospital for Respiratory & Complex Care	Acute Care	12844 Military Road South	Tukwila	98168
162	Sacred Heart Medical Center	Acute Care	101 8th Ave W	Spokane	99220-4045
162P	Sacred Heart Medical Center	Psychiatric Unit	101 8th Ave W	Spokane	99220-4045
132	Saint Clare Hospital	Acute Care	11315 Bridgeport Way SW	Tacoma	98499-2771
201	Saint Francis Hospital	Acute Care	34515 9th Avenue South	Federal Way	98003
145	Saint Joseph Hospital	Acute Care	2901 Squalicum Pky	Bellingham	98225-1898
145P	Saint Joseph Hospital	Psychiatric Unit	2901 Squalicum Pky	Bellingham	98225-1898
145R	Saint Joseph Hospital	Rehabilitation Unit	2901 Squalicum Pky	Bellingham	98225-1898
032	Saint Joseph Medical Center	Acute Care	1717 "J" St S	Tacoma	98401-2197
032R	Saint Joseph Medical Center	Rehabilitation Unit	1717 "J" St S	Tacoma	98401-2197
194	Saint Joseph's Hospital	Acute Care	500 Webster Ave E	Chewelah	99109-0197
194S	Saint Joseph's Hospital	Swing Bed Unit	500 Webster Ave E	Chewelah	99109-0197
157	Saint Luke's Rehabilitation Institute	Acute Care	711 Cowley St S	Spokane	99202-1330
050	Saint Mary Medical Center	Acute Care	401 Poplar St W	Walla Walla	99362-2846
050P	Saint Mary Medical Center closed	Psychiatric Unit	401 Poplar St W	Walla Walla	99362-2846
050R	Saint Mary Medical Center	Rehabilitation Unit	401 Poplar St W	Walla Walla	99362-2846
078	Samaritan Hospital	Acute Care	801 Wheeler Rd	Moses Lake	98837-1899
204	Seattle Cancer Care Alliance	Acute Care	825 Eastlake Ave E	Seattle	98109-1023
207	Skagit Valley Hospital	Acute Care	1415 Kincaid St E	Mt Vernon	98273-4190
207P	Skagit Valley Hospital	Psychiatric Unit	1415 Kincaid St E	Mt Vernon	98273-4190
096	Skyline Hospital	Acute Care	211 Skyline Dr	White Salmon	98672-0099
096S	Skyline Hospital	Swing Bed Unit	211 Skyline Dr	White Salmon	98672-0099
195	Snoqualmie Valley Hospital	Acute Care	9575 Ethan Wade Way SE	Snoqualmie	98065-2021
195P	Snoqualmie Valley Hospital closed	Psychiatric Unit	9575 Ethan Wade Way SE	Snoqualmie	98065-2021
195S	Snoqualmie Valley Hospital	Swing Bed Unit	9575 Ethan Wade Way SE	Snoqualmie	98065-2021
170	Southwest Washington Medical Center	Acute Care	600 Ne 92nd Avenue	Vancouver	98668-1600
170P	Southwest Washington Medical Center	Psychiatric Unit	600 Ne 92nd Avenue	Vancouver	98668-1600
170R	Southwest Washington Medical Center	Rehabilitation Unit	600 Ne 92nd Avenue	Vancouver	98668-1600
138	Stevens Healthcare	Acute Care	21600 76th Ave W	Edmonds	98020-3702
138P	Stevens Healthcare	Psychiatric Unit	21600 76th Ave W	Edmonds	98020-3702
198	Sunnyside Community Hospital	Acute Care	10th And Tacoma	Sunnyside	98944-2262
001	Swedish - First Hill	Acute Care	747 Broadway	Seattle	98114-0999
001R	Swedish - First Hill closed	Rehabilitation Unit	747 Broadway	Seattle	98114-0999

