

Data Set Documentation

I.	General Description	4
II.	Fixed-Width File Layout(s)	6
	Inpatient Discharge	6
	Outpatient Surgery (OPS) & Observation w/ Outpatient Surgery (OBS-OPS).....	7
	Emergency Department (ED) & Observation w/ Emergency Department (OBS-ED)	8
III.	Wlpop Relational Database Product.....	9
	Standard Layout - Data Tables	9
	Standard Layout - Data Support Tables.....	11
	Physician Enhanced Layout – Additional Table	14
	Revenue Enhanced Layout – Additional Table	14
IV.	Detailed Description of Data Elements	15
1.	Age in Years.....	15
2.	Infant Age Groups – Inpatient and Outpatient Surgery data only	15
3.	ZIP Code	15
4.	County/State Code	16
5.	Gender	16
6.	Length of Stay – Inpatient data only	16
7.	Year/Quarter.....	16
8.	Admission Type – Outpatient Surgery and Inpatient data only	16
9.	Admission Source – Inpatient and Emergency data only	17
	Source Codes For Non-Newborn Admissions.....	17
	Source Codes For Newborn Admissions.....	18
10.	Discharge Status – Inpatient and Emergency data only.....	19
11.	Total Charges.....	19
12.	Leave Days – Inpatient data only	20
13.	First Payer Identifier Group	20
14.	First Payer Category Group.....	20
15.	Second Payer Identifier Group	21
16.	Second Payer Category Group	21
17.	Principal Diagnosis Code	21

Data Set Documentation

18.	Other Diagnosis Codes (First through Eighth for fixed-width layout, all codes submitted for relational layout)	21
19.	'E' Code	22
20.	Principal Procedure Code – ICD-9-CM	22
21.	Other Procedure Codes – ICD-9-CM (First through Fifth for fixed-width layout, all codes submitted for relational layout).....	22
22.	Principal Procedure Code – CPT	23
23.	Other Procedure Codes – CPT (First through Fifth for fixed-width layout, all codes submitted for relational layout).....	23
24.	Pre-Procedure Days – Inpatient data only.....	23
25.	Attending Physician Specialty Code – Emergency data only	23
26.	Other (Procedure) Physician Specialty Code – Emergency data only	23
27.	Major Diagnostic Category (MDC) – Inpatient data only	24
28.	Diagnosis Related Group (DRG) – Inpatient data only.....	24
29.	Diagnosis Present at Admission – Inpatient data only	24
30.	Facility Identification Number	24
31.	Record Number (fixed-width layout only)	24
32.	First Payer Combined Code	25
33.	Second Payer Combined Code.....	26
34.	Second Other (Procedure) Physician Specialty Code – Emergency data only ...	26
35.	Bilateral Principal Procedure – CPT	27
36.	Bilateral Other Procedure – CPT (First through Fifth for fixed-width layout, all codes submitted for relational layout).....	27
37.	Record ID (relational layout only)	27
38.	Data ID (relational layout only)	27
39.	Start Date (relational layout only)	27
40.	End Date (relational layout only)	27
41.	OPS (relational layout only).....	27
42.	ER (relational layout only)	27
43.	OBS (relational layout only).....	28
44.	All Patient Refined Diagnosis Related Group (APR-DRG) (relational layout only)	28
45.	Severity of Illness (relational layout only)	28

Data Set Documentation

46.	Risk of Mortality (ROM) (relational layout only)	28
V.	Facility Identification Codes.....	29
	Inpatient and Emergency Department Data Submitters.....	29
	Freestanding Ambulatory Surgery Center Data Submitters	32
	Veteran Care Hospitals	33
	Facility Closings and Mergers	33
V.	County Codes	35
VI.	State Codes	35
VII.	County Assignments for Multi-County ZIP Codes	36
VIII.	Specialty Codes – Alpha Order.....	40
IX.	Specialty Codes – Numeric Order	42
X.	Payer Information Submitted by Facilities	45
XI.	Payer Identifier & Payer Category Group Code Criteria	46
XII.	Payer Combined Code Assignment.....	47
XIII.	Summary of All Codes – CodeSummary.xls	49

I. General Description

The data contained in the data sets were reported to WHA Information Center pursuant to Chapter 153, Wis. Stats. That reported information contains patient demographic data, admission and discharge data, charge and payer data, and diagnostic and procedure data, among other data. Four types of data were reported:

1. Inpatient Data (INP) were reported by all of Wisconsin's acute care, non-federal hospitals, including General Medical/Surgical, Psychiatric, AODA, Rehabilitation, and State institutions pursuant to the above statutes.
 - Reportable hospital inpatient records were defined as ones with a UB-92 Item 4 or UB-04 Item 4 "Type of Bill" codes 11x and 12x.
 - A record was submitted for each discharge.
2. Emergency Department (ED) Data were reported by all of Wisconsin's hospitals offering ED services pursuant to the above statutes.
 - Reportable emergency department visit records were selected by discharge date and revenue codes 0450, 0451, 0452, and 0459.
3. Outpatient Surgery Data (OPS) were reported by Wisconsin hospitals, affiliated ambulatory surgery centers, and freestanding ambulatory surgery centers pursuant to the above statutes.
 - Reportable hospital outpatient surgery records should be done by procedure date and outpatient surgery revenue codes that include one of the following: 036x, 0481, 049x, and 0750.
4. Observation Visit Data were reported by Wisconsin hospitals pursuant to the above statutes. There are 3 different data sets available: Observation Visit Data ONLY (OBS), Observation Visit Data with Outpatient Surgery Data (OBS-OPS), and Observation Visit Data with OBS-ED data. OBS data set available in the relational format only.
 - Reportable observation visit data ONLY (OBS) should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 only (observation only data available in the Relational Data Format)
 - The OBS-OPS should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 and outpatient Surgery revenue codes that include one of the following: 036x, 0480, 0481, 049x, and 0750.
 - The OBS-ED should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 and Emergency Department Data that include one of the following ED revenue codes: 0450, 0451, 0452, and 0459.

Definitions of data elements reported to WHA Information Center are based on uniform billing forms, either the Center for Medicare and Medicaid Services (CMS) Form 1450, also known as Uniform Billing Form 92 (UB-92), Uniform Billing Form 04 (UB-04), or CMS Form 1500 (CMS-1500). Freestanding Ambulatory Surgery Centers should submit a record for each surgical case that occurs within a specific quarter. Each submitted record contained items or

aggregations of items from the billing forms.

The submitted data were edited for errors. During the submission process, errors were identified, and facilities were responsible for correcting all invalid records. After successful submission of verified data, a summary profile of each facility's data was provided for facility review and reconciliation with internal records. This sometimes led to further corrections, deletion of duplicate records, or the submission of additional discharge records. The editing process is substantially described in the Patient Data Submission Manual, which also details facilities' reporting requirements. The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Manual, the CPT Coding Manual, the HCPCS Level II Coding Manual, and the UB-04 Manual contain some additional descriptions or specifications for particular items.

The data sets consist of either raw data items obtained directly from facilities or computed and derived items calculated from the raw data items or derived from another source. Raw data items that could identify a patient are not included in the data sets. Some elements are regrouped.

CPT codes submitted in ED and AMB files were converted to ICD-9-CM procedure codes using the *2007 Procedure Conversion Files*, developed by Solucient (1st release – 01/01/2007 effective date). Effective with Q1 2007 data, all Outpatient records are required to submit CPT procedure codes (not ICD-9-CM procedure codes).

In the fixed width data sets; when a CPT code does not convert to an ICD-9-CM code, four 'X' characters (XXXX) were placed in the ICD field. There are six (6) CPT code fields (Principal CPT and five Other CPT fields) which contain the CPT codes that are originally submitted on the record. Each quarter, the list of CPT codes that translate to more than one ICD-9-CM code appears as part of the CPT2ICD Conversion Caveats document that accompanies this documentation. When only one CPT code is submitted and converts to two ICD procedure codes on a record, both ICD codes appear on the record on the data file. When more than one CPT code is submitted, and one or more CPT code(s) converts to two ICD codes on a record, only one ICD procedure code (ICD1) appears for each CPT code submitted.

In the relational data sets; when a CPT code does not convert to an ICD-9-CM code, four 'X' characters (XXXX) were placed in the ICD1 field. An unlimited number of CPT code fields (Principal and Additional) contain the CPT codes that are originally submitted on the record, while the ICD1 and ICD2 fields contain codes converted from the Solucient cross-walk.

The body of the documentation includes a file layout as well as a more detailed description of each data item available on the data file. Other sections contain a list of facility identification numbers, and county and state codes.

II. Fixed-Width File Layout(s)

Inpatient Discharge

Column(s)	Length	Data Element
01-03	03	Age in Years
04	01	Infant Age Groups
05-09	05	ZIP Code
10-11	02	County/State Code
12	01	Gender
13-15	03	Length of Stay
16-18	03	Discharge Year and Quarter
19	01	Admission Type
20	01	Admission Source
21-22	02	Discharge Status
23-34	12.2	Total Charges (explicit decimal)
35-37	03	Leave Days
38	01	First Payer Identifier Group
39	01	First Payer Category Group
40	01	Second Payer Identifier Group
41	01	Second Payer Category Group
42-46	05	Principal Diagnosis Code
47-51	05	First Other Diagnosis Code
52-56	05	Second Other Diagnosis Code
57-61	05	Third Other Diagnosis Code
62-66	05	Fourth Other Diagnosis Code
67-71	05	Fifth Other Diagnosis Code
72-76	05	Sixth Other Diagnosis Code
77-81	05	Seventh Other Diagnosis Code
82-86	05	Eighth Other Diagnosis Code
87-91	05	E Code
92-95	04	Principal Procedure Code (ICD-9-CM Code)
96-99	04	First Other Procedure Code (ICD-9-CM Code)
100-103	04	Second Other Procedure Code (ICD-9-CM Code)
104-107	04	Third Other Procedure Code (ICD-9-CM Code)
108-111	04	Fourth Other Procedure Code (ICD-9-CM Code)
112-115	04	Fifth Other Procedure Code (ICD-9-CM Code)
116-118	03	Pre-Procedure Days
119-120	02	Major Diagnostic Category
121-123	03	Diagnosis Related Group
124-126	03	Hospital or FASC Identification Number
127-131	05	Record Number
132-136	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07
137-139	03	First Payer Combined Code Effective 1Q 04
140-142	03	Second Payer Combined Code Effective 1Q 04

Fixed-Width Layout(s)**Outpatient Surgery (OPS) & Observation w/ Outpatient Surgery (OBS-OPS)**

Column(s)	Length	Data Element
01-03	03	Age in Years
04	01	Infant Age Groups
05-09	05	ZIP Code
10-11	02	County/State Code
12	01	Gender
13-15	03	Surgery Year and Quarter
16	01	Admission Type
17-28	12.2	Total Charges (explicit decimal)
29	01	First Payer Identifier Group
30	01	First Payer Category Group
31	01	Second Payer Identifier Group
32	01	Second Payer Category Group
33-37	05	Principal Diagnosis Code
38-42	05	First Other Diagnosis Code
43-47	05	Second Other Diagnosis Code
58-52	05	Third Other Diagnosis Code
53-57	05	Fourth Other Diagnosis Code
58-62	05	Fifth Other Diagnosis Code
63-67	05	Sixth Other Diagnosis Code
68-72	05	Seventh Other Diagnosis Code
73-77	05	Eighth Other Diagnosis Code
78-82	05	E Code
83-86	04	Principal Procedure Code (ICD-9-CM Code)
87-90	04	First Other Procedure Code (ICD-9-CM Code)
91-94	04	Second Other Procedure Code (ICD-9-CM Code)
95-98	04	Third Other Procedure Code (ICD-9-CM Code)
99-102	04	Fourth Other Procedure Code (ICD-9-CM Code)
103-106	04	Fifth Other Procedure Code (ICD-9-CM Code)
107-111	05	Principal Procedure Code (CPT-4 Code)
112-116	05	First Other Procedure Code (CPT-4 Code)
117-121	05	Second Other Procedure Code (CPT-4 Code)
122-126	05	Third Other Procedure Code (CPT-4 Code)
127-131	05	Fourth Other Procedure Code (CPT-4 Code)
132-136	05	Fifth Other Procedure Code (CPT-4 Code)
137	01	Blank (<i>Previously Reportable Procedure Category</i>)
138	01	Blank (<i>Previously Number of Reportable Procedures</i>)
139-141	03	Hospital or FASC Identification Number
142-146	05	Record Number
147-149	03	First Payer Combined Code Effective 1Q 04
150-152	03	Second Payer Combined Code Effective 1Q 04
153	01	Bilateral Principal Procedure (Yes/No) Effective 1Q 05
154	01	Bilateral First Other Procedure (Yes/No) Effective 1Q 05
155	01	Bilateral Second Other Procedure (Yes/No) Effective 1Q 05
156	01	Bilateral Third Other Procedure (Yes/No) Effective 1Q 05
157	01	Bilateral Fourth Other Procedure (Yes/No) Effective 1Q 05
158	01	Bilateral Fifth Other Procedure (Yes/No) Effective 1Q 05
159-163	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07

Fixed-Width Layout(s)**Emergency Department (ED) & Observation w/ Emergency Department (OBS-ED)**

Column(s)	Length	Data Element
01-03	03	Age in Years
04-08	05	ZIP Code
09-10	02	County/State Code
11	01	Gender
12-14	03	Discharge Year and Quarter
15	01	Admission Source
16-17	02	Discharge Status
18-29	12.2	Total Charges (explicit decimal)
30	01	First Payer Identifier Group
31	01	First Payer Category Group
32	01	Second Payer Identifier Group
33	01	Second Payer Category Group
34-38	05	Principal Diagnosis Code
39-43	05	First Other Diagnosis Code
44-48	05	Second Other Diagnosis Code
49-53	05	Third Other Diagnosis Code
54-58	05	Fourth Other Diagnosis Code
59-63	05	Fifth Other Diagnosis Code
64-68	05	Sixth Other Diagnosis Code
69-73	05	Seventh Other Diagnosis Code
74-78	05	Eighth Other Diagnosis Code
79-83	05	E Code
84-87	04	Principal Procedure Code (ICD-9-CM Code)
88-91	04	First Other Procedure Code (ICD-9-CM Code)
92-95	04	Second Other Procedure Code (ICD-9-CM Code)
96-99	04	Third Other Procedure Code (ICD-9-CM Code)
100-103	04	Fourth Other Procedure Code (ICD-9-CM Code)
104-107	04	Fifth Other Procedure Code (ICD-9-CM Code)
108-110	03	Hospital or FASC Identification Number
111-115	05	Record Number
116-120	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07
121-123	03	Attending Physician Specialty Code
124-126	03	Other (Procedure) Physician 1 Specialty Code
127-131	05	Principal Procedure Code (CPT-4 Code)
132-136	05	First Other Procedure Code (CPT-4 Code)
137-141	05	Second Other Procedure Code (CPT-4 Code)
142-146	05	Third Other Procedure Code (CPT-4 Code)
147-151	05	Fourth Other Procedure Code (CPT-4 Code)
152-156	05	Fifth Other Procedure Code (CPT-4 Code)
157-159	03	First Payer Combined Code Effective 1Q 04
160-162	03	Second Payer Combined Code Effective 1Q 04
163	01	Bilateral Principal Procedure (Yes/No) Effective 1Q 05
164	01	Bilateral First Other Procedure (Yes/No) Effective 1Q 05
165	01	Bilateral Second Other Procedure (Yes/No) Effective 1Q 05
166	01	Bilateral Third Other Procedure (Yes/No) Effective 1Q 05
167	01	Bilateral Fourth Other Procedure (Yes/No) Effective 1Q 05
168	01	Bilateral Fifth Other Procedure (Yes/No) Effective 1Q 05
169-171	03	Second Other (Procedure) Physician Specialty Code Effective 1Q 05

III. Wlpop Relational Database Product

Standard Layout - Data Tables

tblPrimary

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
FACILITY_ID	Facility ID Number
AGE	Age in Years
NEWBORN	Infant Age Group
ZIP	ZIP Code
COUNTY	County/State Code
SEX	Sex
YYQ	Year & Quarter
LOS	Length of Stay
ATYPE	Admission Type
ASOURCE	Admission Source
ASRCNWBRN	Admission Source - Newborn
DSTATUS	Discharge Status
LDAYS	Leave Days
TC	Total Charges
PAYIDGRP1	First Payer Identifier Group Code
PAYIDCAT1	First Payer Category Group Code
PAYCC1	First Payer Combined Code
PAYIDGRP2	Second Payer Identifier Group Code
PAYIDCAT2	Second Payer Category Group Code
PAYCC2	Second Payer Combined Code
PREDAYS	Pre-Procedure Days

tblDataType

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
DATA_ID	Data Type Identifier
OPS	Outpatient – Outpatient Surgery Record? Y/N
ER	Outpatient – Emergency Room Record? Y/N
OBS	Outpatient – Observation Record? Y/N
YYQ	Year & Quarter

