

Comprehensive Hospital Abstract Reporting System (CHARS)

Procedure Manual For Submitting Discharge Data UB-04 and 837I 5010

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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
- Organization and Background
- Purpose and Objectives
- CHARS Overview
- System Functions
- System Description
- CHARS Data Elements
- UB04 Data Elements Required for CHARS
- Additional Information
- 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 sunset in June 1989. The Department of Health (DOH) was created by the Legislature effective July 1, 1989. The Legislature authorized DOH to continue hospital based data collection, storage and retrieval systems as stated in Engrossed Senate Bill (ESB) 6152 as of October 1, 1989.

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:

CHARS purpose:

- Identify and analyze health trends related to patients' hospitalizations;
- Establish statewide diagnosis related groups (MS-DRG) statewide specific weights;
- Create hospital specific case mix indices; and
- Identify and quantify issues related to health care access and quality.

CHARS operating objectives:

- Efficiently and accurately accommodates the processing volumes and performance criteria outlined.
- Responds to current Federal UB04/Centers for Medicare and Medicaid Services (CMS) and National Uniform Billing Committee 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.
- Provide accurate and timely reports
- Ensures capability of operating on the department's system standards.
- Ensures confidentiality of all patient information.

We appreciate your conscientious efforts in providing accurate data to CHARS which 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

CHARS is a health care data collection system which uses industry billing standards and processes to collect the data. When CHARS started in 1985, hospital inpatient data was collected using the Uniform Billing (UB) 82 format and the HCFA flat file formats. In 1993 the department started collecting data in the UB-92 format, still using HCFA flat file formats. The system was also converted from a mainframe application to a relational database operating system. In 2003, DOH brought data collection in-house with an on-line feature and no longer used a vendor. Data collection in the UB04 format began May 2007 with the file format also switching to the 837I 4010 standard. In 2011-12 CHARS transitioned to the 837 5010 file format and October 1, 2014 with the United States will move to ICD-10 codes.

The CHARS Procedure Manual and CHARS Companion Guide supplement the National Uniform Billing Committee Uniform Billing Form 2004 (NUBC UB-04) and the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim: Institutional (X837), for the ASC X12N/005010X223 file format. They do not replace the respective documents. The data elements discussed in the Companion Guide and Procedure Manual address only those elements where the CHARS system requires specific or non-standard values. All data elements required by the overall X12N/005010X223A1 format are required for processing CHARS files.

Note: CHARS follows NUBC standards except for state specific requirements. If our DOH Procedure Manual or Companion guide description is silent, follow NUBC or 5010 standards.

System Functions

The CHARS system is designed to accommodate data elements from the Health Care Claim Institutional- 837I electronic billing file and record formats for UB04. The 5010 file format also accommodates ICD-10-CM and ICD-10-PCS codes effective for all discharges on or after October 1, 2014. These 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 high security Web-based CHARS data submission system.
- * **Data Editing:** The CHARS system uses edits identified by the department. It also implements the CMS 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 to additional records and corrections to existing records.
- * **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 offline in the history file in DOH. Standard reports are generated from these data. Public data are released on a quarterly basis and made available for sale. Confidential data are also released annually through a data sharing agreement and can be used for research but only when the request is approved by the Washington State Institutional 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, industry standard file formats, and State specific added elements. 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/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalDischargeDataCHARS.aspx>. Also needed for reference is the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim: Institutional (X837), for the ASC X12N/005010X223. Companion Guide for CHARS 837I 5010. 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. Applies data edits using MCEs and the CHARS specific data edits.
4. 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, Completeness Reports).
5. Allows for data correction and adjustment through on-line record level updates or entire batch resubmission.
6. Provides the ability to delete and add a discharge record using online methods.
7. Allows the department to track the progress and status of data submissions.
8. Assigns CMS, MDC, MS-DRG and value-added fields – Washington State weights and case mix indices elements.
9. Provides security to prevent accidental removal or modification of data and provides protection of confidential data.
10. Allows customization of system functions to meet the department's needs (e.g., change physician numbers).

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 April, 2010.

- * **Patient Control Number (PCN) (FL03A)**
- * **Type of Bill (FL04)**
- * **Statement Covers Period (From – Through) (FL06)**
- * **Patient Name/Identifier–Patient Social Security Number (FL08)**
- * **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 Birth Date (FL10)**
- * **Patient Sex (FL11)**
- * **Admission/Start of Care Date (FL12)**
- * **Admission Hour (FL13)**
- * **Priority (Type) of Admission or Visit (FL14)**
- * **Point of Origin for Admission or Visit (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)**
- * **Diagnosis and Procedure Code Qualifier (ICD Version Indicator) (FL66)**
- * **Principal Diagnosis Code and Present on Admission Indicator (FL67)**
- * **Other Diagnoses Codes and Present on Admission Indicator (FL67A-67Q)**
- * **External Cause of Injury (ECI) Code and Present on Admission Indicator (FL72 A-C)**
- * **Principal Procedure Code and Date (FL74)**
- * **Other Procedure Codes and Dates (FL74A-74E)**
- * **Attending Provider Name and Identifiers (FL76)**
- * **Operating Physician Name and Identifiers (FL77)**
- * **Other Provider Name and Identifiers (FL78-79)**
- * **Code-Code Field–Patient Race (FL81–B1)**
- * **Code-Code Field–Patient Ethnicity (FL81–B1)**
- * **Code-Code Field–Health Care Provider Taxonomy Code (FL81–B3)**

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 FL#

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.

FL04 **Type of Bill:** a code indicating the specific type of bill. Values 111, 121, 131, 181 & 851 are accepted:

Type of facility – first digit	1 = Hospital 8 = Critical Access Hospital
Bill Classification – second digit	1 = Inpatient 2 = Inpatient (Medicare Part B) 3 = Outpatient (Observation) 5 = Outpatient (Observation Critical Access) 8 = Swingbed
Frequency – third digit	1 = Admit through discharge claim

List of Acceptable Bill Types for CHARS

111	Hospital Inpatient (Medicare Part A)
121	Hospital Inpatient (Medicare Part B)
131	Hospital Outpatient (Observation) CHARS only accepts with Rev Code 0761 and 0762
181	Hospital Swing Beds
851	Hospital Outpatient (Critical Access Observation)

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

FL08 Patient Name/Identifier

Patient Social Security Number: Requires the last four digits of the patient's Social Security number. If unknown or newborn or refused, use "0000". There is no UB-04 set location for this element however this information is required to be reported to CHARS. The Companion Guide has the 5010 file location for this information. There is also a field on the on-line system to input this information.

Patient Last Name: Requires at least 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. *Note: if last name is unknown, 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**

Patient First Name: Requires at least the first three letters of the patient's first name if present. This applies also to newborns. 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.

Patient Middle Initial: Requires the first letter of the patient's middle name if known.*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.

FL09 **Patient Address**

Zip Code: Send entire home street address, city, state and ZIP Code. Report the entire nine digits zip code 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. DOH will extract zip code or country code as applicable.

Patient Country Code (outside USA): When a patient is not a US resident 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 at 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	Time -- AM	Code	Time -- PM
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 - 01:59	14	02:00 - 01:59
03	03:00 - 01:59	15	03:00 - 01:59
04	04:00 - 01:59	16	04:00 - 01:59
05	05:00 - 01:59	17	05:00 - 01:59
06	06:00 - 01:59	18	06:00 - 01:59
07	07:00 - 01:59	19	07:00 - 01:59
08	08:00 - 01:59	20	08:00 - 01:59
09	09:00 - 01:59	21	09:00 - 01:59
10	10:00 - 01:59	22	10:00 - 01:59
11	11:00 - 01:59	23	11:00 - 01:59

FL14. **Priority (Type) of Admission or Visit:** A code indicating the priority of this admission/visit. Only values 1-5 or 9 are accepted.

Code	Title	Description
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.
9	Information	Information not available.

FL15. **Point of Origin for Admission or Visit:** A code indicating the point of origin for this admission or visit.

Code	Title	Description
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.
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.
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.
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.
Code Structure for Newborn		
5	Born Inside Hospital	A baby born inside this hospital.
6	Born Outside this Hospital	A baby born outside of this hospital.

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

Code	Time -- AM	Code	Time -- PM
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 - 01:59	14	02:00 - 01:59
03	03:00 - 01:59	15	03:00 - 01:59
04	04:00 - 01:59	16	04:00 - 01:59
05	05:00 - 01:59	17	05:00 - 01:59
06	06:00 - 01:59	18	06:00 - 01:59
07	07:00 - 01:59	19	07:00 - 01:59
08	08:00 - 01:59	20	08:00 - 01:59
09	09:00 - 01:59	21	09:00 - 01:59
10	10:00 - 01:59	22	10:00 - 01:59
11	11:00 - 01:59	23	11:00 - 01:59

FL17 Patient Discharge Status: An NUBC code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill as reported in FL6, Statement Covers Period. The following values are accepted by CHARS:

Code	Patient Status Code Description
1	Discharged to Home or Self care (Routine Discharges)
2	Discharged/transferred to Short Term General Hospital for Inpatient Care
3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Covered Skilled Care.
4	Discharge /transferred to a Facility That Provides Custodial or Supportive Care (Includes ICF and Assisted Living Facilities)
5	Discharged/transferred to a Designated Cancer Center or Children's Hospital
6	Discharged/transferred to Home under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care.
7	Left Against Medical Advice or Discontinued Care
9	Admitted as an inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
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)
69	Discharges/transferred to Designated Disaster Alternative Care Site
70	Discharged/transferred to another Type of HealthCare Institution Not Defined Elsewhere in this Codes List
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission
82	Discharged/Transferred to Short Term General Hosp for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission
83	Discharged/Transferred to SNF with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission
85	Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission
86	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
88	Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission.
89	Discharged/Transferred to a Hospital Based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
90	Discharged/Transferred to Inpatient Rehabilitation Facility Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission
91	Discharged/Transferred to Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission.
92	Discharged/Transferred to A Nursing Facility Certified Under Medicaid but not Medicare with a Planned Acute Care Hospital Inpatient Readmission
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission
94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in the Code List with a Planned Acute Care Hospital Inpatient Readmission

FL42 **Revenue Codes:** Codes that identify a specific accommodation, or ancillary service or unique billing calculation or arrangement. Discharges should include accommodation codes and these are identified in the 010x to 021x series. Ancillary codes are identified in the 022x to 099x series. Bill type 131 discharges will include observation revenue codes 0760, 0761, or 0762. Legitimate outpatient charges on inpatient discharges shall be mapped to the corresponding inpatient revenue codes. For the list of accepted 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.

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 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.

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.

FL51 **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:

Code	Title	Description
001	Medicare	Medicare and Medicare Managed Care (Secure Horizons, Advantage)
002	Medicaid	State or Federal, Healthy Options, SCHIP, Medicaid Managed Care, Basic Health Plan, etc
004	Health Maintenance Organizaion (HMO)	Kaiser, Group Health, etc.
006	Commercial	Mutual of Omaha, AARP, Safeco, etc.
008	Worker's Compensation	Workers Compensation (L&I), Crime Victims, self insured employers, etc.
009	Self-Pay	Patient or family balance not covered under other catagories
610	Health Service Contractors	Premera, Premera/Blue Cross, KPS, etc.
625	Other Government Sponsored Patients	TRI-CARE's, CHAMPUS, Indian Health, Corrections, County, etc.
630	Charity Care	Charity Care as defined by Revised Code of Washington 70.170

FL56 National Provider Identifier-Billing Provider: The unique identification number assigned to the provider submitting the bill; NPI is the national provider identifier. Hospitals must assign an NPI for each Washington State hospital license.