Hosp Lic	NAME	CHARS Unit Type	ADDRESS	CITY	ZIP CODE
003	Swedish - Cherry Hill	Acute Care	500 17th Ave	Seattle	98122-5799
003P	Swedish - Cherry Hill	Psychiatric Unit	500 17th Ave	Seattle	98122-5799
003R	Swedish - Cherry Hill	Rehabilitation Unit	500 17th Ave	Seattle	98122-5799
176	Tacoma General Hospital	Acute Care	315 Martin Luther King Jr. Way	Tacoma	98405-4298
199	Toppenish Community Hospital	Acute Care	502 4th Ave W	Toppenish	98948-0672
108	Tri-State Memorial Hospital	Acute Care	1221 Highland Ave	Clarkston	99403-0189
108S	Tri-State Memorial Hospital	Swing Bed Unit	1221 Highland Ave	Clarkston	99403-0189
206	United General Hospital	Acute Care	2000 Hospital Drive	Sedro Wolley	98284
206S	United General Hospital	Swing Bed Unit	2000 Hospital Drive	Sedro Wolley	98284
128	University Of Washington Medical Center	Acute Care	1959 Pacific St NE	Seattle	98195-6151
128P	University Of Washington Medical Center	Psychiatric Unit	1959 Pacific St NE	Seattle	98195-6151
128R	University Of Washington Medical Center	Rehabilitation Unit	1959 Pacific St NE	Seattle	98195-6151
104	Valley General Hospital	Acute Care	14701 179th Ave SE	Monroe	98272-1108
104P	Valley General Hospital	Psychiatric Unit	14701 179th Ave SE	Monroe	98272-1108
180	Valley Hospital and Medical Center	Acute Care	12606 Mission Ave E	Spokane	99216-1090
155	Valley Medical Center	Acute Care	400 43rd St S	Renton	98055-5784
010	Virginia Mason Medical Center	Acute Care	1100 Ninth Avenue	Seattle	98101-0900
010R	Virginia Mason Medical Center	Rehabilitation Unit	1100 Ninth Avenue	Seattle	98101-0900
043	Walla Walla General Hospital	Acute Care	1025 2nd St S	Walla Walla	99362-0309
043S	Walla Walla General Hospital	Swing Bed Unit	1025 2nd St S	Walla Walla	99362-0309
205	Wenatchee Valley Hospital	Acute Care	820 N. Chelan Avenue	Wenatchee	98801
205R	Wenatchee Valley Hospital	Rehabilitation Unit	820 N. Chelan Avenue	Wenatchee	98801
919	West Seattle Psychiatric Hospital	Psychiatric	2600 SW Holden Street	Seattle	98126-3505
156	Whidbey General Hospital	Acute Care	Main St	Coupeville	98239-0400
153	Whitman Hospital & Medical Center	Acute Care	1200 Almota Road	Colfax	99111-0032
153S	Whitman Hospital & Medical Center	Swing Bed Unit	1200 Almota Road	Colfax	99111-0032
056	Willapa Harbor Hospital	Acute Care	Alder and Cedar Streets	South Bend	98586-0438
056S	Willapa Harbor Hospital	Swing Bed Unit	Alder and Cedar Streets	South Bend	98586-0438
102	Yakima Regional Medical & Heart Center	Acute Care	110 9th Ave S	Yakima	98902-3315
102R	Yakima Regional Medical & Heart Center	Rehabilitation Unit	110 9th Ave S	Yakima	98902-3315
058	Yakima Valley Memorial Hospital	Acute Care	2811 Tieton DR	Yakima	98902-3799
058P	Yakima Valley Memorial Hospital	Psychiatric Unit	2811 Tieton DR	Yakima	98902-3799