Added 01/25/2006

tblDiagnosis

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
DX_ORDER	Diagnosis Order Code
DX_ICD	Diagnosis Code
DX_TYPE	Diagnosis Type Code

tblSpecialty

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
ATT_SPEC	Specialty Code of Attending Physician
OTH1_SPEC	Specialty Code of First Other (Procedure) Physician
OTH2_SPEC	Specialty Code of Second Other (Procedure) Physician

Standard Layout - Data Tables (continued)

tblProcedure

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
PR_ORDER	Procedure Order Code
PR_CPT	Procedure Code – CPT-4
PR_MOD1	Procedure Modifier 1 Code
PR_MOD2	Procedure Modifier 2 Code
PR_MOD3	Procedure Modifier 3 Code Added Q108
PR_MOD4	Procedure Modifier 4 Code Added Q1 08
PR_ICD1	Procedure Code1 – ICD-9-CM
PR_ICD2	Procedure Code2 – ICD-9-CM
PR_TYPE	Procedure Type Added Q4 07

tblRevenue

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
REV_CTR	Revenue Center Code
REV_TC	Revenue Center Total Charge

tblDRG

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
MDC	Major Diagnostic Category
DRG	Diagnosis Related Group

tblAPR-DRG – available upon request and have 3M APR-DRG software contract

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
APRDRG	All Patient Refined Diagnosis Related Group
APRMDC	All Patient Refined Diagnosis Major Diagnostic Category
SEVERITY	Severity of Illness Code
ROM	Risk of Mortality Code

tblMSDRG **Added Q407**

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
MDC	Medicare Severity Diagnosis Related Group Major Diagnostic Category
DRG	Medicare Severity Diagnosis Related Group

Standard Layout - Data Support Tables

tlkNewborn (Infant Age Groups)

FIELD	FIELD_DESCRIPTION
NEWBORN	Infant Age Group
NEWBORN_DESC	Infant Age Group Description

tlkCounty

FIELD	FIELD_DESCRIPTION
COUNTY	County/State Code
COUNTY_DESC	County/State Code Description

tlkAdmitType

FIELD	FIELD_DESCRIPTION
ATYPE	Admission Type
ATYPE_DESC	Admission Type Description
START_DATE	Start Date of Admission Type
END_DATE	End Date of Admission Type

tlkAdmitSource

FIELD	FIELD_DESCRIPTION
ASOURCE	Admission Source
ASOURCE_DESC	Admission Source Description
START_DATE	Start Date of Admission Source
END_DATE	End Date of Admission Source

tlkAdmitSourceNewborn

FIELD	FIELD_DESCRIPTION
ASRCNWBN	Newborn Admission Source
ASRCNWB RN_DESC	Newborn Admission Source Description
START_DATE	Start Date of Admission Source
END_DATE	End Date of Admission Source

tlkDischargeStatus

FIELD	FIELD_DESCRIPTION
DSTATUS	Discharge Status
DSTATUS_DESC	Discharge Status Description
START_DATE	Start Date of Discharge Status
END_DATE	End Date of Discharge Status

tlkPayIdentifier

FIELD	FIELD_DESCRIPTION
PAYID	Payer Identifier Group
PAYID_DESC	Payer Identifier Group Description

tlkPayCategory

FIELD	FIELD_DESCRIPTION
PAYCAT	Payer Category Group
PAYCAT_DESC	Payer Category Group Description

Standard Layout - Data Support Tables (continued)

tlkPayCombinedCode

FIELD	FIELD DESCRIPTION
PAYCC	Payer Combined Code
PAYCC_DESC	Payer Combined Code Description
START_DATE	Start Date of Payer Combined Code
END_DATE	End Date of Payer Combined Code

tlkDataType

FIELD	FIELD DESCRIPTION
DATA_ID	Data Type Identifier
DATA_DESC	Data Type Description

tlkDxType **Added Q407**

FIELD	FIELD DESCRIPTION
DX_TYPE	Diagnosis Type
DX_TYPE_DESC	Diagnosis Type Description

tlkDRG

FIELD	FIELD DESCRIPTION
DRG	Diagnosis Related Group
DRG_DESC	Diagnosis Related Group Description
START_DATE	Start Date of Diagnosis Related Group
END_DATE	End Date of Diagnosis Related Group

tlkFacility

FIELD	FIELD DESCRIPTION
FACILITY_ID	Facility Identifier
FACILITY_NAME	Facility Name
FACILITY_CITY	Facility City
OPENED	Open Date of Facility
CLOSED	Close Date of Facility
COMBINE	Combine Date of Facility
COMBINE_TO	Facility Number Combined Into

tlkMDC

FIELD	FIELD DESCRIPTION
MDC	Major Diagnostic Category
MDC_DESC	Major Diagnostic Category Description
START_DATE	Start Date of Major Diagnostic Category
END_DATE	End Date of Major Diagnostic Category

tlkRevenueCenter

FIELD	FIELD DESCRIPTION
REV_CTR	Revenue Center Code
REV_CTR_DESC	Revenue Center Code Description
START_DATE	Start Date of Revenue Center
END_DATE	End Date of Revenue Center

Standard Layout - Data Support Tables (continued)**tlkMSDRG Added Q4 07**

FIELD	FIELD DESCRIPTION
DRG	MS DRG Value (Medicare Severity Diagnostic Related Group_
DRG_DESC	MS DRG Description
START_DATE	
END_DATE	

tlkPrType Added Q4 07

FIELD	FIELD DESCRIPTION
PR_TYPE	Procedure Type
PR_TYPE_DESC	Procedure Type Description

tlkSpecialty

FIELD	FIELD DESCRIPTION
SPECIALTY	Specialty Code
SPECIALTY_DESC	Specialty Code Description
START_DATE	Start Date of Specialty Code
END_DATE	End Date of Specialty Code

tlkAPR-DRG – available with APR-DRG data only

FIELD	FIELD DESCRIPTION
APRDRG	All Patient Refined Diagnosis Related Group
APRDRG_DESC	All Patient Refined Diagnosis Related Group Description
START_DATE	Start Date of All Patient Refined Diagnosis Related Group
END_DATE	End Date of All Patient Refined Diagnosis Related Group

tlkROM – available with APR-DRG data only

FIELD	FIELD DESCRIPTION
ROM	Risk of Mortality Code
ROM_DESC	Risk of Mortality Code Description

tlkSeverity – available with APR-DRG data only

FIELD	FIELD DESCRIPTION
SEVERITY	Severity of Illness Code
SEVERITY_DESC	Severity of Illness Code Description

Physician Enhanced Layout – Additional Table

tblPhysician – Data Table

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
ATT_WI_LICENSE	Wisconsin License of Attending Physician
ATT_UPIN	UPIN of Physician
ATT_NPI	NPI of Physician
ATT_SPEC	Specialty Code of Attending Physician
ATT_NAME	Name of Physician
OTH1_WI_LICENSE	Wisconsin License of First Other (Procedure) Physician
OTH1_UPIN	UPIN of Physician
OTH1_NPI	NPI of Physician
OTH1_SPEC	Specialty Code of First Other (Procedure) Physician
OTH1_NAME	Name of Physician
OTH2_WI_LICENSE	Wisconsin License of Second Other (Procedure) Physician
OTH2_UPIN	UPIN of Physician
OTH2_NPI	NPI of Physician
OTH2_SPEC	Specialty Code of Second Other (Procedure) Physician
OTH2_NAME	Name of Physician

Revenue Enhanced Layout – Additional Table

tblRevenueDetail – Data Table

FIELD	FIELD_DESCRIPTION
RECORD_ID	Unique Record Identifier
REV_CODE	Revenue Line Item Code
HCPCS_RATE	HCPCS / Rate Code
HCPCS_MOD1	HCPCS Modifier 1 Code
HCPCS_MOD2	HCPCS Modifier 2 Code
HCPCS_MOD3	HCPCS Modifier 3 Code Added Q108
HCPCS_MOD4	HCPCS Modifier 4 Code Added Q108
UNIT_SERV	Units of Service
REV_CHG	Revenue Line Item Charge

tblRevenueCode – Data Support Table

FIELD	FIELD_DESCRIPTION
REV_ID	Revenue Line Item Code
REV_DESC	Revenue Line Item Code Description
START_DATE	Start Date of Revenue Code
END_DATE	End Date of Revenue Code

IV. Detailed Description of Data Elements

1. Age in Years

Age in years for each patient is calculated as the number of days from the Date of Birth (UB-92 Item 14, UB-04 Item 10 or CMS-1500 Item 3) to:

- 1) the Admission Date (UB-92 Item 17 or UB-04 Item 12) for Inpatient and Emergency Department data,
- 2) the Date of Principal Procedure (UB-92 Item 80, UB-04 Item 74 or CMS-1500 Item 24A-1) for Outpatient Surgery Center data, or
- 3) The “from” date in the statement covers period (UB-92 Item 6A or UB-04 Item 6A) for Observation Visit data

The number of days is then divided by 365.25 and truncated to a whole number.

To maintain patient confidentiality, ages greater than 96 years were recoded to 96.

2. Infant Age Groups – Inpatient and Outpatient Surgery data only

Infants' ages were coded into one of three groups based on days old at admission or date of procedure. Age in days was calculated as the number of days from the Date of Birth (UB-92 Item 14, UB-04 Item 14 or CMS-1500 Item 3) to:

- 1) the Admission Date (UB-92 Item 17 or UB-04 Item 12) for Inpatient data, or
- 2) the Date of Principal Procedure (UB-92 Item 80 , UB-04 Item 74or CMS-1500 Item 24A) for Outpatient Surgery Center data and Observation with OPS data.

Code	Age Group
1	7 days or less
2	8 days through 28 days
3	29 days through 365 days
0	Over 1 year

- 3) the “from” date in the statement covers period (UB-94 Item 6A or UB-04 Item 6A) for Observation Visit data

Infant Age Group codes and descriptions can be found in the relational data product data support table **tlkNewborn**.

3. ZIP Code

Indicates the USPS ZIP code of the patient's residence. Derived from the Patient's ZIP code (UB-92 Item 13, UB-04 Item 9 or CMS-1500 Item 5).

Values are suppressed to protect patient confidentiality as follows:

A blank is entered if:

1. The ZIP code has a residential population less than 1,000 per record type, or
2. The ZIP code appears on fewer than 30 discharges (Inpatient, Emergency Department, and Observation Visit data) or fewer than 30 outpatient surgeries in the current quarter.

Residences outside the United States are assigned the ZIP code '00000'. Missing (as when no permanent residence is available or the patient is homeless) ZIP codes are empty (NULL).

4. **County/State Code**

County or state of residence of patients derived from their USPS ZIP code.

- A. For Wisconsin residents, this is their county of residence. It is derived from their USPS ZIP code. Where a ZIP code straddles county boundaries, the patients from that ZIP code are assigned to the county containing the majority of the ZIP code's residents. Please see [Section VII](#).
- B. For non-Wisconsin residents, ZIP code is used to identify and code residents of bordering states: Illinois, Iowa, Michigan, and Minnesota. Patients with other ZIP codes, including the non-U.S. resident ZIP code of '00000', were assigned county code '99'. Patients with missing ZIP codes were assigned county code '98'.

See [Section V](#) for the full list of county codes. See [Section VI](#) for the full list of state codes. County and State codes and descriptions can be found in the relational data product data support table **tlkCounty**.

5. **Gender**

Indicates the patient's gender (UB-92 Item 15, UB-04 Item 44 or CMS-1500 Item 3).

Code	Sex
1	Male
2	Female
3	Unknown

6. **Length of Stay – Inpatient data only**

Indicates number of days of inpatient stay. Calculated by determining the number of days between the Admission Date (UB-92 Item 17 or UB-04 Item 12) and the Discharge Date (UB-92 Item 6 or UB-04 Item 6) and subtracting the number of Leave Days (UB-92 Items 42 and 46, UB-04 Items 42 and 46); total units of service for all 18X revenue codes). When no value was reported for Leave Days, it was assumed to be zero. **Length of Stay is zero when Discharge and Admission Dates are the same.** Lengths of stay longer than 999 days were set to 999 days.

7. **Year/Quarter**

Indicates year and quarter (e.g., "041" for first quarter of 2004) of discharge, surgery, or "from" date in the statement covers period (UB Form locator 6A) specified by data type. For Inpatient and, Emergency Department data, Discharge Year/Quarter is provided. For Outpatient Surgery Center data, Procedure Year/Quarter is provided. For Observation Visit data, "from" date in statement period covers date is provided.

8. **Admission Type – Outpatient Surgery and Inpatient data only**

Indicates priority code of the admission (UB-92 Item 19 or UB-04 Item 14). Admission Type codes and descriptions can be found in the relational data product data support table **tlkAdmitType**.

Code	Priority	Definition
1	Emergency	The patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally the patient is admitted through the emergency room
2	Urgent	The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally the patient was admitted to the first available and suitable accommodation

Code	Priority	Definition
3	Elective	An admission that could be delayed without substantial risk to the health of the individual. This means the patient's condition permitted adequate time to schedule the availability of a suitable accommodation
4	Newborn	A baby born within the facility. Use of this code requires use of special Source of Admission Codes - see Element No. 9 (for data purposes, a baby born in, or en route to, the hospital is considered a newborn)
5	Trauma Center	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 trauma activation

9. Admission Source – Inpatient and Emergency data only

Indicates the source of the admission (UB-92 Item 20 or UB-04 Item 15). The meaning of this code is dependent on the Type of Admission that was coded. Emergency, Urgent, Elective or Trauma Center (Non-Newborn) admission types have one set of Admission Source codes; the Newborn admission type has another set. Admission Source codes and descriptions can be found in the relational data product data support table **tlkAdmitSource**.

Source Codes For Non-Newborn Admissions

Code	Source	Definition
1	Physician Referred	The patient was admitted to this facility upon the recommendation of his or her personal physician. For outpatients, a physician referred the patient for outpatient services, or the patient independently requested outpatient services (self-referral)
2	Clinic Referred	The patient was admitted to this facility upon recommendation of a facility's clinic physician. For outpatients, the patient was referred to this facility of outpatient or referenced diagnostic services by this facility's clinic or other outpatient department physician
3	HMO Referred	The patient was referred to this facility upon the recommendation of a health maintenance organization physician. For outpatients, a HMO physician referred the patient to this facility for outpatient or referenced diagnostic services
4	Transfer from a Hospital	The patient was admitted as a transfer from an acute care facility where he or she was an inpatient. For outpatients, a physician of another acute care facility referred the patient to this facility for outpatient or referenced diagnostic services
5	Transfer from a Skilled Nursing Facility	The patient was admitted from a skilled nursing facility where he or she was an inpatient. For outpatients, the patient was referred to this facility for outpatient or referenced diagnostic services by the skilled nursing facility where he or she is an inpatient
6	Transfer from another Health Care Facility	The patient was admitted as a transfer from a health care facility other than an acute care facility or skilled nursing facility. For outpatients, the patient was referred to this facility for outpatient or referenced diagnostic services by another health care facility where he or she is an inpatient
7	Emergency Room	The patient was admitted upon recommendation of an emergency room physician. For outpatients, the patient received services in this facility's emergency room
8	Court/Law Enforcement	The patient was admitted upon direction of a court of law, upon the request of a law enforcement agency representative, or

Code	Source	Definition
		referral from a 51.42/51.437 or 46.23 county board. For outpatients, the patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative
9	Information not Available	This code is invalid for Medicare outpatient services
A	Transfer from a Critical Access Hospital	The patient was admitted as a transfer from a critical access hospital where he or she was an inpatient
B	Transfer from Another Home Health Agency	The patient was admitted to this facility's home health agency, as a transfer from another home health agency
C	Readmission to Same Home Health Agency	The patient was readmitted to this facility's home health agency within the existing 60-day home health payment episode
D	Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Payer	The patient was admitted to this facility as a transfer from a hospital inpatient within this facility resulting in a separate claim to the payer. The admission source for the psych exempt unit record would be 'D'. Effective 04/01/2006
E	Transfer from Ambulatory Surgery Center	Patient was admitted to this facility as a transfer from an ambulatory surgery center. Effective 10/01/07
F	Transfer from Hospice and is under a Hospice plan of care or enrolled in a hospice program	Patient was admitted to this facility as a transfer from a hospice. Effective 10/01/07

Source Codes For Newborn Admissions

Newborn Admission Source codes and descriptions can be found in the relational data product data support table **tlkAdmitSourceNewborn**.

Code	Source	Definition
1	Normal Newborn	A baby delivered without complications. Discontinued 09/30/2007
2	Premature Newborn	A baby delivered with time and/or weight factors qualifying it for premature status. Discontinued 09/30/2007
3	Sick Baby	A baby delivered with medical complications, other than those relating to premature status. Discontinued 09/30/2007
4	Extramural Birth	A newborn baby delivered in a non-sterile environment
5	Born Inside this Hospital	A baby born inside this hospital. Effective 10/01/2007
6	Born Outside of this Hospital.	A baby born outside of this hospital. Effective 10/01/2007

- 9 Information not Available The facility does not have this information in its records. Invalid for Medicare outpatient services. **Discontinued 09/30/2007**

10. **Discharge Status – Inpatient and Emergency data only**

Indicates arrangement or event ending a patient's stay in the hospital or emergency room (UB-92 Item 22 or UB-04 Item 17). Discharge Status codes and descriptions can be found in the relational data product data support table **tlkDischargeStatus**.