FL66 Diagnosis and Procedure Code Qualifier (ICD Version Indicator):
Required for electronic file submissions

FL67 Principal Diagnosis Code and Present on Admission Indicator: The ICD-9-CM/ICD-10-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.)

The five reporting options for all POA reporting are as follows:	
Code	Description
Y	Yes
N	No
U	No Information in the Record
W	Clinically Undetermined
Blank	Exempt from POA reporting

FL67A-Q Other Diagnosis Codes and Present on Admission Indicator: The ICD-9-CM/ICD-10-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. Report all, up to twenty-four (24) diagnosis codes.

The five reporting options for all POA reporting are as follows:	
Code	Description
Y	Yes
N	No
U	No Information in the Record
W	Clinically Undetermined
Blank	Exempt from POA reporting

FL72A-C External Cause of Injury (ECI) Code and Present on Admission Indicator: The ICD-9-CM/ICD-10-CM diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect. Report all Ecodes up to 12. 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.

The five reporting options for all POA reporting are as follows:	
Code	Description
Y	Yes
N	No
U	No Information in the Record
W	Clinically Undetermined
Blank	Exempt from POA reporting

FL74 Principal Procedure Code and Date: The ICD-9-CM/ICD-10CM-PCS 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 /ICD-10CM-PCS codes identifying all significant procedures other than the principal procedure and the dates (identified by code) on which the procedures were performed. Report all, up to twenty-four (24) procedure codes. 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 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 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 National Provider Identifier (NPI) and only report Other Operating Physician.)

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.

Code	Description
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.

Code	Description
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. In the 5010 file, the taxonomy code is required to identify the hospital unit. The taxonomy code also will assist in cross walking 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)

Taxonomy Code	Category	Description
282N00000X	Hospital	Short-Term (General and Specialty Hospitals)
282NC0060X	Hospital	Critical Access Hospitals
282E00000X	Hospital	Long-Term Care Hospital
283X00000X	Hospital	Rehabilitation Hospitals
282NC2000X	Hospital	Children's Hospitals
283Q00000X	Hospital	Psychiatric Hospitals
282NR1301X	Hospital	Rural Hospital
273R00000X	Hospital Unit	Psychiatric Unit
273Y00000X	Hospital Unit	Rehabilitation Unit
275N00000X	Swing-Bed Unit	Medicare Defined Swing Bed Unit

Additional Information

Skilled Nursing Beds

CHARS does not collect discharges for skilled nursing beds.

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.

Charity and Self-Pay

Report all discharges including charity care and self-pay patients regardless of whether a bill is generated for that patient.

All Discharges for a given month

Report all discharges for the month regardless of the internal processing status of a particular bill.

Appendix A

WAC

Chapter 246-455
HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC Sections

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DISPOSITIONS OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-455-030 Reporting of E-Codes. [Statutory Authority: RCW [43.70.040](#) and [43.]70.170.03-13-029, § 246-455-030, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-035, filed 7/29/88.] Repealed by 07-09-091, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.70.052](#).

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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-001, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.]70.170.03-13-029, § 246-455-001, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-010, filed 10/1/84.]

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 includes 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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-010, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.]70.170. 03-13-029, § 246-455-010, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as §

246-455-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW [70.39.180](#). 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-020, filed 8/13/85. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-020, filed 10/1/84.]

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-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 (at least 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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-020, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.]70.170. 03-13-029, § 246-455-020, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-030, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-030, filed 1/23/87. Statutory Authority: RCW [70.39.180](#). 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-030, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-030, filed 8/13/85. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-030, filed 10/1/84.]

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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-040, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.]70.170. 03-13-029, § 246-455-040, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-040, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-040, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-040, filed 1/23/87. Statutory Authority: RCW [70.39.180](#). 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-040, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-040, filed 8/13/85. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-040, filed 10/1/84.]

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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-050, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-050, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-050, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-050, filed 10/1/84.]

246-455-060

Edits to data.

The department shall edit the data as follows:

(1) Record layout compatibility edits on data submitted in accordance with WAC [246-455-020](#); and

(2) Verification of the data set elements set forth in WAC [246-455-020](#).

[Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-060, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-060, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-

060, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-060, filed 10/1/84.]

246-455-070

Revisions to submitted data.

(1) All data revisions required as a result of the edits performed pursuant to WAC [246-455-020](#) shall be corrected and returned to the department or its designee within fourteen working days.

(2) The department may assess a civil penalty as provided in RCW [70.170.070](#) and WAC [246-455-100](#) for the costs associated with more than one cycle of edits as described in WAC [246-455-060](#).

[Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#), 91-02-049 (Order 121), recodified as § 246-455-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW [70.39.180](#), 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-065, filed 8/13/85. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-065, filed 10/1/84.]

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.

(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).

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-080, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and [43.]70.170. 03-13-029, § 246-455-080, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-080, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-070, filed 10/1/84.]

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.

[Statutory Authority: RCW [43.70.040](#) and [43.70.052](#). 07-09-091, § 246-455-090, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-075, filed 3/30/87.]

246-455-100

Penalties for violation.

RCW [70.170.070](#) describes the penalty for violation of any valid orders, rules, regulations, and reporting requirements. The department may grant extensions of time to file the information. If such an extension is granted, failure to file the information shall not be considered a violation until the extension period has expired.

[Statutory Authority: RCW [43.70.040](#) and [43.]70.170. 03-13-029, § 246-455-100, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW [43.70.040](#) and chapter [70.170](#) RCW. 94-12-090, § 246-455-100, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW [43.70.040](#). 91-02-049 (Order 121), recodified as § 246-455-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter [70.39](#) RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-090, filed 7/29/88; 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-090, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-090, filed 1/23/87. Statutory Authority: RCW [70.39.180](#). 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-090, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-090, filed 8/13/85.]

Appendix B

RCW

RCW 43.70.052

Hospital financial and patient 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 and employee compensation 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)(a) Beginning with compensation information for 2012, unless a hospital is operated on a for-profit basis, the department shall require a hospital licensed under chapter 70.41 RCW to annually submit employee compensation information. To satisfy employee compensation reporting requirements to the department, a hospital shall submit information as directed in (a)(i) or (ii) of this subsection. A hospital may determine whether to report under (a)(i) or (ii) of this subsection for purposes of reporting.

(i) Within one hundred thirty-five days following the end of each hospital's fiscal year, a nonprofit hospital shall file the appropriate schedule of the federal internal revenue service form 990 that identifies the employee compensation information with the department. If the lead administrator responsible for the hospital or the lead administrator's compensation is not identified on the schedule of form 990 that identifies the employee compensation information, the hospital shall also submit the compensation information for the lead administrator as directed by the department's form required in (b) of this subsection.

(ii) Within one hundred thirty-five days following the end of each hospital's calendar year, a hospital shall submit the names and compensation of the five highest compensated employees of the hospital who do not have any direct patient responsibilities. Compensation information shall be reported on a calendar year basis for the calendar year immediately preceding the reporting date. If those five highest compensated employees do not include the lead administrator for the hospital, compensation information for the lead administrator shall also be submitted. Compensation information shall include base compensation, bonus and incentive compensation, other payments that qualify as reportable compensation, retirement and other deferred compensation, and nontaxable benefits.

(b) To satisfy the reporting requirements of this subsection (3), the department shall create a form and make it available no later than August 1, 2012. To the greatest extent possible, the form shall follow the format and reporting requirements of the portion of the internal revenue service form 990 schedule relating to compensation information. If the internal revenue service substantially revises its schedule, the department shall update its form.

(4) 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.

(5) 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.

(6) All persons subject to the data collection requirements of this section shall comply with departmental requirements established by rule in the acquisition of data.[2012 c 98 § 1; 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 Reportable to CHARs

Appendix C Revenue Codes

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

Do not send the excluded revenue codes which are noted as CHARS Reported = No. Please send codes in ascending numeric sequence. Please roll up revenue codes on the same bill to the extent possible.

Source: National Uniform Billing Committee – Official UB-04 Data Specifications Manual July 2011

Code	Title	Units of Service	CHARS Reported
0001	Total Charges	N/A	Yes
0100	All Inclusive Room & Board plus Ancillary	Days	Yes
0101	All Inclusive Room & Board	Days	Yes
0102	RESERVED	N/A	No
0103	RESERVED	N/A	No
0104	RESERVED	N/A	No
0105	RESERVED	N/A	No
0106	RESERVED	N/A	No
0107	RESERVED	N/A	No
0108	RESERVED	N/A	No
0109	RESERVED	N/A	No
0110	Room & Board – Private – General Class	Days	Yes
0111	Medical/Surgical/GYN	Days	Yes
0112	Obstetrics (OB)	Days	Yes
0113	Pediatric	Days	Yes
0114	Psychiatric	Days	Yes
0115	Hospice	Days	Yes
0116	Detoxification	Days	Yes
0117	Oncology	Days	Yes
0118	Rehabilitation	Days	Yes
0119	Other	Days	Yes
0120	Room & Board - Semi Private (Two Beds)	Days	Yes
0121	Medical/Surgical/GYN	Days	Yes
0122	Obstetrics (OB)	Days	Yes
0123	Pediatric	Days	Yes
0124	Psychiatric	Days	Yes
0125	Hospice	Days	Yes
0126	Detoxification	Days	Yes
0127	Oncology	Days	Yes
0128	Rehabilitation	Days	Yes
0129	Other	Days	Yes
0130	Semi Private - Three and Four Beds – General Class	Days	Yes
0131	Medical/Surgical/GYN	Days	Yes
0132	Obstetrics (OB)	Days	Yes
0133	Pediatric	Days	Yes
0134	Psychiatric	Days	Yes
0135	Hospice	Days	Yes
0136	Detoxification	Days	Yes
0137	Oncology	Days	Yes
0138	Rehabilitation	Days	Yes
0139	Other	Days	Yes
0140	Room & Board – Deluxe Private – General Class	Days	Yes