Appendix G

CHARS

State Edits And Medicare Code Edits

STATE EDITS

Edit #	Edit Message	FL#	Severity	Description
03A	Patient Control Number Missing	03a	Exclusionary Error	Generate error if the field is blank.
03B	Patient Control Number Invalid	03a	Exclusionary Error	Maximum character length is 20. Only alphanumeric, space, and dashes allowed.
04A	Incorrect Bill Type	04	Exclusionary Error	Compare Bill Type against the list of valid bill types. If not in the list, generate error.
04B	Swing Bed Incorrect Admit Type	04	Error	If bill type is 181 then admit type must be 2 and admit source should be 4-6. If not generate error.
06A	Discharge date is missing or invalid.	06	Exclusionary Error	Checks for presence of date in THROUGH position and format of date for THROUGH. If no date or invalid date, issue error.
06B	Length of Stay – Leave of Absence is less than 1 day	06,12,42,46	Error	LOA is “Leave of Absence” Rev Codes 180-189. Use sum of LOA days to calculate (STATEMENT THROUGH minus ADMISSION DATE minus LOA). Generate error if < 1. NOTE: Revenue codes 184 and 185 are now in list of revenue codes acceptable in CHARS.
06C	Length of Stay greater than 365 days	06,12,42,46	Error	Formula for LOS is DISCHARGE DATE minus ADMISSION DATE minus LOA. Calculate whole days. If result > 365 and Bill Type is 111 or 121, generate error message. If ADMISSION DATE and DISCHARGE DATE are the same date, LOS = 1 day. Disregard DISCHARGE HOUR and ADMISSION HOUR for this calculation.
06D	Discharge date before admit date	06,12	Error	Compare THROUGH DATE to ADMISSION DATE. If THROUGH DATE less than ADMISSION DATE generate error message.
06E	Discharge Date falls within a Closed year	06	Exclusionary Error	If the discharge date falls within a year marked as Closed, the date is considered invalid.
06F	Statement Covers From Date is missing or invalid	06	Error	StatementCoversFromDate must be present and must be a valid date
08A	Patient last name (first 4 characters) is missing or invalid	08b	Error	Check positions 1 through 4 of PATIENT Last name. Must be character, dash (-) or period (.). If not, generate an error.
08B	Patient first name (first 3 characters) is missing or invalid	08b	Error	Check positions 1 through 3 of PATIENT First name. Must be character, dash (-) or period (.). If not, generate an error.
08C	Middle Initial missing or invalid	08b	Error	Check position 1 of PATIENT Middle name. Must be character, dash (-) or period (.). If not, generate an error

Edit #	Edit Message	FL#	Severity	Description
09A	ZIP code is missing or invalid	09d	Error	ZIP code must be present and valid according to the US ZIP code table. If patient is Homeless use 99998 if zip is unknown use 99999. If zip is missing check for value in country code, if valid country code is present do not post for missing zip. If not generate error.
09B	Country Code is missing or invalid	09 e	Error	Generate error if ZIP CODE is blank and 2 digit ISO 3166 Code is invalid.
10A	Birth date is missing or invalid	10	Error	BIRTHDATE must be present and in a valid date format
10B	Patient's age and sex are inconsistent with the diagnosis	10	Error	MEDICARE EDIT
10C	Age greater than 124	10,12	Error	Use CHS standard formula for calculating age: Int((AdmitDate - BirthDate)/10000) where dates are integers in YYYYMMDD format If age > 124, generate error.
10D	Birth date is after admit date	10,12	Error	Compare BIRTHDATE to ADMISSION DATE. If BIRTHDATE > ADMISSION DATE generate error.
10E	Admit type Newborn, Admission Type and birth date are inconsistent	10,12,14,15	Error	If ADMISSION TYPE is Newborn (4), the age must be <= 28 days. If not generate error.
11A	Sex is missing or invalid	11	Error	SEX must be present and value must be M, F, or U If not, generate error.
12A	Admit date is missing or invalid	12	Error	Checks for presence of date in "Admission" position and format of date for Admission. If no date or invalid date, generate error.
13A	Admission Hour Code is missing	13	Error	Must be present. If not, generate error.
13B	Admission Hour Code in invalid	13	Error	If present - code range is 00-23, if not within value range generate error.
14A	Admission type is missing or invalid	14	Error	ADMISSION TYPE must be present and value must be 1-5 or 9.
14B	Admission type newborn but admission source is not newborn	14,15	Error	If ADMISSION TYPE is NEWBORN (4) and ADMISSION SOURCE is not 1, 2, 3 or 4 then generate an error.
15A	Admission source is missing or invalid	15	Error	ADMISSION SOURCE must be present and value must be in the range 1-9 or A, D. If not, generate an error.
16A	Discharge Hour Code is missing	16	Error	Must be present. If not, generate error.
16B	Discharge Hour Code is invalid	16	Error	If present - code range is 00-23, if not within value range generate error.
17A	Patient status is missing or invalid	17	Error	PATIENT STATUS must be present. If code is not a value of 01-08, 20, 43, 50, 51, 61-66, generate an error.