Code	Status
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to a skilled nursing facility (SNF)
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care not defined elsewhere in this code list
06	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
07	Left against medical advice or discontinued care
08	Transferred or discharged to a home intravenous provider
09	Admitted as an inpatient to this hospital (used on Medicare outpatient claims only for services that begin greater than three days prior to an admission)
20	Expired (or did not recover - Christian Science Patient)
40	Expired at home; used only on Medicare and CHAMPUS claims for hospice care
41	Expired in a medical facility; used only on Medicare and CHAMPUS claims for hospice care
42	Expired – place unknown; used only on Medicare and CHAMPUS claims for hospice care
43	Discharged/transferred to a federal hospital
50	Discharged to a Hospice-home
51	Discharged to Hospice-medical facility
61	Discharged/transferred to Medicare approved swing bed
62	Discharged/transferred to another rehab facility
63	Discharged/transferred to a long-term care hospital
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. CMS approved for use for Medicare patients. Effective 01/01/2006
70	Discharged/transferred to another type of healthcare institution not defined elsewhere in this code list. Effective 10/01/2007

11. **Total Charges**

All data are provided in explicit decimal format, i.e., xxxxxxxxxx.xx. Inpatient, Emergency Department data and Observation data was derived from UB-92 Items 42 and 47. Outpatient Surgery Center data was derived from UB-92-Item 47, UB-04 Item 47 or CMS-1500 Item 28.

For Inpatient data, this field indicates total facility charges for the entire length of stay. All of the charges should be either:

- 1) reported from admission through discharge; or
- 2) reported as accumulated across all of the interim bills for a stay

For Emergency Department data (not ED-INP, ED-OPS, or OBS-ED)), this field indicates total facility charges for the emergency department visit only. Charges should be reported from admission through discharge from the emergency department. Charges in the ED-INP, ED-OPS, or OBS-ED may represent ED and inpatient, ED and outpatient surgery, or Observation Visit data with ED charges combined.

For Outpatient Surgery Center data (not OPS-INP or OBS-OPS), this indicates total facility charges for the outpatient surgery procedure. Charges in the OPS-INP or OBS-OPS files may represent outpatient surgery and inpatient or observation care charges combined.

12. Leave Days – Inpatient data only

The total number of days a room was held for a patient while the patient was away from the facility. Derived from UB-92 Items 42 and 46. Leave days consist of the total units of service for all 018X revenue codes. These are the leave days for the entire length of stay. The 018X units of service are from the 018X units of service from an "Admit Through Discharge Claim". When no leave days were reported, the field is blank.

13. First Payer Identifier Group

Identifies expected primary payer. Developed from UB-92 Item 50(a), UB-04 Item 50(a) or CMS-1500 Item 1 – primary payer identifier and category. First Payer Identifier Group codes and descriptions can be found in the relational data product data support table **tlkPayIdentifier**.

Code	Description
1	Medicare
2	Medical Assistance/BadgerCare
3	Other Government (51.42/51.437/46.23 Board, CHAMPUS/CHAMPVA/TRICARE, General Relief, WisconCare, other government)
4	Private Insurance (includes self-funded plans and workers' compensation)
5	Self Pay
6	Other or unknown

When submitting data, facilities have a choice of assigning an 'Other' code and an 'Unknown' code to both Primary and Secondary payer information. BHI assigned only the identified 'Unknown' payers to Payer Identifier Group 6, and assigned the identified 'Other' payers to Payer Identifier Group 4. WHA Information Center has assigned both identified 'Other' and 'Unknown' payers to Payer Identifier Group 6.

14. First Payer Category Group

Distinguishes between fee-for-service payers and alternative insurance plans such as HMOs. The payer category group is based on expected primary payer for the stay. Developed from UB-92 Item 50(a), UB-04 Item 50(a) or CMS-1500 Item 1 – primary payer identifier and category. First Payer Category Group codes and descriptions can be found in the relational data product data support table **tlkPayCategory**.

Code	Description
1	Fee-for-service (includes non-HMO Medicare or Medical Assistance). This category is assigned when none of the others are clearly defined
2	Alternative Health Care Insurance Plans (includes HMO, PPO, PPA, etc.)
3	CHAMPUS/CHAMPVA/TRICARE
4	Unable to determine (payer identifier known but category not known)

15. Second Payer Identifier Group

Identifies expected secondary payer. Developed from UB-92 Item 50(b), UB-04 Item 50(b) or CMS-1500 Item 1 – secondary payer identifier and category.

For codes and descriptions see [\(13\) First Payer Identifier Group](#). BHI assigned Payer Identifier Group 6 (Other or Unknown) when a secondary payer was not reported. WHA Information Center does not assign a payer identifier or category group when a secondary payer is not reported. Second Payer Identifier Group codes and descriptions can be found in the relational data product data support table **tlkPayIdentifier**.

When submitting data, facilities have a choice of assigning an 'Other' code and an 'Unknown' code to both Primary and Secondary payer information. BHI assigned only the identified 'Unknown' payers to Payer Identifier Group 6, and assigned the identified 'Other' payers to Payer Identifier Group 4. WHA Information Center has assigned both identified 'Other' and 'Unknown' payers to Payer Identifier Group 6.

16. Second Payer Category Group

Distinguishes between fee-for-service payers and alternative insurance plans such as HMOs. The payer category group is based on expected secondary payer. Developed from UB-92 Item 50(b), UB-04 Item 50 (b) or CMS-1500 Item 1 – secondary payer identifier and category.

For codes and description(s) see [\(14\) First Payer Category Group](#). Second Payer Category Group codes and descriptions can be found in the relational data product data support table **tlkPayCategory**. BHI assigned Payer Category Group 1 (fee-for-service) when a secondary payer was not reported. WHA Information Center does not assign a category group when a secondary payer is not reported.

17. Principal Diagnosis Code

The condition established, after study, to be chiefly responsible for occasioning the admission of the patient to the hospital for care reported from UB—92 Item 67, UB-04 Item 67 or CMS-1500 Item 21(1) - coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Edit checks required fully specified codes, and age- and sex-consistent codes. Diagnosis codes specific to spontaneous, legally induced, illegally induced, or failed attempted termination of pregnancy were changed to unspecific termination of pregnancy codes to meet statutory requirements. The principal diagnosis code in the relational data product can be located in the data table **tblDiagnosis**. To identify the code, dx_order = 'P' for principal.

18. Other Diagnosis Codes (First through Eighth for fixed-width layout, all codes submitted for relational layout)

Other diagnoses were to be reported if the diagnoses contributed to substantiation of the length of stay, substantiation of total charges, or accurate classification of the DRG. Unlimited diagnosis codes were reported from each facility. Edit checks required fully specified codes, and age- and sex-consistent codes. Diagnosis codes specific to spontaneous, legally induced, illegally induced, or failed attempted termination of pregnancy were changed to unspecific termination of pregnancy codes to meet statutory requirements. Up to 8 'other' diagnosis codes are provided in the fixed-width data set. All submitted 'other' diagnosis codes are provided in the relational data product data table **tblDiagnosis**. The dx_type field denotes what type of diagnosis code was submitted by the facility, while the dx_order field denotes in which order the diagnoses were submitted by the facility. When multiple types of diagnoses were submitted, the first submitted diagnosis code has a '1' in the dx_order field, the second has a '2' in the

dx_order field, and so forth.

DX_Type field values	DX_Type Descriptions
A	Admitting Diagnosis
E	External Cause of Injury Diagnosis
R	Reason for Visit Diagnosis
P	Primary Diagnosis
S	Secondary Diagnosis

19. 'E' Code

'E' code is a requirement if an injury diagnosis code in the range 800-995.89 (except codes 995.1, 995.2, 995.3, 995.60-995.69, and 995.7) is reported beginning with April 1, 1994, discharges reported from UB-92 Item 77, UB-04 Item 72 or CMS-1500 Item 21. An 'E' Code is accepted when used appropriately with codes outside the injury range. Effective with **Q307** data, only the primary E-Code diagnosis submitted by the facility will be included in the fixed width data set. Up to twelve E-Codes are now allowed on the Primary record, and can be found in their entirety in the relational data product data table **tblDiagnosis**. To identify the code, dx_type = 'E' for 'E' Code, dx_order = '1'. Additional 'E' Codes submitted by a facility may also be found in the relational data product data table **tblDiagnosis**, with the dx_order attached according to the facility's submission order of the additional 'E' Code.

20. Principal Procedure Code – ICD-9-CM

Identifies the ICD-9-CM code for the patient's Principal Procedure, if any (UB-92 Item 80, UB-04 Item 74 for inpatient records). The Principal Procedure is one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or which was necessary to take care of a complication. The Principal Procedure is usually that procedure most related to the Principal Diagnosis. If the procedure code originally submitted was a CPT code, and it did not get translated during the conversion process, the field is filled with four 'X' characters (XXXX). Procedure codes that explicitly referenced induced termination of pregnancy were modified to eliminate distinctions between induced and spontaneous termination, as required by statute. BHI converted ICD-9-CM procedure codes 96.41-96.49 to a different code. WHA Information Center does not convert codes in this range since they are not codes that are specific to induced termination of pregnancy. The principal procedure code in the relational data product can be located in the data table **tblProcedure**, in the pr_icd field. To identify the code, pr_order = 'P' for principal.

21. Other Procedure Codes – ICD-9-CM (First through Fifth for fixed-width layout, all codes submitted for relational layout)

Identifies the ICD-9-CM codes for unlimited additional other procedures. These are additional procedures performed during the principal operative episode or during the length of stay that may include diagnostic or exploratory procedures. Procedures that impact accurate DRG categorization were required (UB-92 Item 81, UB-04 Item 74 for inpatient records). If the procedure code originally submitted was a CPT code, and it did not get translated during the conversion process, the field is filled with four 'X' characters (XXXX). Procedure codes that explicitly referenced induced termination of pregnancy were modified to eliminate distinctions between induced and spontaneous termination, as required by statute. BHI converted ICD-9-CM procedure codes 96.41-96.49 to a different code. WHA Information Center does not convert codes in this range since they are not codes that are specific to induced termination of

pregnancy. Up to 5 'other' procedure codes are provided in the fixed-width data set. All submitted 'other' procedure codes are provided in the relational data product data table **tblProcedure**. The pr_order field denotes in which order the procedures were submitted. The first additional or other procedure code has a '1' in the pr_order field, the second has a '2' in the pr_order field, and so forth.

22. Principal Procedure Code – CPT

Identifies the CPT code for the patient's Principal Procedure, if CPT code was submitted (UB-92 Item 44, UB-04 Item 44 or CMS-1500 Item 24D). The Principal Procedure is one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or which was necessary to take care of a complication. The Principal Procedure is usually that procedure most related to the Principal Diagnosis. Procedure codes that explicitly referenced induced termination of pregnancy were modified to eliminate distinctions between induced and spontaneous termination, as required by statute. The principal procedure code in the relational data product can be located in the data table **tblProcedure**, in the pr_cpt field. To identify the code, pr_order = 'P' for principal.

23. Other Procedure Codes – CPT (First through Fifth for fixed-width layout, all codes submitted for relational layout)

Identifies the CPT codes for additional other procedures, if CPT codes were submitted. These are additional procedures performed during the principal operative episode or during the length of stay that may include diagnostic or exploratory procedures. Procedures that impact accurate DRG categorization were required (UB-92 Item 44, UB-04 Item 44 or CMS-1500 Item 24D). Procedure codes that explicitly referenced induced termination of pregnancy were modified to eliminate distinctions between induced and spontaneous termination, as required by statute. Up to 5 'other' procedure codes are provided in the fixed-width data set. All submitted 'other' procedure codes are located in the relational data product data table **tblProcedure**. The pr_order field denotes in which order the procedures were submitted. The first additional or other procedure code has a '1' in the pr_order field, the second has a '2' in the pr_order field, and so forth.

24. Pre-Procedure Days – Inpatient data only

The number of days between admission and the date of the principal procedure, calculated by subtracting the Admission Date (UB-92 Item 17 or UB-04 Item 12) from the Principal Procedure Date (UB-92 Item 80 or UB-04 Item 74). Pre-procedure days exceeding 999 days were set to 999. BHI entered a '.' in this field when there were no pre-procedure days. The WHA Information Center enters a blank in this field when there are no pre-procedure days. When the procedure date is prior to the date of admission a negative value (i.e., -1) is entered in this field. This occurs when a procedure is performed in an outpatient surgery area or emergency department and the patient is subsequently admitted.

25. Attending Physician Specialty Code – Emergency data only

The code assigned by the Wisconsin Department of Regulation and Licensing representing the attending physician's primary specialty. A description of the Physician Specialty codes is listed in [Section VIII](#) in alphabetical order, and numeric order in [Section IX](#). Specialty codes and descriptions can be found in the relational data product data support table **tlkSpecialty**.

26. Other (Procedure) Physician Specialty Code – Emergency data only

The code assigned by the Wisconsin Department of Regulation and Licensing representing the other physician's primary specialty. A description of the Physician Specialty codes is listed in

[Section VIII](#) in alphabetical order, and numeric order in [Section IX](#). Specialty codes and descriptions can be found in the relational data product data support table **tlkSpecialty**.

27. Major Diagnostic Category (MDC) – Inpatient data only

Indicates Major Diagnostic Category, as computed by the DRG grouper program. WHA Information Center uses the DRG grouper marketed by Medstat. The version is changed for the fourth quarter of each year in synchronization with the yearly change in grouper versions. Version 5.24 was used for **3Q07** data. In the relational data product, this information is contained within data table **tblDRG**. MDC codes and descriptions can be found in the relational data product data support table **tlkMDC**.

28. Diagnosis Related Group (DRG) – Inpatient data only

Indicates Diagnosis Related Group, as computed by the DRG grouper program. WHA Information Center uses the DRG grouper marketed by Medstat. The version is changed for the fourth quarter of each year in synchronization with the yearly change in grouper versions. Version 5.24 was used for **3Q07** data. In the relational data product, this information is contained within data table **tblDRG**. MDC codes and descriptions can be found in the relational data product data support table **tlkDRG**.

29. Admitting Diagnosis – Inpatient data only

The ICD-9-CM Diagnosis Code (UB-92 Item 76 or UB-04 Item 69) provided at the time of admission as stated by the physician. Edit checks required fully specified codes, and age- and sex-consistent codes. Diagnosis codes specific to spontaneous, legally induced, illegally induced, or failed attempted termination of pregnancy were changed to unspecific termination of pregnancy codes to meet statutory requirements. The admitting diagnosis code in the relational data product can be located in the data table **tblDiagnosis**. To identify the code, dx_type = 'A' for admitting.

29. Reason for Visit Diagnoses – Emergency and Observation data only

The ICD-9-CM Diagnosis Code (UB-04 Item 70) provided as the reason for visit (up to three diagnoses) as stated by the physician. Edit checks required fully specified codes, and age- and sex-consistent codes. Diagnosis codes specific to spontaneous, legally induced, illegally induced, or failed attempted termination of pregnancy were changed to unspecific termination of pregnancy codes to meet statutory requirements. Effective with **3Q07** data, the first submitted reason for visit diagnosis code in the fixed width data product can be found in the **Admitting Diagnosis/Reason for Visit** field. The reason for visit codes in the relational data product can be located in the data table **tblDiagnosis**. To identify the code, dx_type = 'R' for reason for visit, and dx_order identifies the order in which the diagnosis data were submitted.

30. Facility Identification Number

A three-digit identification number assigned to each reporting unit. A list of Facility Identification Numbers and their corresponding facilities is presented in [Section IV](#). Facility openings, closings, and mergers, in addition to facility demographic information can be found in the relational data product data support table **tlkFacility**.

31. Record Number (fixed-width layout only)

A five-digit number that, when used in conjunction with "Facility Identification Number" and "Discharge Year/Quarter" or "Surgery Year/Quarter", uniquely identifies a record in WHA Information Center's permanent data base. This allows records to be linked so that data items such as physician license number can be added at a later date. In the relational data product,

this field is not provided. A unique identifier is provided as a Generated Globally Unique ID, or GUID.

32. *First Payer Combined Code*

Identifies expected primary payer. Developed from UB-92 Item 50(a), UB-04 Item 50(a) or CMS-1500 Item 1 – primary payer identifier and category. This is a new, more descriptive first payer code added to the data sets as of **1Q 2004**. First Payer Combined Code codes and descriptions can be found in the relational data product data support table **tlkPayCombinedCode**.

tlkPayCombinedCode

Code	Description
11	Medicare, Fee for Service
12	Medicare, HMO/PPO
14	Medicare, Unknown Type
21	Medicaid, Fee for Service
22	Medicaid, HMO/PPO
24	Medicaid, Unknown Type
25	Medicaid, Other State
33	CHAMPUS/CHAMPVA/TRICARE
41	WPS/Blue Cross/Workers Comp, Fee for Service
42	WPS/Blue Cross/Workers Comp, HMO/PPO
44	WPS/Blue Cross/Workers Comp, Unknown Type
61	BadgerCare, Fee for Service
62	BadgerCare, HMO/PPO
64	BadgerCare, Unknown Type
71	Other Commercial or Private Insurance, Fee for Service
72	Other Commercial or Private Insurance, HMO/PPO
74	Other Commercial or Private Insurance, Unknown Type
81	Employer Self-Funded, Fee for Service
82	Employer Self-Funded, HMO/PPO
84	Employer Self-Funded, Unknown
91	Other Organization Self-Funded, Fee for Service
92	Other Organization Self-Funded, HMO/PPO
94	Other Organization Self-Funded, Unknown Type
101	Other Government, Fee for Service
102	Other Government; GAMP <u>Added 3Q05</u>
111	HIRSP, Fee for Service
121	Self Pay, Fee for Service
122	Research Grant, Subsidized
131	Other or Unknown, Fee for Service
134	Other or Unknown, Unknown Type
NULL	Missing – Data Not Submitted – Second Payer only

33. Second Payer Combined Code

Identifies expected secondary payer. Developed from UB-92 Item 50(b), UB-04 Item 50(b) or CMS-1500 Item 1 – secondary payer identifier and category. This is a new, more descriptive second payer code added to the data sets as of **1Q2004**.