0141	Medical/Surgical/GYN	Days	Yes
0142	Obstetrics (OB)	Days	Yes
0143	Pediatric	Days	Yes
0144	Psychiatric	Days	Yes
0145	Hospice	Days	Yes
0146	Detoxification	Days	Yes
0147	Oncology	Days	Yes
0148	Rehabilitation	Days	Yes
0149	Other	Days	Yes
0150	Room & Board - Ward – General Class	Days	Yes
0151	Medical/Surgical/GYN	Days	Yes
0152	Obstetrics (OB)	Days	Yes
0153	Pediatric	Days	Yes
0154	Psychiatric	Days	Yes
0155	Hospice	Days	Yes
0156	Detoxification	Days	Yes
0157	Oncology	Days	Yes
0158	Rehabilitation	Days	Yes
0159	Other	Days	Yes
0160	Room & Board - Other – General Class	Days	Yes
0161	RESERVED	N/A	No
0162	RESERVED	N/A	No
0163	RESERVED	N/A	No
0164	Sterile Environment	Days	Yes
0165	RESERVED	N/A	No
0166	RESERVED	N/A	No
0167	Self Care	Days	Yes
0168	RESERVED	N/A	No
0169	Other	Days	Yes
0170	Nursery – General Class	Days	Yes
0171	Newborn – Level I	Days	Yes
0172	Newborn – Level II	Days	Yes
0173	Newborn – Level III	Days	Yes
0174	Newborn – Level IV	Days	Yes
0175	RESERVED	N/A	No
0176	RESERVED	N/A	No
0177	RESERVED	N/A	No
0178	RESERVED	N/A	No
0179	Other Nursery	Days	Yes
0180	Leave of Absence – General Class	Days	Yes
0181	RESERVED	N/A	No
0182	Patient Convenience	Days	Yes
0183	Therapeutic Leave	Days	Yes
0184	RESERVED	N/A	No
0185	Nursing Home (for Hospitalization)	Days	Yes
0186	RESERVED	N/A	No
0187	RESERVED	N/A	No
0188	RESERVED	N/A	No
0189	Other Leave of Absence	Days	Yes
0190	Subacute Care – General Class	Days	Yes

0191	Subacute Care Level I	Days	Yes
0192	Subacute Care Level II	Days	Yes
0193	Subacute Care Level III	Days	Yes
0194	Subacute Care Level IV	Days	Yes
0195	RESERVED	N/A	No
0196	RESERVED	N/A	No
0197	RESERVED	N/A	No
0198	RESERVED	N/A	No
0199	Other Subacute Care	Days	Yes
0200	Intensive Care Unit – General Class	Days	Yes
0201	Surgical	Days	Yes
0202	Medical	Days	Yes
0203	Pediatric	Days	Yes
0204	Psychiatric	Days	Yes
0205	RESERVED	N/A	No
0206	Intermediate ICU	Days	Yes
0207	Burn Care	Days	Yes
0208	Trauma	Days	Yes
0209	Other Intensive Care	Days	Yes
0210	Coronary Care Unit – General Class	Days	Yes
0211	Myocardial Infarction	Days	Yes
0212	Pulmonary Care	Days	Yes
0213	Heart Transplant	Days	Yes
0214	Intermediate CCU	Days	Yes
0215	RESERVED	N/A	No
0216	RESERVED	N/A	No
0217	RESERVED	N/A	No
0218	RESERVED	N/A	No
0219	Other Coronary Care	Days	Yes
0220	Special Charges – General Class	N/A	Yes
0221	Admission Charge	N/A	Yes
0222	Technical Support Charge	N/A	Yes
0223	U.R. Service Charge	N/A	Yes
0224	Late Discharge Medically Necessary	N/A	Yes
0225	RESERVED	N/A	No
0226	RESERVED	N/A	No
0227	RESERVED	N/A	No
0228	RESERVED	N/A	No
0229	Other Special Charges	N/A	Yes
0230	Incremental Nursing Charge – General Class	Hours	Yes
0231	Nursery	Hours	Yes
0232	OB	Hours	Yes
0233	ICU - Includes Transitional Care	Hours	Yes
0234	CCU - Includes Transitional Care	Hours	Yes
0235	Hospice	Hours	Yes
0236	RESERVED	N/A	No
0237	RESERVED	N/A	No
0238	RESERVED	N/A	No
0239	Other	Hours	Yes
0240	All Inclusive Ancillary – General Class	N/A	Yes

0241	Basic	N/A	Yes
0242	Comprehensive	N/A	Yes
0243	Specialty	N/A	Yes
0244	RESERVED	N/A	No
0245	RESERVED	N/A	No
0246	RESERVED	N/A	No
0247	RESERVED	N/A	No
0248	RESERVED	N/A	No
0249	Other All Inclusive Ancillary	N/A	Yes
0250	Pharmacy – General Class	N/A	Yes
0251	Generic Drug	N/A	Yes
0252	Non-Generic Drug	N/A	Yes
0253	Take Home Drug	N/A	Yes
0254	Drugs Incident to Other Diagnostic Services	N/A	Yes
0255	Drugs Incident to Radiology	N/A	Yes
0256	Experimental Drugs	N/A	Yes
0257	Nonprescription	N/A	Yes
0258	IV Solutions	N/A	Yes
0259	Other Pharmacy	N/A	Yes
0260	IV Therapy – General Class	N/A	Yes
0261	Infusion Pump	N/A	Yes
0262	IV Therapy/Pharmacy Services	N/A	Yes
0263	IV Therapy/Drug/Supply Delivery	N/A	Yes
0264	IV Therapy/Supplies	N/A	Yes
0265	RESERVED	N/A	No
0266	RESERVED	N/A	No
0267	RESERVED	N/A	No
0268	RESERVED	N/A	No
0269	Other IV Therapy	N/A	Yes
0270	Medical/Surgical Supplies & Devices	N/A	Yes
0271	Non-sterile Supply	N/A	Yes
0272	Sterile Supply	N/A	Yes
0273	Take Home Supplies	N/A	Yes
0274	Prosthetic/Orthotic Devices	Devices	Yes
0275	Pacemaker	N/A	Yes
0276	Intraocular Lens	N/A	Yes
0277	Oxygen-Take Home	N/A	Yes
0278	Other Implants	N/A	Yes
0279	Other Supplies/Devices	N/A	Yes
0280	Oncology – General Class	N/A	Yes
0281	RESERVED	N/A	No
0282	RESERVED	N/A	No
0283	RESERVED	N/A	No
0284	RESERVED	N/A	No
0285	RESERVED	N/A	No
0286	RESERVED	N/A	No
0287	RESERVED	N/A	No
0288	RESERVED	N/A	No
0289	Other Oncology	N/A	Yes
0290	Durable Medical Equipment – General Class	N/A	Yes

0291	Rental	N/A	Yes
0292	Purchase of New DME	N/A	Yes
0293	Purchase of Used DME	N/A	Yes
0294	Supplies/Drugs for DME	N/A	Yes
0295	RESERVED	N/A	No
0296	RESERVED	N/A	No
0297	RESERVED	N/A	No
0298	RESERVED	N/A	No
0299	Other Equipment	N/A	Yes
0300	Laboratory – General Class	N/A	Yes
0301	Chemistry	Tests	Yes
0302	Immunology	Tests	Yes
0303	Renal Patient (Home)	Tests	Yes
0304	Non-Routine Dialysis	Tests	Yes
0305	Hematology	Tests	Yes
0306	Bacteriology and Microbiology	Tests	Yes
0307	Urology	Tests	Yes
0308	RESERVED	N/A	No
0309	Other Laboratory	Tests	Yes
0310	Laboratory Pathological – General Class	Tests	Yes
0311	Cytology	Tests	Yes
0312	Histology	Tests	Yes
0313	RESERVED	N/A	No
0314	Biopsy	Tests	Yes
0315	RESERVED	N/A	No
0316	RESERVED	N/A	No
0317	RESERVED	N/A	No
0318	RESERVED	N/A	No
0319	Other	Tests	Yes
0320	Radiology – Diagnostic – General Class	Tests	Yes
0321	Angiocardiology	Tests	Yes
0322	Arthrography	Tests	Yes
0323	Arteriography	Tests	Yes
0324	Chest X-Ray	Tests	Yes
0325	RESERVED	N/A	No
0326	RESERVED	N/A	No
0327	RESERVED	N/A	No
0328	RESERVED	N/A	No
0329	Other Radiology-Diagnostic	Tests	Yes
0330	Radiology – Therapeutic – General Class	Tests	Yes
0331	Chemotherapy Admin – Injected	Tests	Yes
0332	Chemotherapy Admin – Oral	Tests	Yes
0333	Radiation Therapy	Tests	Yes
0334	RESERVED	N/A	No
0335	Chemotherapy Admin – IV	Tests	Yes
0336	RESERVED	N/A	No
0337	RESERVED	N/A	No
0338	RESERVED	N/A	No
0339	Other Radiology-Therapeutic	Tests	Yes
0340	Nuclear Medicine – General Class	Tests	Yes

0341	Diagnostic Procedures	Tests	Yes
0342	Therapeutic Procedures	Tests	Yes
0343	Diagnostic Radiopharmaceuticals	Tests	Yes
0344	Therapeutic Radiopharmaceuticals	Tests	Yes
0345	RESERVED	N/A	No
0346	RESERVED	N/A	No
0347	RESERVED	N/A	No
0348	RESERVED	N/A	No
0349	Other Nuclear Medicine	Tests	Yes
0350	Computed Tomographic (CT) Scan – General Class	Tests	Yes
0351	Head Scan	Tests	Yes
0352	Body Scan	Tests	Yes
0353	RESERVED	N/A	No
0354	RESERVED	N/A	No
0355	RESERVED	N/A	No
0356	RESERVED	N/A	No
0357	RESERVED	N/A	No
0358	RESERVED	N/A	No
0359	Other CT Scan	Tests	Yes
0360	Operating Room Services – General Class	N/A	Yes
0361	Minor Surgery	N/A	Yes
0362	Organ Transplant - Other than Kidney	N/A	Yes
0363	RESERVED	N/A	No
0364	RESERVED	N/A	No
0365	RESERVED	N/A	No
0366	RESERVED	N/A	No
0367	Kidney Transplant	N/A	Yes
0368	RESERVED	N/A	No
0369	Other Operating Room Services	N/A	Yes
0370	Anesthesia – General Class	N/A	Yes
0371	Anesthesia Incident to Radiology	N/A	Yes
0372	Anesthesia Incident to Other Diagnostic Services	N/A	Yes
0373	RESERVED	N/A	No
0374	Acupuncture	N/A	Yes
0375	RESERVED	N/A	No
0376	RESERVED	N/A	No
0377	RESERVED	N/A	No
0378	RESERVED	N/A	No
0379	Other Anesthesia	N/A	Yes
0380	Blood – General Class	N/A	Yes
0381	Packed Red Cells	Pints	Yes
0382	Whole Blood	Pints	Yes
0383	Plasma	Pints	Yes
0384	Platelets	N/A	Yes
0385	Leukocytes	N/A	Yes
0386	Other Blood Components	N/A	Yes
0387	Other Derivatives (Cryoprecipitates)	N/A	Yes
0388	RESERVED	N/A	No
0389	Other Blood and Blood Components	N/A	Yes
0390	Admin/Processing/Storage/Blood/ Blood Components	N/A	Yes