Edit #	Edit Message	FL#	Severity	Description
42A	No revenue reported on discharge record	42, 43, 46, 47	Error	If no revenue total charges and individual line items are reported, generate error.
42B	Accommodation revenue code is missing	42	Error	Generate error if there is no accommodation revenue code AND there is no ancillary revenue code of value 656, 720, 721, 722, 724, 729, 760, 761, 762, or 769. Do not generate error if Edit 42A is generated. Must be in list of approved accommodation revenue codes.
42C	Invalid revenue code for CHARS (See Appendix D in Help)	42	Error	Compare REVENUE CODE to table of revenue codes. If not in table, generate error. Do not generate error if Edit 42A is generated.
42D	Ancillary revenue code is missing or invalid	42	Error	Generate error if missing or not in ancillary list. Do not generate error if Edit 42D is generated.
45A	HCPS/Rate/HIPPS Rate Codes Service date Missing or invalid	45	Error	If there is a value in FL44 then there must be a value in FL45. If not generate an error.
46A	Service units are missing or invalid	46	Error	If revenue code is present, RevenueServiceUnitsQty must be > 0 for certain codes listed in Appendix D. Do not generate error if Edit 42A is generated.
46B	Ancillary service units are missing or invalid	46	Error	If Ancillary revenue code is present, service unit must be valid. Do not generate error if Edit 42A is generated.
47A	Accommodation line item charge is missing or invalid	47	Error	If Accommodation revenue code is present, charges must be >0. Do not generate error if Edit 42A is generated.
47B	Ancillary line item charge is missing or invalid	47	Error	If Ancillary revenue code is present, charges must be >0. Do not generate error if Edit 42A is generated.
47C	The total charges revenue code is missing	47	Error	Must have one and only one TOTAL CHARGE (Revenue code 001) This rule applies to manual input only!
47D	More than one total charges revenue code was provided	47	Error	May have only one TOTAL CHARGE (Revenue code 001) This rule applies to manual input only!
47E	Individual line item charges do not add up to total charges	47	Error	Sum line item charges in line 47. Compare to TOTAL CHARGE (Revenue code 001). If sum <> TOTAL CHARGE then generate error.) This rule applies to manual input only!
51A	Principal payer code is missing or invalid	51	Error	Must be present and match list of valid CHARS payer codes.
51B	Other Payer codes invalid	50	Error	If other payer codes are present, they must match list of valid CHARS payer codes.
57A	DOH License Number is missing or invalid	57	Exclusionary Error	DOH License Number for hospital must be present and must be a valid number in the Hospital table. NOTE: This error is not added to AuditErrors or shown to the user, it is written to the System Log only.