For codes and descriptions see [\(31\) First Payer Combined Code](#). Second Payer Combined Code codes and descriptions can be found in the relational data product data support table **tlkPayCombinedCode**.

34. Second Other (Procedure) Physician Specialty Code – Emergency data only

The code assigned by the Wisconsin Department of Regulation and Licensing representing the second other (procedure) physician's primary specialty. A description of the Physician Specialty codes is listed in [Section VIII](#) in alphabetical order, and numeric order in [Section IX](#). This is an additional field as of **1Q 2005**. Specialty codes and descriptions can be found in the relational

data product data support table **tlkSpecialty**.

35. Bilateral Principal Procedure – CPT

For CPT code submissions only, identifies bilateral principal procedure based upon submission of modifier '50' on outpatient surgery or emergency department records. If CPT code submitted has bilateral procedure modifier, then field equals 'Y', otherwise field equals 'N'. This is an additional field as of **1Q 2005**. In the relational data product, actual modifier information (up to two modifiers per CPT code) submitted by facilities is included for all procedures submitted. For the principal procedure, this information can be found in relational data product data table **tblProcedure**. In **tblProcedure**, principal procedures are indicated by a 'P' in the pr_order field.

36. Bilateral Other Procedure – CPT (First through Fifth for fixed-width layout, all codes submitted for relational layout)

For CPT code submissions only, identifies bilateral principal procedure based upon submission of modifier '50' on outpatient surgery or emergency department records. If CPT code submitted has bilateral procedure modifier, then field equals 'Y', otherwise field equals 'N'. This is an additional field as of **1Q 2005**. In the relational data product, actual modifier information (up to two modifiers per CPT code) submitted by facilities is included for all procedures submitted. For additional procedures, this information can be found in relational data product data table **tblProcedure**. In **tblProcedure**, the order of the other procedures submitted by a facility is contained within the pr_order field.

37. Record ID (relational layout only)

Unique record identifier for linking individual records across relational database tables provided as a Generated Globally Unique ID, or GUID.

38. Data ID (relational layout only)

Unique data type identifier for identifying records that cross data types. For example, a record of a patient who presents at the emergency department and is admitted as an inpatient would have a record in **tblDatatype** with a data_id of 0 (Inpatient) with 'Y' in the ER field in **tblDataType**. Data Type codes and descriptions can be found in the relational data product data support table **tlkDataType**.

39. Start Date (relational layout only)

Date identified code was effective.

40. End Date (relational layout only)

Date identified code was no longer effective (delete date).

41. OPS (relational layout only)

Record flag that identifies an Outpatient Surgery Revenue Code was submitted on record, if data type identifier does not signify Outpatient Surgery data type.

42. ER (relational layout only)

Record flag that identifies an Emergency Room Revenue Code was submitted on record, if data type identifier does not signify Emergency Room data type.

43. OBS (relational layout only)

Record flag that identifies an Observation Revenue Code was submitted on record, if data type identifier does not signify Observation data type.

44. All Patient Refined Diagnosis Related Group (APR-DRG) (relational layout only)

All Patient Refined Diagnosis Related Group assigned to record utilizing 3M APR-DRG Grouper software. (Available upon request and must have contract with 3M for APR-DRG Grouper software)

45. Severity of Illness (relational layout only)

Severity of Illness indicator assigned to record utilizing 3M APR-DRG Grouper software. (Available upon request and must have contract with 3M for APR-DRG Grouper software)

46. Risk of Mortality (ROM) (relational layout only)

Risk of Mortality indicator assigned to record utilizing 3M APR-DRG Grouper software. (available upon request and must have contract with 3M for APR-DRG Grouper software)

V. Facility Identification Codes¹

Inpatient and Emergency Department Data Submitters

This information can also be found in the relational data product data support table **tkFacility**.

Code	City	Name /Effective Date (if applicable)
001	Amery	<i>Amery Regional Medical Center</i>
002	Antigo	<i>Langlade Memorial Hospital</i>
003	Appleton	<i>Appleton Medical Center</i>
004	Appleton	<i>St. Elizabeth Hospital</i>
005	Arcadia	<i>Franciscan Skemp Healthcare-Arcadia</i>
006	Ashland	<i>Memorial Medical Center</i>
007	Baldwin	<i>Baldwin Area Medical Center, Inc.</i>
008	Baraboo	<i>St. Clare Hospital and Health Services</i>
009	Barron	<i>Luther Midelfort Northland 2Q07</i>
010	Beaver Dam	<i>Beaver Dam Community Hospitals, Inc.</i>
011	Beloit	<i>Beloit Memorial Hospital, Inc.</i>
013	Berlin	<i>Berlin Memorial Hospital</i>
014	Black River Falls	<i>Black River Memorial Hospital</i>
015	Bloomer	<i>Luther Midelfort Chippewa Valley 2Q07</i>
016	Boscobel	<i>Boscobel Area Health Care</i>
017	Brookfield	<i>Wheaton Franciscan Healthcare-Elmbrook Memorial Inc.</i>
018	Burlington	<i>Memorial Hospital of Burlington</i>
019	Chilton	<i>Calumet Medical Center</i>
020	Chippewa Falls	<i>St. Joseph's Hospital</i>
022	Columbus	<i>Columbus Community Hospital, Inc.</i>
024	Cumberland	<i>Cumberland Memorial Hospital & ECU</i>
025	Darlington	<i>Memorial Hospital of Lafayette County</i>
026	Dodgeville	<i>Upland Hills Health, Inc.</i>
027	Durand	<i>Chippewa Valley Hospital</i>
028	Eagle River	<i>Eagle River Memorial Hospital, Inc.</i>
029	Eau Claire	<i>Luther Hospital</i>
030	Eau Claire	<i>Sacred Heart Hospital</i>
031	Edgerton	<i>Edgerton Hospital and Health Services</i>
032	Elkhorn	<i>Aurora Lakeland Medical Center</i>
033	Fond du Lac	<i>Fond du Lac County Health Care Center</i>
034	Fond du Lac	<i>St. Agnes Hospital</i>
035	Fort Atkinson	<i>Fort HealthCare</i>
037	Friendship	<i>Moundview Memorial Hospital & Clinics</i>
038	Grantsburg	<i>Burnett Medical Center, Inc.</i>
039	Green Bay	<i>Bellin Memorial Hospital</i>
040	Green Bay	<i>Brown County Mental Health Center</i>
041	Green Bay	<i>St. Mary's Hospital Medical Center</i>
042	Green Bay	<i>St. Vincent Hospital</i>
043	Hartford	<i>Aurora Medical Center of Washington County, Inc. 2Q07</i>
044	Hayward	<i>Hayward Area Memorial Hospital</i>
045	Hillsboro	<i>St. Joseph's Community Health Services, Inc.</i>

¹ Because of facility closings, mergers, and openings, all Facility Identification numbers may not appear in all quarters.

Code	City	Name /Effective Date (if applicable)
046	Hudson	<i>Hudson Hospital</i>
048	Janesville	<i>Mercy Health System Corporation</i>
056	La Crosse	<i>Gundersen Lutheran Medical Center, Inc.</i>
057	La Crosse	<i>Franciscan Skemp Healthcare-La Crosse</i>
058	Ladysmith	<i>Rusk County Memorial Hospital & Nursing Home</i>
059	Lancaster	<i>Grant Regional Health Center, Inc.</i>
060	Madison	<i>Mendota Mental Health Institute</i>
061	Madison	<i>Meriter Hospital, Inc. 3Q89</i>
063	Madison	<i>St. Marys Hospital Medical Center</i>
064	Madison	<i>University of Wisconsin Hospital & Clinics Authority</i>
067	Marinette	<i>Bay Area Medical Center</i>
068	Marshfield	<i>Norwood Health Center</i>
069	Marshfield	<i>Saint Joseph's Hospital</i>
070	Mauston	<i>Hess Memorial Hospital/Mile Bluff Medical Center</i>
071	Medford	<i>Memorial Health Center, Inc.</i>
072	Menomonee Falls	<i>Community Memorial Hospital</i>
073	Menomonie	<i>Red Cedar Medical Center-Mayo Health System</i>
074	Merrill	<i>Good Samaritan Health Center</i>
075	Milwaukee	<i>Children's Hospital of Wisconsin</i>
076	Milwaukee	<i>Columbia Hospital Inc</i>
079	Milwaukee	<i>Froedtert Memorial Lutheran Hospital</i>
082	Milwaukee	<i>Sacred Heart Rehabilitation Institute</i>
085	Milwaukee	<i>Wheaton Franciscan Healthcare- St. Francis, Inc.</i>
086	Milwaukee	<i>Wheaton Franciscan Healthcare- St. Joseph, Inc.</i>
087	Milwaukee	<i>Aurora St. Luke's Medical Center</i>
089	Milwaukee	<i>St. Mary's Hospital-Milwaukee</i>
090	Milwaukee	<i>St. Michael Hospital 3Q06</i>
091	Monroe	<i>The Monroe Clinic</i>
092	Neenah	<i>Theda Clark Medical Center</i>
093	Neillsville	<i>Memorial Hospital, Inc.</i>
094	New London	<i>New London Family Medical Center</i>
095	New Richmond	<i>Holy Family Hospital</i>
098	Oconomowoc	<i>Oconomowoc Memorial Hospital</i>
099	Oconomowoc	<i>Rogers Memorial Hospital-Oconomowoc</i>
101	Oconto Falls	<i>Community Memorial Hospital</i>
102	Osceola	<i>Osceola Medical Center</i>
103	Oshkosh	<i>Mercy Medical Center of Oshkosh</i>
104	Osseo	<i>Luther Midelfort Oakridge</i>
106	Park Falls	<i>Flambeau Hospital, Inc.</i>
108	Platteville	<i>Southwest Health Center, Inc.</i>
109	Plymouth	<i>Aurora Valley View Medical Center</i>
110	Mequon	<i>St. Mary's Hospital-Ozaukee</i>
111	Portage	<i>Divine Savior Healthcare, Inc.</i>
112	Prairie du Chien	<i>Prairie du Chien Memorial Hospital</i>
113	Prairie du Sac	<i>Sauk Prairie Memorial Hospital</i>
117	Reedsburg	<i>Reedsburg Area Medical Center</i>
118	Rhineland	<i>Sacred Heart – Saint Mary's Hospital</i>
119	Rice Lake	<i>Lakeview Medical Center</i>
120	Richland Center	<i>The Richland Hospital, Inc.</i>
121	Ripon	<i>Ripon Medical Center</i>

Code	City	Name /Effective Date (if applicable)
122	River Falls	River Falls Area Hospital
123	Shawano	Shawano Medical Center
124	Sheboygan	Aurora Sheboygan Memorial Medical Center
125	Sheboygan	St. Nicholas Hospital
127	Sparta	Franciscan Skemp Healthcare-Sparta
128	Spooner	Spooner Health System
129	St. Croix Falls	St. Croix Regional Medical Center
130	Stanley	Our Lady of Victory Hospital
131	Stevens Point	Saint Michael's Hospital
132	Stoughton	Stoughton Hospital Association
133	Sturgeon Bay	Door County Memorial Hospital
134	Superior	St. Mary's Hospital of Superior
135	Tomah	Tomah Memorial Hospital, Inc.
136	Tomahawk	Sacred Heart Hospital, Inc.
137	Two Rivers	Aurora Medical Center of Manitowoc County, Inc.
138	Viroqua	Vernon Memorial Hospital
139	Watertown	Watertown Memorial Hospital
140	Waukesha	Waukesha County Mental Health Center
141	Waukesha	Waukesha Memorial Hospital, Inc.
142	Waupaca	Riverside Medical Center
143	Waupun	Waupun Memorial Hospital
144	Wausau	North Central Health Care Facilities
145	Wausau	Aspirus Wausau Hospital
147	Wauwatosa	Milwaukee Behavioral Health Complex
149	Wauwatosa	Aurora Psychiatric Hospital, Inc.
150	West Allis	West Allis Memorial Hospital
151	West Bend	St. Joseph's Community Hospital
152	Whitehall	Tri-County Memorial Hospital, Inc.
153	Wild Rose	Wild Rose Community Memorial Hospital, Inc.
154	Winnebago	Winnebago Mental Health Institute
155	Wisconsin Rapids	Riverview Hospital Association
156	Woodruff	Howard Young Medical Center, Inc.
168	Milwaukee	Aurora Sinai Medical Center Inc. 1Q90
170	Green Bay	Libertas Center 3Q89
172	Green Bay	Bellin Psychiatric Center 2Q90
178	Manitowoc	Holy Family Memorial Medical Center 2Q91
179	Shell Lake	Indianhead Medical Center Shell Lake, Inc. 3Q93
181	Greenfield	Kindred Hospital-Milwaukee 1Q92
182	Cudahy	St. Luke's Medical Center-South Shore 3Q96
184	Waterford	Lakeview NeuroRehab Center Midwest 4Q96
189	Kenosha	Aurora Medical Center-Kenosha 1Q99
190	West Allis	Select Specialty Hospital 1Q99
191	Kenosha	Children's Hospital of Wisconsin-Kenosha 4Q99
192	Milwaukee	Rogers Memorial Hospital-Milwaukee 2Q00
194	Neenah	Children's Hospital of Wisconsin-Fox Valley 1Q01
195	Glendale	Orthopaedic Hospital of Wisconsin-Glendale 2Q01
196	Mequon	Columbia Center, LLC 3Q01
197	Green Bay	Aurora BayCare Medical Center 3Q01
198	Eau Claire	Oakleaf Surgical Hospital 4Q01
300	Milwaukee	Select Specialty Hospital-Milwaukee-St. Luke's 4Q02

Code	City	Name /Effective Date (if applicable)
302	Racine	Wheaton Franciscan Healthcare – All Saints, Inc. 2Q03
303	Oshkosh	Aurora Medical Center of Oshkosh, Inc. 4Q03
304	Wauwatosa	The Wisconsin Heart Hospital 1Q04
305	Kenosha	United Health System, Inc. 2Q04
306	Oconto	Bond Health Center, 2Q05
307	Milwaukee	LifeCare Hospitals of Milwaukee 1Q05
308	Weston	Saint Clare's Hospital 4Q05
309	Lake Geneva	Mercy Walworth Hospital & Medical Center 4Q05
310	Madison	Select Specialty Hospital 4Q06

Freestanding Ambulatory Surgery Center Data Submitters

This information can also be found in the relational data product data support table **tlkFacility**.