0391	Blood Administration (e.g. Transfusion)	Pints	Yes
0392	Processing and Storage	Pints	Yes
0393	RESERVED	N/A	No
0394	RESERVED	N/A	No
0395	RESERVED	N/A	No
0396	RESERVED	N/A	No
0397	RESERVED	N/A	No
0398	RESERVED	N/A	No
0399	Other Blood Handling	N/A	Yes
0400	Other Imaging Services – General Class	Tests	Yes
0401	Diagnostic Mammography	Tests	Yes
0402	Ultrasound	Tests	Yes
0403	Screening Mammography	Tests	Yes
0404	Positron Emission Tomography	Tests	Yes
0405	RESERVED	N/A	No
0406	RESERVED	N/A	No
0407	RESERVED	N/A	No
0408	RESERVED	N/A	No
0409	Other Imaging Services	Tests	Yes
0410	Respiratory Services – General Class	Treatments	Yes
0411	RESERVED	N/A	No
0412	Inhalation Services	Treatments	Yes
0413	Hyperbaric Oxygen Therapy	Treatments	Yes
0414	RESERVED	N/A	No
0415	RESERVED	N/A	No
0416	RESERVED	N/A	No
0417	RESERVED	N/A	No
0418	RESERVED	N/A	No
0419	Other Respiratory Services	Treatments	Yes
0420	Physical Therapy – General Class	N/A	Yes
0421	Visit Charge	N/A	Yes
0422	Hourly Charge	N/A	Yes
0423	Group Rate	N/A	Yes
0424	Evaluation or Re-Evaluation	N/A	Yes
0425	RESERVED	N/A	No
0426	RESERVED	N/A	No
0427	RESERVED	N/A	No
0428	RESERVED	N/A	No
0429	Other Physical Therapy	N/A	Yes
0430	Occupational Therapy – General Class	N/A	Yes
0431	Visit Charge	N/A	Yes
0432	Hourly Charge	N/A	Yes
0433	Group Rate	N/A	Yes
0434	Evaluation or Re-Evaluation	N/A	Yes
0435	RESERVED	N/A	No
0436	RESERVED	N/A	No
0437	RESERVED	N/A	No
0438	RESERVED	N/A	No
0439	Other Occupational Therapy	N/A	Yes
0440	Speech-Language Pathology – General Class	N/A	Yes

0441	Visit Charge	N/A	Yes
0442	Hourly Charge	N/A	Yes
0443	Group Rate	N/A	Yes
0444	Evaluation or Re-Evaluation	N/A	Yes
0445	RESERVED	N/A	No
0446	RESERVED	N/A	No
0447	RESERVED	N/A	No
0448	RESERVED	N/A	No
0449	Other Speech/Language Therapy	N/A	Yes
0450	Emergency Room – General Class	Visit	Yes
0451	EMTALA Emergency Medical Screening Services	Visit	Yes
0452	ER Beyond EMTALA Screening	Visit	Yes
0453	RESERVED	N/A	No
0454	RESERVED	N/A	No
0455	RESERVED	N/A	No
0456	Urgent Care	Visit	Yes
0457	RESERVED	N/A	No
0458	RESERVED	N/A	No
0459	Other Emergency Room	Visit	Yes
0460	Pulmonary Function – General Class	Tests	Yes
0461	RESERVED	N/A	No
0462	RESERVED	N/A	No
0463	RESERVED	N/A	No
0464	RESERVED	N/A	No
0465	RESERVED	N/A	No
0466	RESERVED	N/A	No
0467	RESERVED	N/A	No
0468	RESERVED	N/A	No
0469	Other Pulmonary Function	Tests	Yes
0470	Audiology – General Class	Tests	Yes
0471	Diagnostic	Tests	Yes
0472	Treatment	Tests	Yes
0473	RESERVED	N/A	No
0474	RESERVED	N/A	No
0475	RESERVED	N/A	No
0476	RESERVED	N/A	No
0477	RESERVED	N/A	No
0478	RESERVED	N/A	No
0479	Other Audiology	Tests	Yes
0480	Cardiology – General Class	Tests	Yes
0481	Cardiac Cath Lab	Tests	Yes
0482	Stress Test	Tests	Yes
0483	Echocardiology	Tests	Yes
0484	RESERVED	N/A	No
0485	RESERVED	N/A	No
0486	RESERVED	N/A	No
0487	RESERVED	N/A	No
0488	RESERVED	N/A	No
0489	Other Cardiology	Tests	Yes
0490	Ambulatory Surgical Center – General Class	N/A	Yes

0491	RESERVED	N/A	No
0492	RESERVED	N/A	No
0493	RESERVED	N/A	No
0494	RESERVED	N/A	No
0495	RESERVED	N/A	No
0496	RESERVED	N/A	No
0497	RESERVED	N/A	No
0498	RESERVED	N/A	No
0499	Other Ambulatory Surgical	N/A	Yes
0500	Out Patient Services– General Class	Tests	Yes
0501	RESERVED	N/A	No
0502	RESERVED	N/A	No
0503	RESERVED	N/A	No
0504	RESERVED	N/A	No
0505	RESERVED	N/A	No
0506	RESERVED	N/A	No
0507	RESERVED	N/A	No
0508	RESERVED	N/A	No
0509	Other	Tests	Yes
0510	Clinic – General Class	Visit	Yes
0511	Chronic Pain Center	Visit	Yes
0512	Dental Clinic	Visit	Yes
0513	Psychiatric Clinic	Visit	Yes
0514	OB-GYN Clinic	Visit	Yes
0515	Pediatric Clinic	Visit	Yes
0516	Urgent Care Clinic	Visit	Yes
0517	Family Practice Clinic	Visit	Yes
0518	RESERVED	N/A	Yes
0519	Other Clinic	Visit	Yes
0520	Free-Standing Clinic – General Class	Visit	Yes
0521	Clinic Visit by Member to RHC/FQHC	Visit	Yes
0522	Home Visit by RHC/FQHC Practitioner	Visit	Yes
0523	Family Practice Clinic	Visit	Yes
0524	RHC/FQHC Practioner SNF Visit-Part A	N/A	Yes
0525	RHC/FQHC Practioner SNF Visit-Part A-Not Covered	N/A	Yes
0526	Urgent Care Clinic	Visit	Yes
0527	RHC/FQHC/Home/ Storage/Visit Nurse	N/A	Yes
0528	RHC/FQHC Practioner Visit-Other Site	N/A	Yes
0529	Other Freestanding Clinic	Visit	Yes
0530	Osteopathic Services – General Class	Visit	Yes
0531	Osteopathic Therapy	Visit	Yes
0532	RESERVED	N/A	No
0533	RESERVED	N/A	No
0534	RESERVED	N/A	No
0535	RESERVED	N/A	No
0536	RESERVED	N/A	No
0537	RESERVED	N/A	No
0538	RESERVED	N/A	No
0539	Other Osteopathic Services	Visit	Yes
0540	Ambulance – General Class	Miles	Yes

0541	Supplies	Item	Yes
0542	Medical Transport	Miles	Yes
0543	Heart Mobile	Miles	Yes
0544	Oxygen	Units	Yes
0545	Air Ambulance	Miles	Yes
0546	Neonatal Ambulance Services	Miles	Yes
0547	Pharmacy	Units	Yes
0548	EKG Transmission	Units	Yes
0549	Other Ambulance	Miles	Yes
0550	Home Health – Skilled Nursing– General Class	N/A	No
0551	Visit Charge	Visits	No
0552	Hourly Charge	Hours	No
0553	RESERVED	N/A	No
0554	RESERVED	N/A	No
0555	RESERVED	N/A	No
0556	RESERVED	N/A	No
0557	RESERVED	N/A	No
0558	RESERVED	N/A	No
0559	Other Skilled Nursing	N/A	No
0560	Medical Social Services – General Class	N/A	Yes
0561	Visit Charge	Visits	Yes
0562	Hourly Charge	Hours	Yes
0563	RESERVED	N/A	No
0564	RESERVED	N/A	No
0565	RESERVED	N/A	No
0566	RESERVED	N/A	No
0567	RESERVED	N/A	No
0568	RESERVED	N/A	No
0569	Other Medical Social Services	N/A	Yes
0570	Home Health Aide– General Class	N/A	No
0571	Visit Charge	Visit	No
0572	Hourly Charge	Hour	No
0573	RESERVED	N/A	No
0574	RESERVED	N/A	No
0575	RESERVED	N/A	No
0576	RESERVED	N/A	No
0577	RESERVED	N/A	No
0578	RESERVED	N/A	No
0579	Other Home Health Aide	N/A	No
0580	Home Health – Other Visits – General Class	N/A	No
0581	Visit Charge	Visits	No
0582	Hourly Charge	Hour	No
0583	RESERVED	N/A	No
0584	RESERVED	N/A	No
0585	RESERVED	N/A	No
0586	RESERVED	N/A	No
0587	RESERVED	N/A	No
0588	RESERVED	N/A	No
0589	Other Medical Social Services	N/A	No
0590	Home Health – Units of Service – General Class	Units	No

0591	RESERVED	N/A	No
0592	RESERVED	N/A	No
0593	RESERVED	N/A	No
0594	RESERVED	N/A	No
0595	RESERVED	N/A	No
0596	RESERVED	N/A	No
0597	RESERVED	N/A	No
0598	RESERVED	N/A	No
0599	RESERVED	N/A	No
0600	Home Health – Oxygen – General Class	N/A	No
0601	Oxygen – Stat Equip/Supply/Content	Ft/Lbs	No
0602	Oxygen – Stat Equip/Supply Less Than 1 LPM	Mos	No
0603	Oxygen – Stat Equip/Supply Greater Than 4 LPM	Mos	No
0604	Oxygen – Port Add-on	Mos	No
0605	RESERVED	N/A	No
0606	RESERVED	N/A	No
0607	RESERVED	N/A	No
0608	RESERVED	N/A	No
0609	Oxygen - Other	N/A	No
0610	Magnetic Resonance Imaging (MRI) – General Class	Tests	Yes
0611	MRI Brain (Including Brainstem)	Tests	Yes
0612	MRI Spinal Cord (Including Spine)	Tests	Yes
0613	RESERVED	N/A	No
0614	MRI Other	Tests	Yes
0615	MRA – Head and Neck	Tests	Yes
0616	MRA - Lower Extremities	Tests	Yes
0617	RESERVED	N/A	No
0618	MRA Other	Tests	Yes
0619	Other MRT	Tests	Yes
0620	Medical/Surgical Supplies – General Class	N/A	Yes
0621	Supplies Incident to Radiology	N/A	Yes
0622	Supplies Incident to Other Diagnostic Services	N/A	Yes
0623	Surgical Dressings	N/A	Yes
0624	FDA Investigational Device	N/A	Yes
0625	RESERVED	N/A	No
0626	RESERVED	N/A	No
0627	RESERVED	N/A	No
0628	RESERVED	N/A	No
0629	RESERVED	N/A	No
0630	RESERVED (Use 0250 for General Classification)	N/A	No
0631	Single Source Drug	N/A	Yes
0632	Multiple Source Drug	N/A	Yes
0633	Restrictive Prescription	N/A	Yes
0634	Erythropoietin (EPO) less than 10000 units	N/A	Yes
0635	Erythropoietin (EPO) 10000 or more units	N/A	Yes
0636	Drugs Requiring Detailed Coding	N/A	Yes
0637	Self-administrable Drugs	N/A	Yes
0638	RESERVED	N/A	No
0639	RESERVED	N/A	No
0640	Home IV Therapy Services – General Class	N/A	No