Edit #	Edit Message	FL#	Severity	Description
67A	Diagnosis indicated trauma or poisoning but no Ecode is present	67	Error	If a Principal Diagnosis Code is in the following ranges and the Admission Source is not Transfer (4, A or D), then an Ecode is required. If there is no Ecode, then generate an error. Using the dot notation (may be convenient for visualizing this edit): 800-909.2, 909.4, 909.9, 910-994.9, 995.5-995.59, 995.80-995.85 Without a dot as the values would be in files: 8000-9092, 9094, 9099, 9100-9949, 9955-99559, 99580-99585
67J	Invalid Present On Admission value	67	Error	
72A	Ecode not valid	72	Error	Ecode must be in the table of valid Ecodes.
72B	Present On Admission missing	72	Error	Present On Admission code must be set
72C	Present On Admission invalid	72	Error	Present On Admission must be a valid code
74A	Procedure date is missing or invalid	74	Error	If procedure is present, procedure date must be present and occur within the range of From and Through dates and in the proper date format. If not, generate error.
74C	Principal procedure but no operating physician	74, 77	Error	If there is a value in PRINCIPAL PROCEDURE then there must be a value in Operating physician ID
76A	Attending provider code is missing or invalid	76	Error	Must be present and must be NPI or DOH license number
76B	Only 1 attending provider is allowed	76	Error	HIPAA spec supports unbounded list of providers, but the CHARS UI only supports 1 Attending. If there are more than one, the extras will be removed and this error will be written to the error log. It will not be displayed to the user.
77A	Operating physician is invalid	77	Error	If present, must be NPI or DOH license number
77B	Operating physician is present but principal procedure is missing	77	Error	If there is a value in Operating physician ID then there must be a value in PRINCIPAL PROCEDURE
77C	Only 1 operating physician is allowed	77	Error	HIPAA spec supports unbounded list of providers, but the CHARS UI only supports 1 Operating. If there are more than one, the extras will be removed and this error will be written to the error log. It will not be displayed to the user.
78A	Other Provider Id is invalid	78	Error	If present, must be NPI or DOH license number.
78B	Maximum number of Other providers allowed is 2.	78	Error	HIPAA spec supports unbounded list of providers, but the CHARS UI only supports 2 Other. If there are more than two, the duplicates will be removed and this error will be written to the error log. It will not be displayed to the user.

Edit #	Edit Message	FL#	Severity	Description
80A	Social Security Number missing	80	Error	Must be present if Country code is USA or blank and age is greater than 0
80B	Social Security Number invalid	80	Error	Must be 4 digit numeric
81A	Ethnicity Code is missing	81 B1	Error	Must be present and match list of valid codes
81B	Ethnicity Code is invalid	81 B1	Error	Must be present and match list of valid codes
81C	Race is missing	81 B1	Error	Must be present and match list of valid codes
81D	Race is invalid	81 B1	Error	Must be present and match list of valid codes
81E	Taxonomy Code is missing or invalid	81 B3	Warning	DOH License # is used to tell if the unit is Psych, Rehab, or Swing Bed. Psych ends in P, Rehab ends in R, Swing Bed ends in S. For Psych taxonomy code must be 28300000X, Rehab use 273Y00000X, Swing Bed use 275N00000X or 282NC0060X. All others just check that there is a taxonomy code. NOTE: This error is not added to AuditErrors or shown to the user, it is written to the System Log only.
81G	Present on Admission missing	81 K3	Error	Present on Admission code is required and must be a valid code
81H	Present on Admission invalid	81 K3	Error	Present on Admission code is required and must be a valid code
99A	Cannot run Grouper edits		Error	Not enough info present to run the Grouper to do Medicare Edits

MEDICARE EDITS

Edit Number	Edit Message	FL#	MCE #	Description
10F	Patient's age and diagnosis are inconsistent	10,12,67	PD-04 SD-04	Map to appropriate MCE edit value.
11B	Sex is inconsistent with diagnosis	11, 67	PD-02 SD-02	Map to appropriate MCE edit value,
11C	Sex is inconsistent with procedure	11,74	PR-02	Map to appropriate MCE edit value,
67B	Principal diagnosis is missing, invalid or Ecode	67	PD-01 PD-05 PD-09	Map to appropriate MCE edit value.
67C	Manifestation code was given for principal diagnosis	67	PD-07	Map to appropriate MCE edit value.
67E	Other diagnosis is a duplicate of the principal diagnosis	67,67a-q	SD-03	Compare OTHER DIAGNOSIS CODE to PRINCIPAL DIAGNOSIS CODE. If they are equal, generate error. ? Map to appropriate MCE edit value?
67G	Questionable admission for principal diagnosis		PD-08	
67H	Non-specific principal diagnosis		PD-06	
67I	Secondary diagnosis is required		PD-10	
67F	Other diagnosis is invalid	67a-q	SD-01	Map to appropriate MCE edit value.
74B	Procedure is not valid	74	PR-01	Map to appropriate MCE edit value.