Code	City	Name/ Effective Date (if applicable)
203	Racine	SurgiCenter of Racine, Ltd.
204	Green Bay	Green Bay Surgical Center Ltd.
206	Neenah	La Salle Clinic Day Surgery Center 1Q08
207	Marshfield	Marshfield Clinic
208	Milwaukee	North Shore Surgical Center
209	Madison	Surgery and Care Center
210	Wauwatosa	Wauwatosa Surgery Center LP
211	Madison	Davis – Duehr Surgery Center, SMDV
212	Milwaukee	Surgicenter of Greater Milwaukee
218	Milwaukee	Northwest Surgery Center 1Q93
219	Janesville	Riverview Surgery Center 4Q93
220	Wausau	Wausau Surgery Center 1Q94
222	Menomonee Falls	Menomonee Falls Ambulatory Surgery Center 1Q94
225	Milwaukee	Center for Digestive Health 3Q94
229	Niagara	Niagara Health Center 2Q97
231	Madison	Madison Surgery Center, Inc. 2Q97* (name change 4Q05)
233	West Bend	West Bend Surgery Center 3Q99
234	Oshkosh	Ambulatory Surgery Center LLC 2Q99
235	Minocqua	Marshfield Clinic–Lakeland ASC 3Q99
236	Fond du Lac	Aurora Health Center–Fond du Lac 2Q99
240	Milwaukee	Eye Surgery & Laser Center 4Q00
241	Appleton	Woodland Surgery Center 1Q02
242	Eau Claire	Marshfield Clinic–Eau Claire ASC 1Q02
243	Appleton	Arthroscopic & ASC of Northeastern Wisconsin 4Q02
245	Greenfield	Milwaukee Endoscopy Center 4Q02
246	Neenah	Center for Aesthetic and Plastic Surgery 4Q02
248	Marinette	Aurora Health Center–Marinette 4Q02
249	Wausau	Marshfield Clinic–Wausau Center ASC 4Q02
250	Wauwatosa	Mayfair Digestive Health Center, LLC 4Q03
251	Greenfield	Wisconsin Health Center ASC 4Q03
252	Franklin	Associated Surgical & Medical Specialists 1Q04
253	Mequon	East Mequon Surgery Center, LLC 1Q04
254	Milwaukee	PMTC Surgery Center 2Q04
255	Waukesha	Bluemound Surgery Center 1Q04
257	Madison	NovaMed Surgery Center 4Q04
258	Milwaukee	Froedtert Surgery Center 1Q05

Code	City	Name/ Effective Date (if applicable)
259	Milwaukee	Wisconsin Surgery Center, LLC 1Q05 ²
260	Appleton	Pinnacle Cataract & Laser Institute LLC 4Q05
261	Middleton	SurgiCenter of Greater Madison 4Q05
262	Wisconsin Rapids	Surgery Center of Wisconsin Rapids 4Q06
263	Sheboygan	Sheboygan Medical Center LLC 4Q06
264	Stevens Point	Ambulatory Surgery Center of Stevens Point 4Q06
265	Fond du Lac	Fond du Lacc Surgery Center 4Q06
266	Appleton	Orthopedic & Sports Surgery Center 4Q06
267	Sheboygan	Paragon Surgical Center 4Q06
268	Weston	Diagnostic & Treatment Center 4Q06
269	Stevens Point	Aspirus Stevens Point Surgery Center 1Q07
270	Middleton	UW Health Transformation Surgery Center 1Q07
271	Shawano	ThedaCare Ambulatory Surgery Center-Shawano 1Q07
272	Waukesha	The Orthopaedic Surgery Center, LLC 3Q07
273	Racine	Access Medical Center, LLC 3Q07
274	Milwaukee	United Medical Center 1Q08
275	Manitowoc	Manitowoc Surgery Center, LLC 1Q08

Veteran Care Hospitals

No patient record data is available for the following:

Code	City	Hospital Name
175	Tomah	Veterans Affairs Medical Center
176	Milwaukee	Clement J. Zablocki VA Medical Center
177	Madison	Wm. S. Middleton Memorial VA Hospital

Facility Closings and Mergers

*Due to facility closings and mergers, data has been combined from certain facilities and assigned a new facility identification number to them for purposes of analysis. Purchasers of data may find it useful to know the dates when such changes have occurred. Note: All facility closings and mergers prior to Q1 02 have been excluded from this table. Please contact WHA Information Center for more information. This information can also be found in the relational data product data support table **tlkFacility**.

Date	Individual Facility ID Numbers	Combined Facility ID Number
Q3 02	050-Rock Co. Psychiatric Hospital	CLOSED
Q2 03	100-Oconto Memorial Hospital	CLOSED
Q2 03	115-All Saints St. Luke's Memorial Hospital 116-All Saints St. Mary's Medical Center	Combined into 302-All Saints Healthcare
Q4 03	237-Wisconsin Health Center	Combined with 251-Wisconsin Health Center ASC
Q4 03	238-Aurora Medical Group Oshkosh-Surgery Center	Moved surgical services to 303-Aurora Medical Center of Oshkosh, Inc.
Q2 04	053-United Hospital System Inc.-Kenosha Campus 054-United Hospital System Inc.-	Combined into 305-United Health System, Inc.

² Wisconsin Surgery Center, LLC split from Wisconsin Health Center ASC (251) effective 01/01/2005.

Date	Individual Facility ID Numbers	Combined Facility ID Number
	St. Catherine's Campus	
Q3 04	244-Rhineland Regional Medical Group ASC	CLOSED
Q4 04	217-Surgery Center of Wisconsin	CLOSED
1Q 05	301-Heart Hospital of Milwaukee	CLOSED
1Q 05	247-Madison Laser Eye Center	CLOSED – See below.
1Q 05	257-NovaMed Surgery Center	NovaMed acquired 247-Madison Laser Eye Center, December 6, 2004 – facility was renamed and assigned a new number.
1Q 05	193-LifeCare Hospitals of Milwaukee- North Campus 199-LifeCare Hospitals of Milwaukee- Central Campus	Combined into 307-LifeCare Hospitals of Milwaukee
4Q 05	031-Memorial Community Hospital	Name change to Edgerton Hospital and Health Services
4Q 05	231-Physicians Plus Surgery Center	Name change to Madison Surgery Center
1Q 06	073-Myrtle Werth Hospital	Name change to Red Cedar Medical Center- Mayo Health System
2Q 06	095-Holy Family Hospital	Name change to Westfields Hospital
3Q 06	017- Elmbrook Memorial Hospital	Name change to Wheaton Franciscan Healthcare- Elmbrook, Inc.
3Q 06	085- St. Francis Hospital	Name change to Wheaton Franciscan Healthcare- St. Francis, Inc.
3Q 06	086- St. Joseph Regional Medical Center	Name change to Wheaton Franciscan Healthcare- St. Joseph, Inc.
3Q 06	090-St Michael Hospital	CLOSED
3Q 06	302-All Saints Healthcare	Name change to Wheaton Franciscan Healthcare- All Saints, Inc.
2Q 07	009-Barron Memorial Medical Center, Inc.	Name change to Luther Midelfort Northland – 06/07
2Q 07	015-Bloomer Medical Center-Mayo Health System	Name change to Luther Midelfort Chippewa Valley – 05/07
2Q 07	227-Aurora Ambulatory Surgery Center	Merged with 043- Aurora Medical Center of Washington County – 02/07
3Q 07	236- Aurora Health Center- Fond du Lac	Merged with 303- Aurora Medical Center of Oshkosh
4Q 07	196- Columbia Center, LLC	City and County of Milwaukee changed to City of Mequon and County of Ozaukee
1Q 08	206- La Salle Surgery Center	Merged with 004- St. Elizabeth Hospital
1Q 08	104- Osseo Area Hospital and Nursing Home, Inc.	Name change to Luther Midelfort Oakridge

V. County Codes

This information can also be found in the relational data product data support table **tlkCounty**.

Code	County	Code	County	Code	County
01	Adams	25	Iowa County	49	Polk
02	Ashland	26	Iron	50	Portage
03	Barron	27	Jackson	51	Price
04	Bayfield	28	Jefferson	52	Racine
05	Brown	29	Juneau	53	Richland
06	Buffalo	30	Kenosha	54	Rock
07	Burnett	31	Kewaunee	55	Rusk
08	Calumet	32	La Crosse	56	St. Croix
09	Chippewa	33	Lafayette	57	Sauk
10	Clark	34	Langlade	58	Sawyer
11	Columbia	35	Lincoln	59	Shawano
12	Crawford	36	Manitowoc	60	Sheboygan
13	Dane	37	Marathon	61	Taylor
14	Dodge	38	Marinette	62	Trempealeau
15	Door	39	Marquette	63	Vernon
16	Douglas	40	Menominee	64	Vilas
17	Dunn	41	Milwaukee	65	Walworth
18	Eau Claire	42	Monroe	66	Washburn
19	Florence	43	Oconto	67	Washington
20	Fond du Lac	44	Oneida	68	Waukesha
21	Forest	45	Outagamie	69	Waupaca
22	Grant	46	Ozaukee	70	Waushara
23	Green	47	Pepin	71	Winnebago
24	Green Lake	48	Pierce	72	Wood

VI. State Codes

This information can also be found in the relational data product data support table **tlkCounty**.

Code	State
81	Illinois
82	Iowa
83	Michigan
84	Minnesota
98	Missing/Homeless
99	Other State or Country

VII. County Assignments for Multi-County ZIP Codes

ZIP Code	County Code	County Name	Post Office Name	ZIP Code	County Code	County Name	Post Office Name
53001*	60	Sheboygan	Adell	53177*	52	Racine	Sturtevant
53002*	67	Washington	Allenton	53178*	28	Jefferson	Sullivan
53004*	46	Ozaukee	Belgium	53182	52	Racine	Union Grove
53006	14	Dodge	Brownsville	53185*	52	Racine	Waterford
53010*	20	Fond du Lac	Campbellsport	53190	65	Walworth	Whitewater
53011*	60	Sheboygan	Cascade	53217*	41	Milwaukee	Milwaukee
53012	46	Ozaukee	Cedarburg	53225*	41	Milwaukee	Milwaukee
53013*	60	Sheboygan	Cedar Grove	53403*	52	Racine	Racine
53014	08	Calumet	Chilton	53502*	23	Green	Albany
53015*	36	Manitowoc	Cleveland	53504	33	Lafayette	Argyle
53017	67	Washington	Colgate	53505*	54	Rock	Avalon
53020*	60	Sheboygan	Elkhart Lake	53507*	25	Iowa	Barneveld
53021	46	Ozaukee	Fredonia	53508	13	Dane	Belleville
53023*	60	Sheboygan	Glenbeulah	53515*	13	Dane	Black Earth
53027	67	Washington	Hartford	53516	33	Lafayette	Blanchardville
53029*	68	Waukesha	Hartland	53517	13	Dane	Blue Mounds
53035*	14	Dodge	Iron Ridge	53518	53	Richland	Blue River
53036	28	Jefferson	Ixonia	53520	23	Green	Brodhead
53040	67	Washington	Kewaskum	53521	23	Green	Brooklyn
53042*	36	Manitowoc	Kiel	53522	23	Green	Browntown
53048*	14	Dodge	Lomira	53523	13	Dane	Cambridge
53049	20	Fond du Lac	Malone	53525*	54	Rock	Clinton
53061*	08	Calumet	New Holstein	53532*	13	Dane	Deforest
53065*	20	Fond du Lac	Oakfield	53534	54	Rock	Edgerton
53066	68	Waukesha	Oconomowoc	53536*	54	Rock	Evansville
53075*	60	Sheboygan	Random Lake	53538	28	Jefferson	Fort Atkinson
53079*	20	Fond du Lac	Saint Cloud	53543	25	Iowa	Highland
53090*	67	Washington	West Bend	53544*	25	Iowa	Hollandale
53091*	14	Dodge	Theresa	53554	22	Grant	Livingston
53095*	67	Washington	West Bend	53555	11	Columbia	Lodi
53098*	14	Dodge	Watertown	53556	53	Richland	Lone Rock
53105	52	Racine	Burlington	53559*	13	Dane	Marshall
53114	65	Walworth	Darien	53560	13	Dane	Mazomanie
53118*	68	Waukesha	Dousman	53561	57	Sauk	Merrimac
53119*	68	Waukesha	Eagle	53563*	54	Rock	Milton
53120	65	Walworth	East Troy	53565	25	Iowa	Mineral Point
53128*	65	Walworth	Genoa City	53569	22	Grant	Montfort
53132*	41	Milwaukee	Franklin	53572	13	Dane	Mount Horeb
53139*	52	Racine	Kansasville	53573	22	Grant	Muscoda
53144*	30	Kenosha	Kenosha	53574*	23	Green	New Glarus
53149	68	Waukesha	Mukwonago	53578*	57	Sauk	Prairie du Sac
53150	68	Waukesha	Muskego	53583	57	Sauk	Sauk City
53156*	28	Jefferson	Palmyra	53585	65	Walworth	Sharon

ZIP Code	County Code	County Name	Post Office Name	ZIP Code	County Code	County Name	Post Office Name
53588	57	Sauk	Spring Green	54114*	38	Marinette	Crivitz
53589*	13	Dane	Stoughton	54115	05	Brown	De Pere
53594	28	Jefferson	Waterloo	54120*	19	Florence	Fence
53805	22	Grant	Boscobel	54124*	43	Oconto	Gillett
53807	22	Grant	Cuba City	54125*	38	Marinette	Goodman
53811	22	Grant	Hazel Green	54126	05	Brown	Greenleaf
53818	22	Grant	Platteville	54130	45	Outagamie	Kaukauna
53821	12	Crawford	Prairie du Chien	54137	59	Shawano	Krakov
53901*	11	Columbia	Portage	54139*	43	Oconto	Lena
53911*	11	Columbia	Arlington	54151	38	Marinette	Niagara
53913*	57	Sauk	Baraboo	54153*	43	Oconto	Oconto
53919*	20	Fond du Lac	Brandon	54154*	43	Oconto	Oconto Falls
53920*	39	Marquette	Briggsville	54155	05	Brown	Oneida
53923	11	Columbia	Cambria	54157*	38	Marinette	Peshtigo
53924	53	Richland	Cazenovia	54161	38	Marinette	Pound
53925	11	Columbia	Columbus	54162	59	Shawano	Pulaski
53926*	24	Green Lake	Dalton	54165*	45	Outagamie	Seymour
53929	29	Juneau	Elroy	54166*	59	Shawano	Shawano
53932	11	Columbia	Fall River	54170	45	Outagamie	Shiocton
53937	57	Sauk	Hillpoint	54174*	43	Oconto	Suring
53941	57	Sauk	La Valle	54175*	43	Oconto	Townsend
53944	29	Juneau	Lyndon Station	54180*	05	Brown	Wrightstown
53946*	24	Green Lake	Markesan	54201	31	Kewaunee	Algoma
53949*	39	Marquette	Montello	54205*	31	Kewaunee	Casco
53952	39	Marquette	Oxford	54208	05	Brown	Denmark
53954	11	Columbia	Pardeeville	54213	15	Door	Forestville
53956	14	Dodge	Randolph	54216*	31	Kewaunee	Kewaunee
53960*	11	Columbia	Rio	54217	31	Kewaunee	Luxemburg
53963	14	Dodge	Waupun	54227*	36	Manitowoc	Maribel
53964	39	Marquette	Westfield	54230*	36	Manitowoc	Reedsville
53965	11	Columbia	Wisconsin Dells	54241*	36	Manitowoc	Two Rivers
53968	29	Juneau	Wonewoc	54313*	05	Brown	Green Bay
54004	49	Polk	Clayton	54405	10	Clark	Abbotsford
54005	49	Polk	Clear Lake	54408	37	Marathon	Aniwa
54007*	56	St. Croix	Deer Park	54409	34	Langlade	Antigo
54017	56	St. Croix	New Richmond	54411	37	Marathon	Athens
54020*	49	Polk	Osceola	54412*	72	Wood	Auburndale
54022	48	Pierce	River Falls	54414	59	Shawano	Biramwood
54026*	49	Polk	Star Prairie	54420*	10	Clark	Chili
54103*	21	Forest	Armstrong Creek	54421	10	Clark	Colby
54104*	38	Marinette	Athelstane	54422	10	Clark	Curtiss
54106*	45	Outagamie	Black Creek	54423*	50	Portage	Custer
54107*	59	Shawano	Bonduel	54425	10	Clark	Dorchester
54110	08	Calumet	Brillion	54427	37	Marathon	Eland
54111	59	Shawano	Cecil	54428	34	Langlade	Elcho
54112	38	Marinette	Coleman	54433	61	Taylor	Gilman

ZIP Code	County Code	County Name	Post Office Name	ZIP Code	County Code	County Name	Post Office Name
54435	35	Lincoln	Gleason	54616*	62	Trempealeau	Blair
54443*	50	Portage	Junction City	54618*	29	Juneau	Camp Douglas
54447*	61	Taylor	Lublin	54619*	42	Monroe	Cashton
54449	72	Wood	Marshfield	54623	63	Vernon	Coon Valley
54451*	37	Marathon	Taylor	54624	63	Vernon	De Soto
54452	35	Lincoln	Merrill	54627*	62	Trempealeau	Etrick
54454*	72	Wood	Milladore	54628	12	Crawford	Ferryville
54455	37	Marathon	Mosinee	54634	63	Vernon	Hillsboro
54457	72	Wood	Nekoosa	54635*	27	Jackson	Hixton
54459	51	Price	Ogema	54638	42	Monroe	Kendall
54460	10	Clark	Owen	54639*	63	Vernon	La Farge
54463*	44	Oneida	Pelican Lake	54642	27	Jackson	Melrose
54465*	34	Langlade	Pickerel	54644*	32	La Crosse	Mindoro
54466	72	Wood	Pittsville	54651	63	Vernon	Ontario
54470*	61	Taylor	Rib Lake	54652	63	Vernon	Readstown
54473	50	Portage	Rosholt	54653*	32	La Crosse	Rockland
54475*	72	Wood	Rudolph	54655	12	Crawford	Soldiers Grove
54479	37	Marathon	Spencer	54656*	42	Monroe	Sparta
54480*	61	Taylor	Stetsonville	54658	63	Vernon	Stoddard
54486	59	Shawano	Tigerton	54659	27	Jackson	Taylor
54487	35	Lincoln	Tomahawk	54664	53	Richland	Viola
54488	10	Clark	Unity	54665	63	Vernon	Viroqua
54490*	61	Taylor	Westboro	54666	42	Monroe	Warrens
54491	34	Langlade	White Lake	54667*	63	Vernon	Westby
54494*	72	Wood	Wisconsin Rapids	54701*	18	Eau Claire	Eau Claire
54498	10	Clark	Withee	54703	18	Eau Claire	Eau Claire
54499*	59	Shawano	Wittenberg	54721*	47	Pepin	Arkansaw
54501	44	Oneida	Rhineland	54724*	09	Chippewa	Bloomer
54514	02	Ashland	Butternut	54726	09	Chippewa	Boyd
54520*	21	Forest	Crandon	54727	09	Chippewa	Cadott
54521	64	Vilas	Eagle River	54728	03	Barron	Chetek
54530	55	Rusk	Hawkins	54729*	09	Chippewa	Chippewa Falls
54538	64	Vilas	Lac du Flambeau	54730	17	Dunn	Colfax
54540	64	Vilas	Land O Lakes	54734*	17	Dunn	Downing
54542	21	Forest	Long Lake	54736	47	Pepin	Durand
54545*	64	Vilas	Manitowish Waters	54737	17	Dunn	Eau Galle
54548	44	Oneida	Minocqua	54738	18	Eau Claire	Eleva
54552	51	Price	Park Falls	54739	17	Dunn	Elk Mound
54558	64	Vilas	Saint Germain	54740*	48	Pierce	Elmwood
54559*	26	Iron	Saxon	54741	18	Eau Claire	Fairchild
54562	44	Oneida	Three Lakes	54745*	09	Chippewa	Holcombe
54564	44	Oneida	Tripoli	54746	10	Clark	Humbird
54566*	21	Forest	Wabeno	54747	62	Trempealeau	Independence
54568	64	Vilas	Oneida	54749	17	Dunn	Knapp
54612	62	Trempealeau	Arcadia	54754	27	Jackson	Merrillan
54615*	27	Jackson	Black River Falls	54755	06	Buffalo	Mondovi