0641	Non-routine Nursing Central Line	N/A	No
0642	IV Site Care Central Line	N/A	No
0643	IV Start/Care Peripheral Line	N/A	No
0644	Non-routine Nursing Peripheral Line	N/A	No
0645	Training Patient/Caregiver Central Line	Hour	No
0646	Training Disabled Patient Central Line	Hour	No
0647	Training Patient/Caregiver Peripheral Line	Hour	No
0648	Training Disabled Patient Peripheral Line	Hour	No
0649	Other IV Therapy Services	N/A	No
0650	Hospice Services – General Class	N/A	Yes
0651	Routine Home Care	Hours	No
0652	Continuous Home Care	Hours	No
0653	RESERVED	N/A	No
0654	RESERVED	N/A	No
0655	Inpatient Respite Care	Days	Yes
0656	General Inpatient Care (non-respite)	Days	Yes
0657	Physician Services	N/A	No
0658	Hospice/R&B Nursing Facility	Days	No
0659	Other Hospice Service	N/A	Yes
0660	Respite Care – General Class	N/A	Yes
0661	Hourly Charge – Nursing	Hours	Yes
0662	Hourly Charge / Aide/Homemaker/Companion	Hours	Yes
0663	Daily Respite Charge	Days	Yes
0664	RESERVED	N/A	No
0665	RESERVED	N/A	No
0666	RESERVED	N/A	No
0667	RESERVED	N/A	No
0668	RESERVED	N/A	No
0669	Other Respite Care	Hours	Yes
0670	Outpatient Special Residence Charges	N/A	Yes
0671	Hospital Owned	Days	Yes
0672	Contracted	Days	Yes
0673	RESERVED	N/A	No
0674	RESERVED	N/A	No
0675	RESERVED	N/A	No
0676	RESERVED	N/A	No
0677	RESERVED	N/A	No
0678	RESERVED	N/A	No
0679	Other Special Residence Charge	Days	Yes
0680	Trauma Response – General Class	N/A	Yes
0681	Level I	Activation	Yes
0682	Level II	Activation	Yes
0683	Level III	Activation	Yes
0684	Level IV	Activation	Yes
0685	RESERVED	N/A	No
0686	RESERVED	N/A	No
0687	RESERVED	N/A	No
0688	RESERVED	N/A	No
0689	Other Trauma Response	Activation	Yes
0690	Pre-Hospice/Palliative Care Services (Effective January 1, 2014)	Visit	No

0691	Visit Charge	Visit	No
0692	Pre-Hospice Hourly Charge	Hours	No
0693	Pre-Hospice Evaluation	HCPCS	No
0694	Pre-Hospice Consultation and Education	Visit	No
0695	Pre-Hospice Inpatient Care	Days	Yes
0696	Pre-Hospice Physician Services	HCPCS	No
0697	RESERVED	N/A	No
0698	RESERVED	N/A	No
0699	Other Pre-hospice – Palliative	HCPCS	No
0700	Cast Room – General Class	N/A	
0701	RESERVED	N/A	No
0702	RESERVED	N/A	No
0703	RESERVED	N/A	No
0704	RESERVED	N/A	No
0705	RESERVED	N/A	No
0706	RESERVED	N/A	No
0707	RESERVED	N/A	No
0708	RESERVED	N/A	No
0709	RESERVED	N/A	No
0710	Recovery Room – General Class	N/A	Yes
0711	RESERVED	N/A	No
0712	RESERVED	N/A	No
0713	RESERVED	N/A	No
0714	RESERVED	N/A	No
0715	RESERVED	N/A	No
0716	RESERVED	N/A	No
0717	RESERVED	N/A	No
0718	RESERVED	N/A	No
0719	RESERVED	N/A	No
0720	Labor Room/Delivery – General Class	N/A	Yes
0721	Labor	Days	Yes
0722	Delivery	Days	Yes
0723	Circumcision	Each	Yes
0724	Birthing Center	Days	Yes
0725	RESERVED	N/A	No
0726	RESERVED	N/A	No
0727	RESERVED	N/A	No
0728	RESERVED	N/A	No
0729	Other Labor Room/Delivery	N/A	Yes
0730	Electrocardiogram (EKG/ECG) – General Class	Tests	Yes
0731	Holter Monitor	Tests	Yes
0732	Telemetry	Tests	Yes
0733	RESERVED	N/A	No
0734	RESERVED	N/A	No
0735	RESERVED	N/A	No
0736	RESERVED	N/A	No
0737	RESERVED	N/A	No
0738	RESERVED	N/A	No
0739	Other EKG/ECG	Tests	Yes
0740	ECG (Electroencephalogram) – General Class	Tests	Yes

0741	RESERVED	N/A	No
0742	RESERVED	N/A	No
0743	RESERVED	N/A	No
0744	RESERVED	N/A	No
0745	RESERVED	N/A	No
0746	RESERVED	N/A	No
0747	RESERVED	N/A	No
0748	RESERVED	N/A	No
0749	RESERVED	N/A	No
0750	Gastro-Intestinal Services – General Class	Tests	Yes
0751	RESERVED	N/A	No
0752	RESERVED	N/A	No
0753	RESERVED	N/A	No
0754	RESERVED	N/A	No
0755	RESERVED	N/A	No
0756	RESERVED	N/A	No
0757	RESERVED	N/A	No
0758	RESERVED	N/A	No
0759	RESERVED	N/A	No
0760	Specialty Room/Treatment/Observation Room	N/A	Yes
0761	Treatment Room	HCPCS	Yes
0762	Observation Hours	HCPCS	Yes
0763	RESERVED	N/A	No
0764	RESERVED	N/A	No
0765	RESERVED	N/A	No
0766	RESERVED	N/A	No
0767	RESERVED	N/A	No
0768	RESERVED	N/A	No
0769	Other Specialty Room	N/A	Yes
0770	Preventive Care Services – General Class	N/A	Yes
0771	Vaccine Administration	N/A	Yes
0772	RESERVED	N/A	No
0773	RESERVED	N/A	No
0774	RESERVED	N/A	No
0775	RESERVED	N/A	No
0776	RESERVED	N/A	No
0777	RESERVED	N/A	No
0778	RESERVED	N/A	No
0779	RESERVED	N/A	No
0780	Telemedicine	N/A	Yes
0781	RESERVED	N/A	No
0782	RESERVED	N/A	No
0783	RESERVED	N/A	No
0784	RESERVED	N/A	No
0785	RESERVED	N/A	No
0786	RESERVED	N/A	No
0787	RESERVED	N/A	No
0788	RESERVED	N/A	No
0789	RESERVED	N/A	No
0790	E S Therapy – General Class	N/A	Yes

0791	RESERVED	N/A	No
0792	RESERVED	N/A	No
0793	RESERVED	N/A	No
0794	RESERVED	N/A	No
0795	RESERVED	N/A	No
0796	RESERVED	N/A	No
0797	RESERVED	N/A	No
0798	RESERVED	N/A	No
0799	RESERVED	N/A	No
0800	Inpatient Renal Dialysis – General Class	Sessions	Yes
0801	Inpatient Hemodialysis	Sessions	Yes
0802	Inpatient Peritoneal (Non-CAPD)	Sessions	Yes
0803	Inpatient Continuous Ambulatory Peritoneal (CAPD)	Sessions	Yes
0804	Inpatient CPCPD	Sessions	Yes
0805	RESERVED	N/A	No
0806	RESERVED	N/A	No
0807	RESERVED	N/A	No
0808	RESERVED	N/A	No
0809	Other Inpatient Dialysis	Sessions	Yes
0810	Acquisition of Body Components – General Class	N/A	Yes
0811	Living Donor	N/A	Yes
0812	Cadaver Donor	N/A	Yes
0813	Unknown Donor	N/A	Yes
0814	Unsuccessful Organ Search - Donor Bank Charge	N/A	Yes
0815	RESERVED	N/A	No
0816	RESERVED	N/A	No
0817	RESERVED	N/A	No
0818	RESERVED	N/A	No
0819	Other Donor	N/A	Yes
0820	Hemodialysis –Outpatient/ Home– General Class	N/A	Yes
0821	Hemodialysis Composite or Other Rates	Sessions	Yes
0822	Home Supplies	Sessions	Yes
0823	Home Equipment	Sessions	Yes
0824	Maintenance – 100%	Sessions	Yes
0825	Support Services	Sessions	Yes
0826	RESERVED	N/A	No
0827	RESERVED	N/A	No
0828	RESERVED	N/A	No
0829	Other OP Hemodialysis	Sessions	Yes
0830	Peritoneal Dialysis/Outpatient/Home	Sessions	Yes
0831	Peritoneal/Composite or Other Rate	Sessions	Yes
0832	Home Supplies	Sessions	Yes
0833	Home Equipment	Sessions	Yes
0834	Maintenance – 100%	Sessions	Yes
0835	Support Services	Sessions	Yes
0836	RESERVED	N/A	No
0837	RESERVED	N/A	No
0838	RESERVED	N/A	No
0839	Other OP Peritoneal Dialysis	Sessions	Yes
0840	CAPD/Outpatient/ Home – General Class	Days	Yes

0841	CAPD/Composite or Other Rate	Days	Yes
0842	Home Supplies	Days	Yes
0843	Home Equipment	Days	Yes
0844	Maintenance – 100%	Days	Yes
0845	Support Services	Days	Yes
0846	RESERVED	N/A	No
0847	RESERVED	N/A	No
0848	RESERVED	N/A	No
0849	Other Outpatient CAPD	Days	Yes
0850	CCPD/Outpatient/Home – General Class	Days	Yes
0851	CCPD/Composite or Other Rate	Days	Yes
0852	Home Supplies	Days	Yes
0853	Home Equipment	Days	Yes
0854	Maintenance – 100%	Days	Yes
0855	Support Services	Days	Yes
0856	RESERVED	N/A	No
0857	RESERVED	N/A	No
0858	RESERVED	N/A	No
0859	Other Outpatient CCPD	Days	Yes
0860	RESERVED	N/A	No
0861	RESERVED	N/A	No
0862	RESERVED	N/A	No
0863	RESERVED	N/A	No
0864	RESERVED	N/A	No
0865	RESERVED	N/A	No
0866	RESERVED	N/A	No
0867	RESERVED	N/A	No
0868	RESERVED	N/A	No
0869	RESERVED	N/A	No
0870	RESERVED	N/A	No
0871	RESERVED	N/A	No
0872	RESERVED	N/A	No
0873	RESERVED	N/A	No
0874	RESERVED	N/A	No
0875	RESERVED	N/A	No
0876	RESERVED	N/A	No
0877	RESERVED	N/A	No
0878	RESERVED	N/A	No
0879	RESERVED	N/A	No
0880	Miscellaneous Dialysis – General Class	Sessions	Yes
0881	Ultrafiltration	Sessions	Yes
0882	Home Dialysis Aid Visit	Sessions	No
0883	RESERVED	N/A	No
0884	RESERVED	N/A	No
0885	RESERVED	N/A	No
0886	RESERVED	N/A	No
0887	RESERVED	N/A	No
0888	RESERVED	N/A	No
0889	Other Miscellaneous Dialysis	Sessions	Yes
0890	RESERVED	N/A	No

0891	RESERVED	N/A	No
0892	RESERVED	N/A	No
0893	RESERVED	N/A	No
0894	RESERVED	N/A	No
0895	RESERVED	N/A	No
0896	RESERVED	N/A	No
0897	RESERVED	N/A	No
0898	RESERVED	N/A	No
0899	RESERVED	N/A	No
0900	Behavioral Health Treatments/Services	Visit	Yes
0901	Electroshock Treatment	Visit	Yes
0902	Milieu Therapy	Visit	Yes
0903	Play Therapy	Visit	Yes
0904	Activity Therapy	Visit	Yes
0905	Intensive OutP Svcs – Psych	Visit	Yes
0906	Intensive OutP Svcs – Chem Dep	Visit	Yes
0907	Community Behavioral Health Prog-(Day Treatment)	Visit	Yes
0908	RESERVED	N/A	No
0909	RESERVED	N/A	No
0910	RESERVED (Use 0900 for General Classification)	Visit	No
0911	Rehabilitation	Visit	Yes
0912	Partial Hospitalization – Less Intensive	Visit	Yes
0913	Partial Hospitalization – Intensive	Visit	Yes
0914	Individual Therapy	Visit	Yes
0915	Group Therapy	Visit	Yes
0916	Family Therapy	Visit	Yes
0917	Bio Feedback	Visit	Yes
0918	Testing	Visit	Yes
0919	Other Behavioral Health Treatments	Visit	Yes
0920	Other Diagnostic Services – General Class	Tests	Yes
0921	Peripheral Vascular Lab	Tests	Yes
0922	Electromyelgram	Tests	Yes
0923	Pap Smear	Tests	Yes
0924	Allergy Test	Tests	Yes
0925	Pregnancy Test	Tests	Yes
0926	RESERVED	N/A	No
0927	RESERVED	N/A	No
0928	RESERVED	N/A	No
0929	Other Diagnostic Service	Tests	Yes
0930	Medical Rehabilitation Day Program	N/A	No
0931	Half Day	Hours	Yes
0932	Full Day	Hours	Yes
0933	RESERVED	N/A	No
0934	RESERVED	N/A	No
0935	RESERVED	N/A	No
0936	RESERVED	N/A	No
0937	RESERVED	N/A	No
0938	RESERVED	N/A	No
0939	RESERVED	N/A	No
0940	Other Therapeutic Services – General Class	Visits	Yes

0941	Recreational Therapy	Visits	Yes
0942	Education/Training	Visits	Yes
0943	Cardiac Rehabilitation	Visits	Yes
0944	Drug Rehabilitation	Visits	Yes
0945	Alcohol Rehabilitation	Visits	Yes
0946	Complex Medical Equipment - Routine	Visits	Yes
0947	Complex Medical Equipment - Ancillary	Visits	Yes
0948	RESERVED	N/A	No
0949	Other Therapeutic Service	Visits	Yes
0950	Other Therapeutic Services – General Class	N/A	No
0951	Athletic Training	Visit	Yes
0952	Kinesiotherapy	Visit	Yes
0953	RESERVED	N/A	No
0954	RESERVED	N/A	No
0955	RESERVED	N/A	No
0956	RESERVED	N/A	No
0957	RESERVED	N/A	No
0958	RESERVED	N/A	No
0959	RESERVED	N/A	No
0960	Professional Fees (96) – General Class	N/A	Yes
0961	Psychiatric	N/A	Yes
0962	Ophthalmology	N/A	Yes
0963	Anesthesiologist (MD)	N/A	Yes
0964	Anesthesiologist (CRNA)	N/A	Yes
0965	RESERVED	N/A	No
0966	RESERVED	N/A	No
0967	RESERVED	N/A	No
0968	RESERVED	N/A	No
0969	Other Professional Fee	N/A	Yes
0970	Professional Fees (97) – General Class	N/A	Yes
0971	Laboratory	N/A	Yes
0972	Radiology - Diagnostic	N/A	Yes
0973	Radiology – Therapeutic	N/A	Yes
0974	Radiology – Nuclear	N/A	Yes
0975	Operating Room	N/A	Yes
0976	Respiratory Therapy	N/A	Yes
0977	Physical Therapy	N/A	Yes
0978	Occupational Therapy	N/A	Yes
0979	Speech Pathology	N/A	Yes
0980	Professional Fees (98) – General Class	N/A	Yes
0981	Emergency Room	N/A	Yes
0982	Outpatient Services	N/A	Yes
0983	Clinic	N/A	Yes
0984	Medical Social Services	N/A	Yes
0985	EKG	N/A	Yes
0986	EEG	N/A	Yes
0987	Hospital Visit	N/A	Yes
0988	Consultation	N/A	Yes
0989	Private Duty Nurse	N/A	Yes
0990	Patient Convenience Items – General Class	N/A	Yes

0991	Cafeteria/Guest Tray	N/A	Yes
0992	Private Linen Service	N/A	Yes
0993	Telephone/Telecom	N/A	Yes
0994	TV/Radio	N/A	Yes
0995	Non-patient Room Rentals	N/A	Yes
0996	Late Discharge	N/A	Yes
0997	Admission Kits	N/A	Yes
0998	Beauty Shop/Barber	N/A	Yes
0999	Other Patient Convenience Items	N/A	Yes

Appendix D

Processing Schedule

January	February	March
1st Week File release- 2Q		
	2nd Week Corrections Due - 3Q	
15th - Data Due November	15th - Data Due December	15th - Data Due January
	3rd Week Snapshot taken - 3Q	
April	May	June
1st Week File release- 3Q		
	2nd Week Corrections Due - FY	
15th - Data Due February	15th - Data Due March	15th - Data Due April
	3rd Week Snapshot taken - FY	
July	August	September
1st Week File release- FY		
	2nd Week Corrections Due - 1Q	
15th - Data Due May	15th - Data Due June	15th - Data Due July
	3rd Week Snapshot taken - 1Q	
October	November	December
1st Week File release- 1Q		
	2nd Week Corrections Due - 2Q	
15th - Data Due August	15th - Data Due September	15th - Data Due October
	3rd Week Snapshot taken - 2Q	

Notes:

- File Submission are due 45 days after the last day of the discharge month.
- Hospitals will receive a 14 day reminder notice before the snapshot is taken.

1Q = First Quarter of the Calendar Year

2Q = First and Second Quarter of the Calendar Year

3Q = First, Second and Third Quarter of the Calendar Year

FY = Full Calendar Year

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

<https://www.iso.org/obp/ui/#search>

COUNTRY	Code		
AFGHANISTAN	AF	COLOMBIA	CO
ÅLAND ISLANDS	AX	COMOROS	KM
ALBANIA	AL	CONGO	CG
ALGERIA	DZ	CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD
AMERICAN SAMOA	AS	COOK ISLANDS	CK
ANDORRA	AD	COSTA RICA	CR
ANGOLA	AO	CÔTE D'IVOIRE	CI
ANGUILLA	AI	CROATIA	HR
ANTARCTICA	AQ	CUBA	CU
ANTIGUA AND BARBUDA	AG	CURAÇAO	CW
ARGENTINA	AR	CYPRUS	CY
ARMENIA	AM	CZECH REPUBLIC	CZ
ARUBA	AW	DENMARK	DK
AUSTRALIA	AU	DJIBOUTI	DJ
AUSTRIA	AT	DOMINICA	DM
AZERBAIJAN	AZ	DOMINICAN REPUBLIC	DO
BAHAMAS	BS	ECUADOR	EC
BAHRAIN	BH	EGYPT	EG
BANGLADESH	BD	EL SALVADOR	SV
BARBADOS	BB	EQUATORIAL GUINEA	GQ
BELARUS	BY	ERITREA	ER
BELGIUM	BE	ESTONIA	EE
BELIZE	BZ	ETHIOPIA	ET
BENIN	BJ	FALKLAND ISLANDS (MALVINAS)	FK
BERMUDA	BM	FAROE ISLANDS	FO
BHUTAN	BT	FIJI	FJ
BOLIVIA, PLURINATIONAL STATE OF	BO	FINLAND	FI
BONAIRE, SAINT EUSTATIUS AND SABA	BQ	FRANCE	FR
BOSNIA AND HERZEGOVINA	BA	FRENCH GUIANA	GF
BOTSWANA	BW	FRENCH POLYNESIA	PF
BOUVET ISLAND	BV	FRENCH SOUTHERN TERRITORIES	TF
BRAZIL	BR	GABON	GA
BRITISH INDIAN OCEAN TERRITORY	IO	GAMBIA	GM
BRUNEI DARUSSALAM	BN	GEORGIA	GE
BULGARIA	BG	GERMANY	DE
BURKINA FASO	BF	GHANA	GH
BURUNDI	BI	GIBRALTAR	GI
CAMBODIA	KH	GREECE	GR
CAMEROON	CM	GREENLAND	GL
CANADA	CA	GRENADA	GD
CAPE VERDE	CV	GUADELOUPE	GP
CAYMAN ISLANDS	KY	GUAM	GU
CENTRAL AFRICAN REPUBLIC	CF	GUATEMALA	GT
CHAD	TD	GUERNSEY	GG
CHILE	CL	GUINEA	GN
CHINA	CN	GUINEA-BISSAU	GW
CHRISTMAS ISLAND	CX	GUYANA	GY
COCOS (KEELING) ISLANDS	CC	HAITI	HT
		HEARD ISLAND AND MCDONALD ISLANDS	HM

HOLY SEE (VATICAN CITY STATE)	VA	NAURU	NR
HONDURAS	HN	NEPAL	NP
HONG KONG	HK	NETHERLANDS	NL
HUNGARY	HU	NEW CALEDONIA	NC
ICELAND	IS	NEW ZEALAND	NZ
INDIA	IN	NICARAGUA	NI
INDONESIA	ID	NIGER	NE
IRAN, ISLAMIC REPUBLIC OF	IR	NIGERIA	NG
IRAQ	IQ	NIUE	NU
IRELAND	IE	NORFOLK ISLAND	NF
ISLE OF MAN	IM	NORTHERN MARIANA ISLANDS	MP
ISRAEL	IL	NORWAY	NO
ITALY	IT	OMAN	OM
JAMAICA	JM	PAKISTAN	PK
JAPAN	JP	PALAU	PW
JERSEY	JE	PALESTINE, STATE OF	PS
JORDAN	JO	PANAMA	PA
KAZAKHSTAN	KZ	PAPUA NEW GUINEA	PG
KENYA	KE	PARAGUAY	PY
KIRIBATI	KI	PERU	PE
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP	PHILIPPINES	PH
KOREA, REPUBLIC OF	KR	PITCAIRN	PN
KUWAIT	KW	POLAND	PL
KYRGYZSTAN	KG	PORTUGAL	PT
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA	PUERTO RICO	PR
LATVIA	LV	QATAR	QA
LEBANON	LB	RÉUNION	RE
LESOTHO	LS	ROMANIA	RO
LIBERIA	LR	RUSSIAN FEDERATION	RU
LIBYA	LY	RWANDA	RW
LIECHTENSTEIN	LI	SAINT BARTHÉLEMY	BL
LITHUANIA	LT	SAINT HELENA, ASCENSION AND TRISTAN DA CUNHA	SH
LUXEMBOURG	LU	SAINT KITTS AND NEVIS	KN
MACAO	MO	SAINT LUCIA	LC
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK	SAINT MARTIN (FRENCH PART)	MF
MADAGASCAR	MG	SAINT PIERRE AND MIQUELON	PM
MALAWI	MW	SAINT VINCENT AND THE GRENADINES	VC
MALAYSIA	MY	SAMOA	WS
MALDIVES	MV	SAN MARINO	SM
MALI	ML	SAO TOME AND PRINCIPE	ST
MALTA	MT	SAUDI ARABIA	SA
MARSHALL ISLANDS	MH	SENEGAL	SN
MARTINIQUE	MQ	SERBIA	RS
MAURITANIA	MR	SEYCHELLES	SC
MAURITIUS	MU	SIERRA LEONE	SL
MAYOTTE	YT	SINGAPORE	SG
MEXICO	MX	SINT MAARTEN (DUTCH PART)	SX
MICRONESIA, FEDERATED STATES OF	FM	SLOVAKIA	SK
MOLDOVA, REPUBLIC OF	MD	SLOVENIA	SI
MONACO	MC	SOLOMON ISLANDS	SB
MONGOLIA	MN	SOMALIA	SO
MONTENEGRO	ME	SOUTH AFRICA	ZA
MONTSERRAT	MS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GS
MOROCCO	MA	SOUTH SUDAN	SS
MOZAMBIQUE	MZ	SPAIN	ES
MYANMAR	MM	SRI LANKA	LK
NAMIBIA	NA		