ZIP Code	County Code	County Name	Post Office Name	ZIP Code	County Code	County Name	Post Office Name
54757	09	Chippewa	New Auburn	54904*	71	Winnebago	Oshkosh
54758	62	Trempealeau	Osseo	54909	50	Portage	Almond
54762*	03	Barron	Prairie Farm	54913*	45	Outagamie	Appleton
54763*	17	Dunn	Ridgeland	54914*	45	Outagamie	Appleton
54766	55	Rusk	Sheldon	54915	45	Outagamie	Appleton
54767	48	Pierce	Spring Valley	54921	50	Portage	Bancroft
54768	09	Chippewa	Stanley	54922	45	Outagamie	Bear Creek
54769*	47	Pepin	Stockholm	54923	24	Green Lake	Berlin
54770	62	Trempealeau	Strum	54929	69	Waupaca	Clintonville
54771	10	Clark	Thorp	54930*	70	Waushara	Coloma
54801	66	Washburn	Spooner	54940	69	Waupaca	Fremont
54806	02	Ashland	Ashland	54943	70	Waushara	Hancock
54813	03	Barron	Barronett	54944*	45	Outagamie	Hortonville
54817	66	Washburn	Birchwood	54945	69	Waupaca	Iola
54820	16	Douglas	Brule	54947*	71	Winnebago	Larsen
54821*	04	Bayfield	Cable	54950	69	Waupaca	Marion
54826*	03	Barron	Comstock	54952	71	Winnebago	Menasha
54829	03	Barron	Cumberland	54956*	71	Winnebago	Neenah
54830	07	Burnett	Danbury	54960	39	Marquette	Neshkoro
54835	58	Sawyer	Exeland	54961	69	Waupaca	New London
54837	49	Polk	Frederic	54963*	71	Winnebago	Omro
54840	07	Burnett	Grantsburg	54964	71	Winnebago	Pickett
54843	58	Sawyer	Hayward	54965	70	Waushara	Pine River
54853*	49	Polk	Luck	54966	70	Waushara	Plainfield
54856*	04	Bayfield	Mason	54968	24	Green Lake	Princeton
54859*	66	Washburn	Minong	54971*	20	Fond du Lac	Ripon
54868*	03	Barron	Rice Lake	54977	69	Waupaca	Scandinavia
54870*	66	Washburn	Sarona	54979*	20	Fond du Lac	Van Dyne
54871	66	Washburn	Shell Lake	54981	69	Waupaca	Waupaca
54872*	07	Burnett	Siren	54982*	70	Waushara	Wautoma
54873	04	Bayfield	Solon Springs	54983	69	Waupaca	Weyauwega
54876	58	Sawyer	Stone Lake	54984*	70	Waushara	Wild Rose
54889	03	Barron	Turtle Lake	54986*	71	Winnebago	Winneconne
54890*	16	Douglas	Wascott				

*BHI did not identify as a multi-county ZIP code.

VIII. Specialty Codes – Alpha Order

This information can also be found in the relational data product data support table **tlkSpecialty**.

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
037	Academic Medicine	X
516	Acute Care	
071	Administrative Medicine	X
503	Adult	
509	Adult Psychiatric/Mental Health	
033	Aerospace Medicine	X
049	Alcoholism – Chemical Dependency	X
001	Allergy – Immunology	X
002	Anesthesiology	X
032	Aviation Medicine	X
510	Child/Adolescent Psychiatric/Mental Health	
507	Community Health	
003	Dermatology	X
517	Diabetes Management	
300	DX Pharm Agent Certified	
031	Emergency Medicine	X
056	Endocrinology	X
502	Family	
041	Family Practice	X
006	Gastroenterology	X
008	General Practice	X
061	Genetics	X
029	Geriatrics	X
505	Gerontology	
512	Gynecology	
064	Hand Surgery	X
046	Hepiatrics	X
007	Hematology	X
065	Hyperbaric Medicine	X
047	Immunology – Infectious Diseases	X
039	Institutional Medicine	X
004	Internal Medicine	X
005	Internal Medicine – Cardiology	X
045	Internal Medicine – Pulmonary Medicine	X
508	Medical/Surgical	
513	Neonatal	
063	Neonatology	X
040	Nephrology	X
010	Neurology	X
051	Neurophysiology	X
023	Nuclear Medicine	X

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
500	Nurse Anesthetist	
501	Nurse Mid-Wife	
514	OB/GYN (Women's Health)	
511	Obstetric	
012	Obstetrics and Gynecology	X
030	Occupational Medicine	X
038	Oncology	X
515	Oncology	
013	Ophthalmology	X
014	Orthopedic Surgery	X
067	Otolaryngology	X
015	Otorhinolaryngology – ENT	X
066	Pain	X
518	Palliative Care	
016	Pathology	X
017	Pathology – Clinical	X
072	Pathology – Surgical Anatomic	X
018	Pediatrics	X
506	Pediatrics	
060	Pediatrics – Other	X
062	Perinatology	X
048	Pharmacology – Clinical	X
019	Physical Medicine and Rehabilitation	X
009	Preventive Medicine	X
036	Proctology	X
020	Psychiatry	X
021	Psychiatry – Child	X
022	Public Health	X
053	Radiology	X
043	Radiology – Diagnostic	X
068	Radiology – Nuclear Medicine	X
070	Radiology – Oncology	X
069	Radiology – Ultrasound	X
034	Research	X
024	Retired	X
057	Rheumatology	X
600	RX Pharm Agent Certified	
504	School	
052	School Physician	X
044	Surgery – Cardiovascular	X
054	Surgery – Colon and Rectal	X
025	Surgery – General	X
058	Surgery – Maxillofacial	X
011	Surgery – Neurological	X
059	Surgery – Peripheral Vascular	X

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
026	Surgery – Plastic	X
027	Surgery – Thoracic	X
900	Ultrasound/Galvanic TX Approved	
028	Urology	X

IX. Specialty Codes – Numeric Order

This information can also be found in the relational data product data support table **tlkSpecialty**.

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
001	Allergy – Immunology	X
002	Anesthesiology	X
003	Dermatology	X
004	Internal Medicine	X
005	Internal Medicine – Cardiology	X
006	Gastroenterology	X
007	Hematology	X
008	General Practice	X
009	Preventive Medicine	X
010	Neurology	X
011	Surgery – Neurological	X
012	Obstetrics and Gynecology	X
013	Ophthalmology	X
014	Orthopedic Surgery	X
015	Otorhinolaryngology – ENT	X
016	Pathology	X
017	Pathology – Clinical	X
018	Pediatrics	X
019	Physical Medicine and Rehabilitation	X
020	Psychiatry	X
021	Psychiatry – Child	X
022	Public Health	X
023	Nuclear Medicine	X
024	Retired	X
025	Surgery – General	X
026	Surgery – Plastic	X
027	Surgery – Thoracic	X
028	Urology	X
029	Geriatrics	X
030	Occupational Medicine	X
031	Emergency Medicine	X
032	Aviation Medicine	X
033	Aerospace Medicine	X
034	Research	X
036	Proctology	X
037	Academic Medicine	X

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
038	Oncology	X
039	Institutional Medicine	X
040	Nephrology	X
041	Family Practice	X
043	Radiology – Diagnostic	X
044	Surgery – Cardiovascular	X
045	Internal Medicine – Pulmonary Medicine	X
046	Hebiatrics	X
047	Immunology – Infectious Diseases	X
048	Pharmacology – Clinical	X
049	Alcoholism – Chemical Dependency	X
051	Neurophysiology	X
052	School Physician	X
053	Radiology	X
054	Surgery – Colon and Rectal	X
056	Endocrinology	X
057	Rheumatology	X
058	Surgery – Maxillofacial	X
059	Surgery – Peripheral Vascular	X
060	Pediatrics – Other	X
061	Genetics	X
062	Perinatology	X
063	Neonatology	X
064	Hand Surgery	X
065	Hyperbaric Medicine	X
066	Pain	X
067	Otolaryngology	X
068	Radiology – Nuclear Medicine	X
069	Radiology – Ultrasound	X
070	Radiology – Oncology	X
071	Administrative Medicine	X
072	Pathology – Surgical Anatomic	X
300	DX Pharm Agent Certified	
500	Nurse Anesthetist	
501	Nurse Mid-Wife	
502	Family	
503	Adult	
504	School	
505	Gerontology	
506	Pediatrics	
507	Community Health	
508	Medical/Surgical	
509	Adult Psychiatric/Mental Health	
510	Child/Adolescent Psychiatric/Mental Health	
511	Obstetric	

<u>Code</u>	<u>Description</u>	<u>MD or DO</u>
512	Gynecology	
513	Neonatal	
514	OB/GYN (Women's Health)	
515	Oncology	
516	Acute Care	
517	Diabetes Management	
518	Palliative Care	
600	RX Pharm Agent Certified	
900	Ultrasound/Galvanic TX Approved	

X. Payer Information Submitted by Facilities

Codes for the primary and secondary payers who are expected to pay for the inpatient stay, ambulatory surgery, or emergency department visit.

UB-92 Item 50(a) and 50(b), UB-04 Item 50(a) and 50(b); CMS-1500 Item 1

- ❖ This element has a field length of 5 characters and consists of two components – the payer identifier and the payer type. The primary payer is required, the secondary payer is required only if there is an additional payer. Compatibility between the Payer Identifier and the Payer Type components is checked.
- ❖ Payer Identifier has a field length of 3 characters and consists of the first three positions of the payer identification from the UB billing claim form. All Wisconsin Medical Assistance (Medicaid) patients must be coded as “T19”, whether payer type is fee-for-service or HMO.

Code Structure for Payer Identifier

Code	Description
MED	Medicare
T19	Wisconsin Medical Assistance (Medicaid)
nnn	3-digit plan code from UB-92 Manual – Non-Medicaid Blue Cross/Blue Shield
WPS	Non-Medicaid Wisconsin Physicians Service
CHA	CHAMPUS/CHAMPVA/TRICARE ³
BGR	Badger Care
OTH	Payer not identified above

- ❖ Payer Type has a field length of 2 and constitutes the fourth and fifth positions of the payer code. Fee-for-service in all of the codes below is defined as whether the billing is fee-for-service and whether the insured is free to choose any provider to perform the needed service.
- ❖ Payer Type code depends on the Payer Identification code. A Payer Identification code of MED, T19, nnn (Blue Cross/Blue Shield), WPS, CHA, or BGR requires a Payer Type code of 01, 02, 03, or 09. However, these Payer Type codes can never be used with a Payer Identification code of OTH. For the appropriate Payer Type codes, see the following tables:

Code Structure for Payer Type for use with MED, T19, nnn (Blue Cross/Blue Shield), WPS, CHA, or BGR

Code	Description
01	Fee-for-service, non-HMO Medicare, or non-HMO Medicaid
02	Alternative Health Care Insurance Plans (HMO, PPO)
03	CHAMPUS/CHAMPVA/TRICARE
09	Unable to determine insurance type ⁴ .

Code Structure for Payer Type for use with OTH

Code	Description
11	Commercial or private insurance – fee-for-service
12	Commercial or private insurance – alternative health care insurance plan ⁵

³ This must be used with Payer Type Code 03.

⁴ To be used when it is unknown if the coverage is fee-for-service/non-HMO Medicare or HMO, PPO.

Code Structure for Payer Type for use with OTH

Code	Description
19	Commercial or private insurance – unable to determine insurance type
21	Employer self-funded – fee-for-service
22	Employer self-funded – alternative health care insurance plan ⁶
29	Employer self-funded – unable to determine insurance type
31	Other organization self-funded – fee-for-service
32	Other organization self-funded – alternative health care insurance plan ⁷
39	Other organization self-funded – unable to determine insurance type
41	Workers' Compensation
51	Non-Wisconsin Medicaid
52	51.42/ 51.437/ 46.23 County Board
53	General Relief
54	WisconCare
55	CHAMPUS/CHAMPVA/TRICARE supplement
56	HIRSP
59	Other government agency or program
61	Self-pay
71	Research Grant
98	Other
99	Unknown

XI. Payer Identifier & Payer Category Group Code Criteria

This information can also be found in the relational data product data support tables **tlkPayIdentifier** and **tlkPayCategory**.

– First & Second Payer

Payer Identifier	Payer Type	Payer Identifier Group	Payer Category Group	Description
MED	01	1	1	Medicare, Fee for Service
MED	02	1	2	Medicare, HMO/PPO
MED	09	1	4	Medicare, Unknown Type
T19	01	2	1	Medicaid/BadgerCare, Fee for Service
T19	02	2	2	Medicaid/BadgerCare, HMO
T19	09	2	4	Medicaid/BadgerCare, Unknown Type
nnn ⁸	01	4	1	Private Insurance, Fee for Service
nnn	02	4	2	Private Insurance, HMO/PPO
nnn	09	4	4	Private Insurance, Unknown Type
WPS	01	4	1	Private Insurance, Fee for Service
WPS	02	4	2	Private Insurance, HMO/PPO
WPS	09	4	4	Private Insurance, Unknown Type
CHA	03	3	3	Other Government, CHAMPUS/CHAMPVA/TRICARE
BGR	01	2	1	Medicaid/BadgerCare, Fee for Service

⁵ For example, HMO, PPO.

⁶ For example, HMO, PPO.

⁷ For example, HMO, PPO.

⁸ nnn represents Blue Cross/Blue Shield plan number

– First & Second Payer

Payer Identifier	Payer Type	Payer Identifier Group	Payer Category Group	Description
BGR	02	2	2	Medicaid/BadgerCare, HMO/PPO
BGR	09	2	4	Medicaid/BadgerCare, Unknown Type
OTH	11	4	1	Private Insurance, Fee for Service
OTH	12	4	2	Private Insurance, HMO/PPO
OTH	19	4	4	Private Insurance, Unknown Type
OTH	21	4	1	Private Insurance, Fee for Service
OTH	22	4	2	Private Insurance, HMO/PPO
OTH	29	4	4	Private Insurance, Unknown Type
OTH	31	4	1	Private Insurance, Fee for Service
OTH	32	4	2	Private Insurance, HMO/PPO
OTH	39	4	4	Private Insurance, Unknown Type
OTH	41	4	1	Private Insurance, Fee for Service
OTH	51	2	1	Medicaid/BadgerCare, Fee for Service
OTH	52	3	1	Other Government, Fee for Service
OTH	53	3	1	Other Government; GAMP <u>Added Q3 05</u>
OTH	54	3	1	Other Government, Fee for Service
OTH	55	3	3	Other Government, CHAMPUS/CHAMPVA/TRICARE
OTH	56	3	1	Other Government, Fee for Service
OTH	59	3	1	Other Government, Fee for Service
OTH	61	5	1	Self-Pay, Fee for Service
OTH	78	6	1	Other or Unknown, Fee For Service
OTH	98	6	1	Other or Unknown, Fee for Service
OTH	99	6	4	Other or Unknown, Unknown Type
NULL	NULL	NULL	NULL	Missing – Data Not Submitted – Second Payer Only

XII. Payer Combined Code Assignment

This information can also be found in the relational data product data support tables **tlkPayCombinedCode**.