SUDAN	SD	TUVALU	TV
SURINAME	SR	UGANDA	UG
SVALBARD AND JAN MAYEN	SJ	UKRAINE	UA
SWAZILAND	SZ	UNITED ARAB EMIRATES	AE
SWEDEN	SE	UNITED KINGDOM	GB
SWITZERLAND	CH	UNITED STATES	US
SYRIAN ARAB REPUBLIC	SY	UNITED STATES MINOR OUTLYING ISLANDS	UM
TAIWAN, PROVINCE OF CHINA	TW	URUGUAY	UY
TAJKISTAN	TJ	UZBEKISTAN	UZ
TANZANIA, UNITED REPUBLIC OF	TZ	VANUATU	VU
THAILAND	TH	VENEZUELA, BOLIVARIAN REPUBLIC OF	VE
TIMOR-LESTE	TL	VIET NAM	VN
TOGO	TG	VIRGIN ISLANDS, BRITISH	VG
TOKELAU	TK	VIRGIN ISLANDS, U.S.	VI
TONGA	TO	WALLIS AND FUTUNA	WF
TRINIDAD AND TOBAGO	TT	WESTERN SAHARA	EH
TUNISIA	TN	YEMEN	YE
TURKEY	TR	ZAMBIA	ZM
TURKMENISTAN	TM	ZIMBABWE	ZW
TURKS AND CAICOS ISLANDS	TC		

Appendix F DOH Hospital License and Unit License

Lic	NAME	CHARS Unit Type	CITY	COUNTY
043	Adventist Health Walla Walla General Hospital	Acute Care	Walla Walla	Walla Walla
043S	Adventist Health Walla Walla General Hospital	Swing Bed Unit	Walla Walla	Walla Walla
904	BHC Fairfax Hospital	Psychiatric	Kirkland	King
197	Capital Medical Center	Acute Care	Olympia	Thurston
921	Cascade Behavioral Hospital	Psychiatric	Tukwilla	King
158	Cascade Medical Center	Acute Care	Leavenworth	Chelan
158S	Cascade Medical Center	Swing Bed Unit	Leavenworth	Chelan
106	Cascade Valley Hospital	Acute Care	Arlington	Snohomish
168	Central Washington Hospital	Acute Care	Wenatchee	Chelan
045	Columbia Basin Hospital	Acute Care	Ephrata	Grant
045S	Columbia Basin Hospital	Swing Bed Unit	Ephrata	Grant
150	Coulee Community Hospital	Acute Care	Grand Coulee	Grant
150S	Coulee Community Hospital	Swing Bed Unit	Grand Coulee	Grant
141	Dayton General Hospital	Acute Care	Dayton	Columbia
141S	Dayton General Hospital	Swing Bed Unit	Dayton	Columbia
037	Deaconess Hospital	Acute Care	Spokane	Spokane
111	East Adams Rural Hospital	Acute Care	Ritzville	Adams
164	EvergreenHealth Medical Center	Acute Care	Kirkland	King
164R	EvergreenHealth Medical Center	Rehabilitation Unit	Kirkland	King
167	Ferry County Memorial Hospital	Acute Care	Republic	Ferry
167S	Ferry County Memorial Hospital	Swing Bed Unit	Republic	Ferry
054	Forks Community Hospital	Acute Care	Forks	Clallam
054S	Forks Community Hospital	Swing Bed Unit	Forks	Clallam
082	Garfield County Memorial Hospital	Acute Care	Pomeroy	Garfield
082S	Garfield County Memorial Hospital	Swing Bed Unit	Pomeroy	Garfield
063	Grays Harbor Community Hospital	Acute Care	Aberdeen	Grays Harbor
020	Group Health Central Hospital	Acute Care	Seattle	King
029	Harborview Medical Center	Acute Care	Seattle	King
029P	Harborview Medical Center	Psychiatric Unit	Seattle	King
029R	Harborview Medical Center	Rehabilitation Unit	Seattle	King
142	Harrison Memorial Hospital	Acute Care	Bremerton	Kitsap
126	Highline Medical Center	Acute Care	Burien	King
126P	Highline Medical Center	Psychiatric Unit	Burien	King
126R	Highline Medical Center	Rehabilitation Unit	Burien	King
134	Island Hospital	Acute Care	Anacortes	Skagit
085	Jefferson Healthcare	Acute Care	Port Townsend	Jefferson
161	Kadlec Regional Medical Center	Acute Care	Richland	Benton
161R	Kadlec Regional Medical Center	Rehabilitation Unit	Richland	Benton
039	Kennewick General Hospital	Acute Care	Kennewick	Benton
148	Kindred Hospital Seattle	Acute Care	Seattle	King
140	Kittitas Valley Community Hospital	Acute Care	Ellensburg	Kittitas
140S	Kittitas Valley Community Hospital	Swing Bed Unit	Ellensburg	Kittitas
008	Klickitat Valley Hospital	Acute Care	Goldendale	Klickitat
008S	Klickitat Valley Hospital	Swing Bed Unit	Goldendale	Klickitat

165	Lake Chelan Community Hospital	Acute Care	Chelan	Chelan
165S	Lake Chelan Community Hospital	Swing Bed Unit	Chelan	Chelan
208	Legacy Salmon Creek Medical Center	Acute Care	Vancouver	Clark
137	Lincoln Hospital	Acute Care	Davenport	Lincoln
137S	Lincoln Hospital	Swing Bed Unit	Davenport	Lincoln
915	Lourdes Counseling Center	Psychiatric	Richland	Benton
022	Lourdes Medical Center	Acute Care	Pasco	Franklin
022R	Lourdes Medical Center	Rehabilitation Unit	Pasco	Franklin
022S	Lourdes Medical Center	Swing Bed Unit	Pasco	Franklin
186	Mark Reed Hospital	Acute Care	McCleary	Grays Harbor
186S	Mark Reed Hospital	Swing Bed Unit	McCleary	Grays Harbor
175	Mary Bridge Children's Hospital	Acute Care	Tacoma	Pierce
152	Mason General Hospital	Acute Care	Shelton	Mason
147	Mid-Valley Hospital	Acute Care	Omak	Okanogan
147S	Mid-Valley Hospital	Swing Bed Unit	Omak	Okanogan
173	Morton General Hospital	Acute Care	Morton	Lewis
173S	Morton General Hospital	Swing Bed Unit	Morton	Lewis
183	MultiCare Auburn Medical Center	Acute Care	Auburn	King
183P	MultiCare Auburn Medical Center	Psychiatric Unit	Auburn	King
183R	MultiCare Auburn Medical Center	Rehabilitation Unit	Auburn	King
081	MultiCare Good Samaritan Hospital	Acute Care	Puyallup	Pierce
081R	MultiCare Good Samaritan Hospital	Rehabilitation Unit	Puyallup	Pierce
919	Navos	Psychiatric	Seattle	King
021	Newport Hospital	Acute Care	Newport	Pend Oreille
021S	Newport Hospital	Swing Bed Unit	Newport	Pend Oreille
107	North Valley Hospital	Acute Care	Tonasket	Okanogan
107S	North Valley Hospital	Swing Bed Unit	Tonasket	Okanogan
130	Northwest Hospital	Acute Care	Seattle	King
130P	Northwest Hospital	Psychiatric Unit	Seattle	King
130R	Northwest Hospital	Rehabilitation Unit	Seattle	King
079	Ocean Beach Hospital	Acute Care	Ilwaco	Pacific
080	Odessa Memorial Hospital	Acute Care	Odessa	Lincoln
080S	Odessa Memorial Hospital	Swing Bed Unit	Odessa	Lincoln
038	Olympic Medical Center	Acute Care	Port Angeles	Clallam
125	Othello Community Hospital	Acute Care	Othello	Adams
131	Overlake Hospital Medical Center	Acute Care	Bellevue	King
131P	Overlake Hospital Medical Center	Psychiatric Unit	Bellevue	King
026	PeaceHealth Saint John Medical Center	Acute Care	Longview	Cowlitz
145	PeaceHealth Saint Joseph Hospital	Acute Care	Bellingham	Whatcom
145P	PeaceHealth Saint Joseph Hospital	Psychiatric Unit	Bellingham	Whatcom
145R	PeaceHealth Saint Joseph Hospital	Rehabilitation Unit	Bellingham	Whatcom
170	PeaceHealth Southwest Medical Center	Acute Care	Vancouver	Clark
170P	PeaceHealth Southwest Medical Center	Psychiatric Unit	Vancouver	Clark
170R	PeaceHealth Southwest Medical Center	Rehabilitation Unit	Vancouver	Clark
046	PMH Medical Center	Acute Care	Prosser	Benton
046S	PMH Medical Center	Swing Bed Unit	Prosser	Benton
191	Providence Centralia Hospital	Acute Care	Centralia	Lewis
191R	Providence Centralia Hospital	Rehabilitation Unit	Centralia	Lewis

139	Providence Holy Family Hospital	Acute Care	Spokane	Spokane
193	Providence Mount Carmel Hospital	Acute Care	Colville	Stevens
193S	Providence Mount Carmel Hospital	Swing Bed Unit	Colville	Stevens
084	Providence Regional Medical Center Everett	Acute Care	Everett	Snohomish
084R	Providence Regional Medical Center Everett	Rehabilitation Unit	Everett	Snohomish
162	Providence Sacred Heart Medical Center	Acute Care	Spokane	Spokane
162P	Providence Sacred Heart Medical Center	Psychiatric Unit	Spokane	Spokane
194	Providence Saint Joseph's Hospital	Acute Care	Chewelah	Stevens
194S	Providence Saint Joseph's Hospital	Swing Bed Unit	Chewelah	Stevens
050	Providence Saint Mary Medical Center	Acute Care	Walla Walla	Walla Walla
050R	Providence Saint Mary Medical Center	Rehabilitation Unit	Walla Walla	Walla Walla
159	Providence Saint Peter Hospital	Acute Care	Olympia	Thurston
159P	Providence Saint Peter Hospital	Psychiatric Unit	Olympia	Thurston
159R	Providence Saint Peter Hospital	Rehabilitation Unit	Olympia	Thurston
172	Pullman Regional Hospital	Acute Care	Pullman	Whitman
172S	Pullman Regional Hospital	Swing Bed Unit	Pullman	Whitman
129	Quincy Valley Medical Center	Acute Care	Quincy	Grant
129S	Quincy Valley Medical Center	Swing Bed Unit	Quincy	Grant
202	Regional Hospital	Acute Care	Tukwila	King
132	Saint Clare Hospital	Acute Care	Tacoma	Pierce
035	Saint Elizabeth Hospital	Acute Care	Enumclaw	King
035S	Saint Elizabeth Hospital	Swing Bed Unit	Enumclaw	King
201	Saint Francis Hospital	Acute Care	Federal Way	King
032	Saint Joseph Medical Center	Acute Care	Tacoma	Pierce
032R	Saint Joseph Medical Center	Rehabilitation Unit	Tacoma	Pierce
157	Saint Luke's Rehabilitation Institute	Acute Care	Spokane	Spokane
078	Samaritan Hospital	Acute Care	Moses Lake	Grant
204	Seattle Cancer Care Alliance	Acute Care	Seattle	King
014	Seattle Childrens	Acute Care	Seattle	King
042	Shriners Hospitals for Children-Spokane	Acute Care	Spokane	Spokane
207	Skagit Valley Hospital	Acute Care	Mt Vernon	Skagit
207P	Skagit Valley Hospital	Psychiatric Unit	Mt Vernon	Skagit
096	Skyline Hospital	Acute Care	White Salmon	Klickitat
096S	Skyline Hospital	Swing Bed Unit	White Salmon	Klickitat
195	Snoqualmie Valley Hospital	Acute Care	Snoqualmie	King
195S	Snoqualmie Valley Hospital	Swing Bed Unit	Snoqualmie	King
198	Sunnyside Community Hospital	Acute Care	Sunnyside	Yakima
198S	Sunnyside Community Hospital	Swing Bed Unit	Sunnyside	Yakima
003	Swedish Medical Center - Cherry Hill	Acute Care	Seattle	King
003P	Swedish Medical Center - Cherry Hill	Psychiatric Unit	Seattle	King
003R	Swedish Medical Center - Cherry Hill	Rehabilitation Unit	Seattle	King
138	Swedish Medical Center - Edmonds	Acute Care	Edmonds	Snohomish
138P	Swedish Medical Center - Edmonds	Psychiatric Unit	Edmonds	Snohomish
001	Swedish Medical Center - First Hill/Ballard	Acute Care	Seattle	King

001R	Swedish Medical Center - First Hill/Ballard	Rehabilitation Unit	Seattle	King
176	Tacoma General Allenmore Hospital	Acute Care	Tacoma	Pierce
023	Three Rivers Hospital	Acute Care	Brewster	Okanogan
023S	Three Rivers Hospital	Swing Bed Unit	Brewster	Okanogan
199	Toppenish Community Hospital	Acute Care	Toppenish	Yakima
108	Tri-State Memorial Hospital	Acute Care	Clarkston	Asotin
108S	Tri-State Memorial Hospital	Swing Bed Unit	Clarkston	Asotin
206	United General Hospital	Acute Care	Sedro Wolley	Skagit
206P	United General Hospital	Psychiatric Unit	Sedro Wolley	Skagit
206S	United General Hospital	Swing Bed Unit	Sedro Wolley	Skagit
128	University Of Washington Medical Center	Acute Care	Seattle	King
128P	University Of Washington Medical Center	Psychiatric Unit	Seattle	King
128R	University Of Washington Medical Center	Rehabilitation Unit	Seattle	King
104	Valley General Hospital	Acute Care	Monroe	Snohomish
104P	Valley General Hospital	Psychiatric Unit	Monroe	Snohomish
180	Valley Hospital - Spokane Valley	Acute Care	Spokane Valley	Spokane
155	Valley Medical Center	Acute Care	Renton	King
010	Virginia Mason Medical Center	Acute Care	Seattle	King
010R	Virginia Mason Medical Center	Rehabilitation Unit	Seattle	King
205	Wenatchee Valley Hospital	Acute Care	Wenatchee	Chelan
205R	Wenatchee Valley Hospital	Rehabilitation Unit	Wenatchee	Chelan
156	Whidbey General Hospital	Acute Care	Coupeville	Island
153	Whitman Hospital & Medical Center	Acute Care	Colfax	Whitman
153S	Whitman Hospital & Medical Center	Swing Bed Unit	Colfax	Whitman
056	Willapa Harbor Hospital	Acute Care	South Bend	Pacific
102	Yakima Regional Medical and Cardiac Center	Acute Care	Yakima	Yakima
102R	Yakima Regional Medical and Cardiac Center	Rehabilitation Unit	Yakima	Yakima
058	Yakima Valley Memorial Hospital	Acute Care	Yakima	Yakima
058P	Yakima Valley Memorial Hospital	Psychiatric Unit	Yakima	Yakima

Appendix G

Pre-processing procedures

Default Values

State Edits

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.
03C	Potential duplicate record	multiple	Error	If Admit date, discharge date, birth date and total charges are exact, this is a duplicate; keep 1 st record and discard 2 nd . If all but Total Charges match, display this error.
04A	Incorrect Bill Type	04	Exclusionary Error	Compare Bill Type against the list of valid bill types. If not in the list, 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. System will default to "12/31/9999" for missing or invalid date format.
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.
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. System will default to "12/31/9999" for missing or invalid date format.

Edit #	Edit Message	FL#	Severity	Description
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. Default for missing value is (-)
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. Default for missing value is dash (-)
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 or missing.
10A	Birth date is missing or invalid	10	Error	BIRTHDATE must be present and in a valid date format. System will default to "12/31/9999" for missing or invalid 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. System will default to value of U. File will not process if there is a blank or invalid code.
12A	Admit date is missing or invalid	12	Error	This edit is for all CHARS bill types except 131 and 851. Check for presence of date in "Admission" position and format of date for Admission. If no date or invalid date, generate error. System may default to "12/31/9999" for missing or invalid date format.
13A	Admission Hour Code is missing	13	Error	Must be present. If not, generate error.

Edit #	Edit Message	FL#	Severity	Description
13B	Admission Hour Code in invalid	13	Error	If present - code range is 00-23, if not within value range generate error.
14A	Priority (Type) of visit is missing or invalid	14	Error	Priority (Type) of visit must be present and value must be in table of values.
14B	Priority (Type) of visit is newborn but point of origin is not newborn	14,15	Error	If Priority (Type) of visit is NEWBORN (4) and POINT OF ORIGIN is not in the lookup table, then generate an error.
15A	Point of origin is missing or invalid	15	Error	POINT OF ORIGIN must be present and value must be in the lookup table. 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 in the lookup table, generate an error.
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 C)	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 an outpatient HCPCS code in FL44, Service Date must be present, in the correct format, and be within the range of 3 days before the From Date and Through Date. Calculate whole days without regard to admit or discharge times.
46A	Service units are missing or invalid	46	Error	If revenue code is present, Revenue Service Units Qty must be > 0 for certain codes listed in Appendix C. Do not generate error if Edit 42A is generated.

Edit #	Edit Message	FL#	Severity	Description
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 > or = to 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 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 0001) This rule applies to manual input only. In files, Total Charge is the value in the CLM segment.
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. If sum is not equal to TOTAL CHARGE then generate error.
51A	Principal payer code is missing or invalid	51	Error	Must be present and match list of valid CHARS payer codes. Blank payer code fields in files are filled with "999" and posts an error.
51B	Other Payer codes invalid	50	Error	If other payer codes are present, they must match list of valid CHARS payer codes. Blank payer code fields in files are filled with "999" and posts an error.
57A	Cannot determine hospital identity.	57	Exclusionary Error	For version 5010 file only, the CHARS Hospital ID and each unit's Taxonomy Code in a file must be present and the same as those arranged with DOH. If any are incorrect, the submission file will be rejected.

Edit #	Edit Message	FL#	Severity	Description
67A	Diagnosis indicated trauma or poisoning but no External cause code is present	67	Error	If a Principal Diagnosis Code is in the following ranges and the Point of origin is not Transfer (4, A or D), then an External Cause Code is required. If there is no External Cause Code, then generate an error. Using the dot notation (may be convenient for visualizing this edit): ICD-9-CM 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 ICD-10-CM Codes: S00-T34.99, T68-69, T74, T75
67J	Invalid Present On Admission value	67	Error	Valid POA values are Y, N, U, W and Blank. Generate error for any other value. Exception: POA not required for Bill Type 131 or 851.
67K	Diagnosis ICD Code Version Missing		Error	Diagnosis code must indicate ICD version.
72A	Ecode not valid	72	Error	ICD-9-CM The first character must be E. Other edits in Medicare Code Edits. ICD-10-CM Valid external cause code range V00-Y99
72C	Present On Admission invalid	72	Error	Valid POA values are Y, N, U, W and Blank. Generate error for any other value. Exception: POA not required for Bill Type 131 or 851.
72D	Ecode ICD Code Version Missing			E code must indicate ICD version.
74A	Procedure date is missing or invalid	74	Error	If an inpatient procedure is present in FL74, procedure date must be present and occur within the range of 3 days before the From and Through dates and in the proper date format. Calculate whole days without regard to admit or discharge times.
74D	Procedure ICD Code Version Missing			Procedure Code must indicate ICD version.

Edit #	Edit Message	FL#	Severity	Description
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. In files, a missing NPI is filled with "ZZZ" and an error is posted.
76B	Only 1 attending provider is allowed	76	Error	Select only the one NPI in the 2310A Attending Provider. Any others will be ignored..
77A	Operating physician is invalid	77	Error	If present, must be NPI
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	Select only the one NPI in the 2310B Operating Physician. Any others will be ignored..
78A	Other Provider Id is invalid	78	Error	If present, must be NPI.
78B	Maximum number of Other providers allowed is 1.	78	Error	Select only the one NPI in the 2310C Other Operating Physician. Ignore all Other Provider entries..
80A	Social Security Number missing	80	Error	Must be present if Country code is USA or blank and age is greater than 0. In files, missing SSN will be filled with "999U"
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	Error	For version 5010 file only, the CHARS Hospital ID and each unit's Taxonomy Code in a file must be present and the same as those arranged with DOH. If any are incorrect, the submission file will be rejected.
99A	Cannot run Grouper edits		Error	Not enough info present to run the Grouper to do Medicare Edits

MEDICARE EDITS

These CHARS Edit Codes are derived from the error codes of the 3M CMS MS-DRG grouper.

Edit Number	Edit Message	FL#
10F	Patient's age and diagnosis are inconsistent	10,12,67
11B	Sex is inconsistent with diagnosis	11, 67
11C	Sex is inconsistent with procedure	11,74
67B	Principal diagnosis is missing, invalid or Ecode	67
67C	Manifestation code was given for principal diagnosis	67
67E	Other diagnosis is a duplicate of the principal diagnosis	67,67a-q
67F	Other diagnosis is invalid	67a-q
67G	Questionable admission for principal diagnosis	
67H	Non-specific principal diagnosis	
67I	Secondary diagnosis is required	
74B	Procedure is not valid	74