– First & Second Payer

Payer Identifier	Payer Type	Payer Combined Code	Description
MED	01	11	Medicare, Fee for Service
MED	02	12	Medicare, HMO/PPO
MED	09	14	Medicare, Unknown Type
T19	01	21	Medicaid, Fee for Service
T19	02	22	Medicaid, HMO/PPO
T19	09	24	Medicaid, Unknown Type
OTH	51	25	Medicaid, Other State
CHA	03	33	CHAMPUS/CHAMPVA/TRICARE
OTH	55	33	CHAMPUS/CHAMPVA/TRICARE
nnn	01	41	WPS/Blue Cross/Workers Comp, Fee for Service

– First & Second Payer

Payer Identifier	Payer Type	Payer Combined Code	Description
OTH	41	41	WPS/Blue Cross/Workers Comp, Fee for Service
WPS	01	41	WPS/Blue Cross/Workers Comp, Fee for Service
nnn	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
WPS	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
nnn	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
WPS	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
BGR	01	61	BadgerCare, Fee for Service
BGR	02	62	BadgerCare, HMO/PPO
BGR	09	64	BadgerCare, Unknown Type
OTH	11	71	Other Commercial or Private Insurance, Fee for Service
OTH	12	72	Other Commercial or Private Insurance, HMO/PPO
OTH	19	74	Other Commercial or Private Insurance, Unknown Type
OTH	21	81	Employer Self-Funded, Fee for Service
OTH	22	82	Employer Self-Funded, HMO/PPO
OTH	29	84	Employer Self-Funded, Unknown Type
OTH	31	91	Other Organization Self-Funded, Fee for Service
OTH	32	92	Other Organization Self-Funded, HMO/PPO
OTH	39	94	Other Organization Self-Funded, Unknown Type
OTH	52	101	Other Government, Fee for Service
OTH	53	102	Other Government; GAMP* <u>Added Q3 05</u>
OTH	54	101	Other Government, Fee for Service
OTH	59	101	Other Government, Fee for Service
OTH	56	111	HIRSP, Fee for Service
OTH	61	121	Self-Pay, Fee for Service
OTH	71	122	Research Grant, Subsidized
OTH	98	131	Other or Unknown, Fee for Service
OTH	99	134	Other or Unknown, Unknown Type
NULL	NULL	NULL	Missing Data – data not submitted – Second Payer only

* Effective 3Q 05, combined code of '102' signifies Other Government; GAMP records. In previous quarters, Other Government; GAMP was part of the 'Other Government, Fee for Service' category with a combined code of '101'.

XIII. Summary of All Codes – CodeSummary.xls⁹

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
ADMIT SOURCE NEWBORN		X	X	1	NORMAL NEWBORN
ADMIT SOURCE NEWBORN		X	X	2	PREMATURE NEWBORN
ADMIT SOURCE NEWBORN		X	X	3	SICK BABY
ADMIT SOURCE NEWBORN		X	X	4	EXTRAMURAL BIRTH
ADMIT SOURCE NEWBORN		X	X	5	BORN INSIDE THIS HOSPITAL
ADMIT SOURCE NEWBORN		X	X	6	BORN OUTSIDE OF THIS HOSPITAL
ADMIT SOURCE NEWBORN		X	X	9	INFORMATION NOT AVAILABLE
ADMIT SOURCE NON-NEWBORN		X	X	1	PHYSICIAN REFERRED
ADMIT SOURCE NON-NEWBORN		X	X	2	CLINIC REFERRED
ADMIT SOURCE NON-NEWBORN		X	X	3	HMO REFERRED
ADMIT SOURCE NON-NEWBORN		X	X	4	TRANSFER FROM HOSPITAL
ADMIT SOURCE NON-NEWBORN		X	X	5	TRANSFER FROM SKILLED NURSING FACILITY
ADMIT SOURCE NON-NEWBORN		X	X	6	TRANSFER FROM HEALTH CARE FACILITY
ADMIT SOURCE NON-NEWBORN		X	X	7	EMERGENCY ROOM
ADMIT SOURCE NON-NEWBORN		X	X	8	COURT/LAW ENFORCEMENT
ADMIT SOURCE NON-NEWBORN		X	X	9	INFORMATION NOT AVAILABLE
ADMIT SOURCE NON-NEWBORN		X	X	A	TRANSFER FROM CRITICAL ACCESS HOSPITAL
ADMIT SOURCE NON-NEWBORN		X	X	B	TRANSFER FROM ANOTHER HOME HEALTH AGENCY
ADMIT SOURCE NON-NEWBORN		X	X	C	READMISSION TO SAME HOME HEALTH AGENCY
ADMIT SOURCE NON-NEWBORN		X	X	D	TRANSFER FROM HOSPITAL INP W/IN FACILITY RESULTING SEPARATE CLAIM
ADMIT SOURCE NON-NEWBORN		X	X	E	TRANSFER FROM AMBULATORY SURGERY CENTER
ADMIT SOURCE NON-NEWBORN		X	X	F	TRANSFER FROM HOSPICE
ADMIT TYPE	X		X	1	EMERGENCY
ADMIT TYPE	X		X	2	URGENT
ADMIT TYPE	X		X	3	ELECTIVE
ADMIT TYPE	X		X	4	NEWBORN
ADMIT TYPE	X		X	5	TRAUMA CENTER
ADMIT TYPE	X		X	9	INFORMATION NOT AVAILABLE

⁹ All information in this section can also be found in the relational data product in various data support tables.

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
COUNTY	X	X	X	01	ADAMS
COUNTY	X	X	X	02	ASHLAND
COUNTY	X	X	X	03	BARRON
COUNTY	X	X	X	04	BAYFIELD
COUNTY	X	X	X	05	BROWN
COUNTY	X	X	X	06	BUFFALO
COUNTY	X	X	X	07	BURNETT
COUNTY	X	X	X	08	CALUMET
COUNTY	X	X	X	09	CHIPPEWA
COUNTY	X	X	X	10	CLARK
COUNTY	X	X	X	11	COLUMBIA
COUNTY	X	X	X	12	CRAWFORD
COUNTY	X	X	X	13	DANE
COUNTY	X	X	X	14	DODGE
COUNTY	X	X	X	15	DOOR
COUNTY	X	X	X	16	DOUGLAS
COUNTY	X	X	X	17	DUNN
COUNTY	X	X	X	18	EAU CLAIRE
COUNTY	X	X	X	19	FLORENCE
COUNTY	X	X	X	20	FOND DU LAC
COUNTY	X	X	X	21	FORST
COUNTY	X	X	X	22	GRANT
COUNTY	X	X	X	23	GREEN
COUNTY	X	X	X	24	GREEN LAKE
COUNTY	X	X	X	25	IOWA (COUNTY)
COUNTY	X	X	X	26	IRON
COUNTY	X	X	X	27	JACKSON
COUNTY	X	X	X	28	JEFFERSON
COUNTY	X	X	X	29	JUNEAU
COUNTY	X	X	X	30	KENOSHA
COUNTY	X	X	X	31	KEWAUNEE
COUNTY	X	X	X	32	LA CROSSE
COUNTY	X	X	X	33	LAFAYETTE

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
COUNTY	X	X	X	34	LANGLADE
COUNTY	X	X	X	35	LINCOLN
COUNTY	X	X	X	36	MANITOWOC
COUNTY	X	X	X	37	MARATHON
COUNTY	X	X	X	38	MARINETTE
COUNTY	X	X	X	39	MARQUETTE
COUNTY	X	X	X	40	MENOMINEE
COUNTY	X	X	X	41	MILWAUKEE
COUNTY	X	X	X	42	MONROE
COUNTY	X	X	X	43	OCONTO
COUNTY	X	X	X	44	ONEIDA
COUNTY	X	X	X	45	OUTAGAMIE
COUNTY	X	X	X	46	OZAUKEE
COUNTY	X	X	X	47	PEPIN
COUNTY	X	X	X	48	PIERCE
COUNTY	X	X	X	49	POLK
COUNTY	X	X	X	50	PORTAGE
COUNTY	X	X	X	51	PRICE
COUNTY	X	X	X	52	RACINE
COUNTY	X	X	X	53	RICHLAND
COUNTY	X	X	X	54	ROCK
COUNTY	X	X	X	55	RUSK
COUNTY	X	X	X	56	SAINT CROIX
COUNTY	X	X	X	57	SAUK
COUNTY	X	X	X	58	SAWYER
COUNTY	X	X	X	59	SHAWANO
COUNTY	X	X	X	60	SHEBOYGAN
COUNTY	X	X	X	61	TAYLOR
COUNTY	X	X	X	62	TREMPEALEAU
COUNTY	X	X	X	63	VERNON
COUNTY	X	X	X	64	VILAS
COUNTY	X	X	X	65	WALWORTH
COUNTY	X	X	X	66	WASHBURN

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
COUNTY	X	X	X	67	WASHINGTON
COUNTY	X	X	X	68	WAUKESHA
COUNTY	X	X	X	69	WAUPACA
COUNTY	X	X	X	70	WAUSHARA
COUNTY	X	X	X	71	WINNEBAGO
COUNTY	X	X	X	72	WOOD
COUNTY	X	X	X	81	STATE OF ILLINOIS
COUNTY	X	X	X	82	STATE OF IOWA
COUNTY	X	X	X	83	STATE OF MICHIGAN
COUNTY	X	X	X	84	STATE OF MINNESOTA
COUNTY	X	X	X	98	MSSING
COUNTY	X	X	X	99	OTHER STATE OR COUNTRY
DISCHARGE STATUS		X	X	1	TO HOME OR SELF CARE (ROUTINE DISCHARGE)
DISCHARGE STATUS		X	X	2	TO ANOTHER SHORT-TERM GENERAL HOSPITAL
DISCHARGE STATUS		X	X	3	TO A SKILLED NURSING FACILITY (SNF)
DISCHARGE STATUS		X	X	4	TO AN INTERMEDIATE CARE FACILITY (ICF)
DISCHARGE STATUS		X	X	5	TO ANOTHER TYPE OF INSTITUTION - INP CARE
DISCHARGE STATUS		X	X	6	TO HOME UNDER CARE ORG HOME HEALTH SVC
DISCHARGE STATUS		X	X	7	LEFT AMA OR DISCONTINUED CARE
DISCHARGE STATUS		X	X	8	TO A HOME INTRAVENOUS PROVIDER
DISCHARGE STATUS		X	X	9	ADMITTED AS INPATIENT TO THIS HOSPITAL
DISCHARGE STATUS		X	X	20	EXPIRED (OR DID NOT RECOVER/CHRISTIAN SCI)
DISCHARGE STATUS		X	X	40	EXPIRED AT HOME - HOSPICE CLAIMS - MEDICARE/CHAMPUS
DISCHARGE STATUS		X	X	41	EXPIRED AT MEDICAL FACILITY - HOSPICE CLAIMS - MEDICARE/CHAMPUS
DISCHARGE STATUS		X	X	42	EXPIRED - PLACE UNKNOWN - HOSPICE CLAIMS - MEDICARE/CHAMPUS
DISCHARGE STATUS		X	X	43	TO A FEDERAL HOSPITAL
DISCHARGE STATUS		X	X	50	TO A HOSPICE - HOME
DISCHARGE STATUS		X	X	51	TO A HOSPICE - MEDICAL FACILITY
DISCHARGE STATUS		X	X	61	TO MEDICARE APPROVED SWING BED
DISCHARGE STATUS		X	X	62	TO ANOTHER REHAB FACILITY
DISCHARGE STATUS		X	X	63	TO A LONG-TERM CARE HOSPITAL
DISCHARGE STATUS		X	X	64	TO A MEDICAID CERTIFIED NURSING FACILITY
DISCHARGE STATUS		X	X	65	TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC UNIT

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DISCHARGE STATUS		X	X	66	DISCHARGED/TRANSFERRED TO A CAH
DISCHARGE STATUS		X	X	70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTHCARE INSTITUTION
DRG			X	001	CRANIOTOMY AGE >17 W CC
DRG			X	002	CRANIOTOMY AGE >17 W/O CC
DRG			X	003	CRANIOTOMY AGE 0-17
DRG			X	004	NO LONGER VALID
DRG			X	005	NO LONGER VALID
DRG			X	006	CARPAL TUNNEL RELEASE
DRG			X	007	PERIPH/CRANIAL NERV/OTH NERV SYS PROC W CC
DRG			X	008	PERIPH & CRANIAL NERVE & OTH NERV SYST PROC W/O CC
DRG			X	009	SPINAL DIS & INJURIES
DRG			X	010	NERVOUS SYS NEOPLASMS W CC
DRG			X	011	NERVOUS SYS NEOPLASMS W/O CC
DRG			X	012	DEGENERATIVE NERVOUS SYS DIS
DRG			X	013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
DRG			X	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION
DRG			X	015	NONSP CVA & PRECEREBRAL OCCLUSION W/O INFARCT
DRG			X	016	NONSPECIFIC CEREBROVASCULAR DIS W CC
DRG			X	017	NONSPECIFIC CEREBROVASCULAR DIS W/O CC
DRG			X	018	CRANIAL & PERIPHERAL NERVE DIS W CC
DRG			X	019	CRANIAL & PERIPHERAL NERVE DIS W/O CC
DRG			X	020	NO LONGER VALID
DRG			X	021	VIRAL MENINGITIS
DRG			X	022	HYPERTENSIVE ENCEPHALOPATHY
DRG			X	023	NONTRAUMATIC STUPOR & COMA
DRG			X	024	NO LONGER VALID
DRG			X	025	NO LONGER VALID
DRG			X	026	SEIZURE & HEADACHE AGE 0-17
DRG			X	027	TRAUMATIC STUPOR & COMA, COMA >1 HR
DRG			X	028	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
DRG			X	029	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
DRG			X	030	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
DRG			X	031	CONCUSSION AGE >17 W CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	032	CONCUSSION AGE >17 W/O CC
DRG			X	033	CONCUSSION AGE 0-17
DRG			X	034	OTH DIS OF NERVOUS SYS W CC
DRG			X	035	OTH DIS OF NERVOUS SYS W/O CC
DRG			X	036	RETINAL PROCS
DRG			X	037	ORBITAL PROCS
DRG			X	038	PRIMARY IRIS PROCS
DRG			X	039	LENS PROCS WITH OR WITHOUT VITRECTOMY
DRG			X	040	EXTRAOCULAR PROCS EXC ORBIT AGE >17
DRG			X	041	EXTRAOCULAR PROCS EXC ORBIT AGE 0-17
DRG			X	042	INTRAOCULAR PROCS EXC RETINA, IRIS & LENS
DRG			X	043	HYPHEMA
DRG			X	044	ACUTE MAJOR EYE INFECTIONS
DRG			X	045	NEUROLOGICAL EYE DIS
DRG			X	046	OTH DIS OF THE EYE AGE >17 W CC
DRG			X	047	OTH DIS OF THE EYE AGE >17 W/O CC
DRG			X	048	OTH DIS OF THE EYE AGE 0-17
DRG			X	049	MAJOR HEAD & NECK PROCS
DRG			X	050	SIALOADENECTOMY
DRG			X	051	SALIVARY GLAND PROCS EXC SIALOADENECTOMY
DRG			X	052	CLEFT LIP & PALATE REPAIR
DRG			X	053	SINUS & MASTOID PROCS AGE >17
DRG			X	054	SINUS & MASTOID PROCS AGE 0-17
DRG			X	055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCS
DRG			X	056	RHINOPLASTY
DRG			X	057	T&A PROC, EXC TONSIL &/OR ADENOIDECTOMY ONLY, AGE >17
DRG			X	058	T&A PROC, EXC TONSIL &/OR ADENOIDECTOMY ONLY, AGE 0-17
DRG			X	059	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
DRG			X	060	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
DRG			X	061	MYRINGOTOMY W TUBE INSERTION AGE >17
DRG			X	062	MYRINGOTOMY W TUBE INSERTION AGE 0-17
DRG			X	063	OTH EAR, NOSE, MOUTH & THROAT O.R. PROCS
DRG			X	064	EAR, NOSE, MOUTH & THROAT MALIGNANCY

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	065	DYSEQUILIBRIUM
DRG			X	066	EPISTAXIS
DRG			X	067	EPIGLOTTITIS
DRG			X	068	OTITIS MEDIA & URI AGE >17 W CC
DRG			X	069	OTITIS MEDIA & URI AGE >17 W/O CC
DRG			X	070	OTITIS MEDIA & URI AGE 0-17
DRG			X	071	LARYNGOTRACHEITIS
DRG			X	072	NASAL TRAUMA & DEFORMITY
DRG			X	073	OTH EAR, NOSE, MOUTH & THROAT DIAG AGE >17
DRG			X	074	OTH EAR, NOSE, MOUTH & THROAT DIAG AGE 0-17
DRG			X	075	MAJOR CHEST PROCS
DRG			X	076	OTH RESP SYS O.R. PROCS W CC
DRG			X	077	OTH RESP SYS O.R. PROCS W/O CC
DRG			X	078	PULMONARY EMBOLISM
DRG			X	079	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
DRG			X	080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
DRG			X	081	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
DRG			X	082	RESPIRATORY NEOPLASMS
DRG			X	083	MAJOR CHEST TRAUMA W CC
DRG			X	084	MAJOR CHEST TRAUMA W/O CC
DRG			X	085	PLEURAL EFFUSION W CC
DRG			X	086	PLEURAL EFFUSION W/O CC
DRG			X	087	PULMONARY EDEMA & RESPIRATORY FAILURE
DRG			X	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
DRG			X	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
DRG			X	090	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
DRG			X	091	SIMPLE PNEUMONIA & PLEURISY AGE 0-17
DRG			X	092	INTERSTITIAL LUNG DISEASE W CC
DRG			X	093	INTERSTITIAL LUNG DISEASE W/O CC
DRG			X	094	PNEUMOTHORAX W CC
DRG			X	095	PNEUMOTHORAX W/O CC
DRG			X	096	BRONCHITIS & ASTHMA AGE >17 W CC
DRG			X	097	BRONCHITIS & ASTHMA AGE >17 W/O CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	098	BRONCHITIS & ASTHMA AGE 0-17
DRG			X	099	RESPIRATORY SIGNS & SYMPTOMS W CC
DRG			X	100	RESPIRATORY SIGNS & SYMPTOMS W/O CC
DRG			X	101	OTH RESPIRATORY SYS DIAG W CC
DRG			X	102	OTH RESPIRATORY SYS DIAG W/O CC
DRG			X	103	HEART TRANSPLANT OR IMPLANT OR HEART ASSIST SYSTEM
DRG			X	104	CARD VALVE & OTH MAJ CARDIO PROC W CARD CATH
DRG			X	105	CARD VALVE & OTH MAJ CARDIO PROC W/O CARD CATH
DRG			X	106	CORONARY BYPASS W PTCA
DRG			X	108	OTH CARDIOTHORACIC PROCS
DRG			X	110	MAJOR CARDIOVASCULAR PROCS W CC
DRG			X	111	MAJOR CARDIOVASCULAR PROCS W/O CC
DRG			X	112	NO LONGER VALID
DRG			X	113	AMPUTATION FOR CIRC SYS DIS EXC UP LIMB & TOE
DRG			X	114	UP LIMB & TOE AMPUTATION FOR CIRC SYS DIS
DRG			X	117	CARDIAC PACEMAKER REVISION EXC DEVICE REPLACEMENT
DRG			X	118	CARDIAC PACEMAKER DEVICE REPLACEMENT
DRG			X	119	VEIN LIGATION & STRIPPING
DRG			X	120	OTH CIRCULATORY SYS O.R. PROCS
DRG			X	121	CIRC DIS W AMI & MAJOR COMP, DISCHARGED ALIVE
DRG			X	122	CIRC DIS W AMI W/O MAJOR COMP, DISCHARGED ALIVE
DRG			X	123	CIRC DIS W AMI, EXPIRED
DRG			X	124	CIRC DIS EXC AMI, W CARD CATH & COMPLEX DIAG
DRG			X	125	CIRC DIS EXC AMI, W CARD CATH W/O COMPLEX DIAG
DRG			X	126	ACUTE & SUBACUTE ENDOCARDITIS
DRG			X	127	HEART FAILURE & SHOCK
DRG			X	128	DEEP VEIN THROMBOPHLEBITIS
DRG			X	129	CARDIAC ARREST, UNEXPLAINED
DRG			X	130	PERIPHERAL VASCULAR DIS W CC
DRG			X	131	PERIPHERAL VASCULAR DIS W/O CC
DRG			X	132	ATHEROSCLEROSIS W CC
DRG			X	133	ATHEROSCLEROSIS W/O CC
DRG			X	134	HYPERTENSION

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	135	CARDIAC CONGENITAL & VALVULAR DIS AGE >17 W CC
DRG			X	136	CARDIAC CONGENITAL & VALVULAR DIS AGE >17 W/O CC
DRG			X	137	CARDIAC CONGENITAL & VALVULAR DIS AGE 0-17
DRG			X	138	CARDIAC ARRHYTHMIA & CONDUCTION DIS W CC
DRG			X	139	CARDIAC ARRHYTHMIA & CONDUCTION DIS W/O CC
DRG			X	140	ANGINA PECTORIS
DRG			X	141	SYNCOPE & COLLAPSE W CC
DRG			X	142	SYNCOPE & COLLAPSE W/O CC
DRG			X	143	CHEST PAIN
DRG			X	144	OTH CIRCULATORY SYS DIAG W CC
DRG			X	145	OTH CIRCULATORY SYS DIAG W/O CC
DRG			X	146	RECTAL RESECTION W CC
DRG			X	147	RECTAL RESECTION W/O CC
DRG			X	148	NO LONGER VALID
DRG			X	149	MAJOR SMALL & LARGE BOWEL PROCS W/O CC
DRG			X	150	PERITONEAL ADHESIOLYSIS W CC
DRG			X	151	PERITONEAL ADHESIOLYSIS W/O CC
DRG			X	152	MINOR SMALL & LARGE BOWEL PROCS W CC
DRG			X	153	MINOR SMALL & LARGE BOWEL PROCS W/O CC
DRG			X	154	NO LONGER VALID
DRG			X	155	STOMACH, ESOPHAGEAL & DUODENAL PROCS AGE >17 W/O CC
DRG			X	156	STOMACH, ESOPHAGEAL & DUODENAL PROCS AGE 0-17
DRG			X	157	ANAL & STOMAL PROCS W CC
DRG			X	158	ANAL & STOMAL PROCS W/O CC
DRG			X	159	HERNIA PROCS EXC INGUINAL & FEMORAL AGE >17 W CC
DRG			X	160	HERNIA PROCS EXC INGUINAL & FEMORAL AGE >17 W/O CC
DRG			X	161	INGUINAL & FEMORAL HERNIA PROCS AGE >17 W CC
DRG			X	162	INGUINAL & FEMORAL HERNIA PROCS AGE >17 W/O CC
DRG			X	163	HERNIA PROCS AGE 0-17
DRG			X	164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
DRG			X	165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
DRG			X	166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
DRG			X	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	168	MOUTH PROCS W CC
DRG			X	169	MOUTH PROCS W/O CC
DRG			X	170	OTH DIGESTIVE SYS O.R. PROCS W CC
DRG			X	171	OTH DIGESTIVE SYS O.R. PROCS W/O CC
DRG			X	172	DIGESTIVE MALIGNANCY W CC
DRG			X	173	DIGESTIVE MALIGNANCY W/O CC
DRG			X	174	G.I. HEMORRHAGE W CC
DRG			X	175	G.I. HEMORRHAGE W/O CC
DRG			X	176	COMPLICATED PEPTIC ULCER
DRG			X	177	UNCOMPLICATED PEPTIC ULCER W CC
DRG			X	178	UNCOMPLICATED PEPTIC ULCER W/O CC
DRG			X	179	INFLAMMATORY BOWEL DISEASE
DRG			X	180	G.I. OBSTRUCTION W CC
DRG			X	181	G.I. OBSTRUCTION W/O CC
DRG			X	182	ESOPHAGITIS, GASTROENT & MISC DIGEST DIS AGE >17 W CC
DRG			X	183	ESOPHAGITIS, GASTROENT & MISC DIGEST DIS AGE >17 W/O CC
DRG			X	184	ESOPHAGITIS, GASTROENT & MISC DIGEST DIS AGE 0-17
DRG			X	185	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17
DRG			X	186	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE 0-17
DRG			X	187	DENTAL EXTRACTIONS & RESTORATIONS
DRG			X	188	OTH DIGESTIVE SYS DIAG AGE >17 W CC
DRG			X	189	OTH DIGESTIVE SYS DIAG AGE >17 W/O CC
DRG			X	190	OTH DIGESTIVE SYS DIAG AGE 0-17
DRG			X	191	PANCREAS, LIVER & SHUNT PROCS W CC
DRG			X	192	PANCREAS, LIVER & SHUNT PROCS W/O CC
DRG			X	193	BILIARY TRACT PROC EXC CHOLECYST W OR W/O C.D.E. W CC
DRG			X	194	BILIARY TRACT PROC EXC CHOLECYST W OR W/O C.D.E. W/O CC
DRG			X	195	CHOLECYST W C.D.E. W CC
DRG			X	196	CHOLECYST W C.D.E. W/O CC
DRG			X	197	CHOLECYST EXC BY LAPAROSCOPE W/O C.D.E. W CC
DRG			X	198	CHOLECYST EXC BY LAPAROSCOPE W/O C.D.E. W/O CC
DRG			X	199	HEPATOBIILIARY DIAGNOSTIC PROC FOR MALIGNANCY
DRG			X	200	HEPATOBIILIARY DIAGNOSTIC PROC FOR NON-MALIGNANCY

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	201	OTH HEPATOBILIARY OR PANCREAS O.R. PROCS
DRG			X	202	CIRRHOSIS & ALCOHOLIC HEPATITIS
DRG			X	203	MALIGNANCY OF HEPATOBILIARY SYS OR PANCREAS
DRG			X	204	DIS OF PANCREAS EXC MALIGNANCY
DRG			X	205	DIS OF LIVER EXC MALIG, CIRR, ALC HEPA W CC
DRG			X	206	DIS OF LIVER EXC MALIG, CIRR, ALC HEPA W/O CC
DRG			X	207	DIS OF THE BILIARY TRACT W CC
DRG			X	208	DIS OF THE BILIARY TRACT W/O CC
DRG			X	210	HIP & FEMUR PROCS EXC MAJOR JOINT AGE >17 W CC
DRG			X	211	HIP & FEMUR PROCS EXC MAJOR JOINT AGE >17 W/O CC
DRG			X	212	HIP & FEMUR PROCS EXC MAJOR JOINT AGE 0-17
DRG			X	213	AMPUTATION FOR MUSCULO SYS & CONN TISSUE DIS
DRG			X	214	NO LONGER VALID
DRG			X	215	NO LONGER VALID
DRG			X	216	BIOPSIES OF MUSCULO SYS & CONN TISSUE
DRG			X	217	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO & CONN TISS DIS
DRG			X	218	LOW EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE >17 W CC
DRG			X	219	LOW EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE >17 W/O CC
DRG			X	220	LOW EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE 0-17
DRG			X	221	NO LONGER VALID
DRG			X	222	NO LONGER VALID
DRG			X	223	MAJOR SHOULDER/ELBOW PROC, OR OTH UP EXTREMITY PROC W CC
DRG			X	224	SHOULDER, ELBOW, FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
DRG			X	225	FOOT PROCS
DRG			X	226	SOFT TISSUE PROCS W CC
DRG			X	227	SOFT TISSUE PROCS W/O CC
DRG			X	228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
DRG			X	229	HAND OR WRIST PROC, EXC MAJOR JOINT PROC, W/O CC
DRG			X	230	LOCAL EXC & REM OF INT FIX DEVICES OF HIP & FEMUR
DRG			X	231	NO LONGER VALID
DRG			X	232	ARTHROSCOPY
DRG			X	233	OTH MUSCULO SYS & CONN TISS O.R. PROC W CC
DRG			X	234	OTH MUSCULO SYS & CONN TISS O.R. PROC W/O CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	235	FRACTURES OF FEMUR
DRG			X	236	FRACTURES OF HIP & PELVIS
DRG			X	237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
DRG			X	238	OSTEOMYELITIS
DRG			X	239	PATHOLOGICAL FRACTURES & MUSCULO & CONN TISS MALIGNANCY
DRG			X	240	CONNECTIVE TISSUE DIS W CC
DRG			X	241	CONNECTIVE TISSUE DIS W/O CC
DRG			X	242	SEPTIC ARTHRITIS
DRG			X	243	MEDICAL BACK PROBLEMS
DRG			X	244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
DRG			X	245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
DRG			X	246	NON-SPECIFIC ARTHROPATHIES
DRG			X	247	SIGNS & SYMPTOMS OF MUSCULO SYS & CONN TISSUE
DRG			X	248	TENDONITIS, MYOSITIS & BURSITIS
DRG			X	249	AFTERCARE, MUSCULO SYS & CONNECTIVE TISSUE
DRG			X	250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC
DRG			X	251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
DRG			X	252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17
DRG			X	253	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC
DRG			X	254	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC
DRG			X	255	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17
DRG			X	256	OTH MUSCULO SYS & CONNECTIVE TISSUE DIAG
DRG			X	257	TOTAL MASTECTOMY FOR MALIGNANCY W CC
DRG			X	258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
DRG			X	259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
DRG			X	260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
DRG			X	261	BREAST PROC FOR NON-MALIGNANCY EXC BIOPSY & LOCAL EXC
DRG			X	262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
DRG			X	263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
DRG			X	264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
DRG			X	265	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC
DRG			X	266	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC
DRG			X	267	PERIANAL & PILONIDAL PROCS

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCS
DRG			X	269	OTH SKIN, SUBCUT TISS & BREAST PROC W CC
DRG			X	270	OTH SKIN, SUBCUT TISS & BREAST PROC W/O CC
DRG			X	271	SKIN ULCERS
DRG			X	272	MAJOR SKIN DIS W CC
DRG			X	273	MAJOR SKIN DIS W/O CC
DRG			X	274	MALIGNANT BREAST DIS W CC
DRG			X	275	MALIGNANT BREAST DIS W/O CC
DRG			X	276	NON-MALIGANT BREAST DIS
DRG			X	277	CELLULITIS AGE >17 W CC
DRG			X	278	CELLULITIS AGE >17 W/O CC
DRG			X	279	CELLULITIS AGE 0-17
DRG			X	280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC
DRG			X	281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC
DRG			X	282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17
DRG			X	283	MINOR SKIN DIS W CC
DRG			X	284	MINOR SKIN DIS W/O CC
DRG			X	285	AMPUTAT OF LOW LIMB FOR ENDOC, NUTRIT & METAB DIS
DRG			X	286	ADRENAL & PITUITARY PROCS
DRG			X	287	SKIN GRAFTS/WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS
DRG			X	288	O.R. PROCS FOR OBESITY
DRG			X	289	PARATHYROID PROCS
DRG			X	290	THYROID PROCS
DRG			X	291	THYROGLOSSAL PROCS
DRG			X	292	OTH ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
DRG			X	293	OTH ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
DRG			X	294	DIABETES AGE >35
DRG			X	295	DIABETES AGE 0-35
DRG			X	296	NUTRITIONAL & MISC METABOLIC DIS AGE >17 W CC
DRG			X	297	NUTRITIONAL & MISC METABOLIC DIS AGE >17 W/O CC
DRG			X	298	NUTRITIONAL & MISC METABOLIC DIS AGE 0-17
DRG			X	299	INBORN ERRORS OF METABOLISM
DRG			X	300	ENDOCRINE DIS W CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	301	ENDOCRINE DIS W/O CC
DRG			X	302	KIDNEY TRANSPLANT
DRG			X	303	KIDNEY, URETER & MAJOR BLADDER PROCS FOR NEOPLASM
DRG			X	304	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
DRG			X	305	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
DRG			X	306	PROSTATECTOMY W CC
DRG			X	307	PROSTATECTOMY W/O CC
DRG			X	308	MINOR BLADDER PROCS W CC
DRG			X	309	MINOR BLADDER PROCS W/O CC
DRG			X	310	TRANSURETHRAL PROCS W CC
DRG			X	311	TRANSURETHRAL PROCS W/O CC
DRG			X	312	URETHRAL PROCS, AGE >17 W CC
DRG			X	313	URETHRAL PROCS, AGE >17 W/O CC
DRG			X	314	URETHRAL PROCS, AGE 0-17
DRG			X	315	OTH KIDNEY & URINARY TRACT O.R. PROCS
DRG			X	316	RENAL FAILURE
DRG			X	317	ADMIT FOR RENAL DIALYSIS
DRG			X	318	KIDNEY & URINARY TRACT NEOPLASMS W CC
DRG			X	319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC
DRG			X	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
DRG			X	321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
DRG			X	322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
DRG			X	323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY
DRG			X	324	URINARY STONES W/O CC
DRG			X	325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
DRG			X	326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC
DRG			X	327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
DRG			X	328	URETHRAL STRICTURE AGE >17 W CC
DRG			X	329	URETHRAL STRICTURE AGE >17 W/O CC
DRG			X	330	URETHRAL STRICTURE AGE 0-17
DRG			X	331	OTH KIDNEY & URINARY TRACT DIAG AGE >17 W CC
DRG			X	332	OTH KIDNEY & URINARY TRACT DIAG AGE >17 W/O CC
DRG			X	333	OTH KIDNEY & URINARY TRACT DIAG AGE 0-17

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	334	MAJOR MALE PELVIC PROCS W CC
DRG			X	335	MAJOR MALE PELVIC PROCS W/O CC
DRG			X	336	TRANSURETHRAL PROSTATECTOMY W CC
DRG			X	337	TRANSURETHRAL PROSTATECTOMY W/O CC
DRG			X	338	TESTES PROCS, FOR MALIGNANCY
DRG			X	339	TESTES PROCS, NON-MALIGNANCY AGE >17
DRG			X	340	TESTES PROCS, NON-MALIGNANCY AGE 0-17
DRG			X	341	PENIS PROCS
DRG			X	342	CIRCUMCISION AGE >17
DRG			X	343	CIRCUMCISION AGE 0-17
DRG			X	344	OTH MALE REPRO SYS O.R. PROCS FOR MALIGNANCY
DRG			X	345	OTH MALE REPRO SYS O.R. PROC EXC FOR MALIGNANCY
DRG			X	346	MALIGNANCY, MALE REPRO SYS, W CC
DRG			X	347	MALIGNANCY, MALE REPRO SYS, W/O CC
DRG			X	348	BENIGN PROSTATIC HYPERTROPHY W CC
DRG			X	349	BENIGN PROSTATIC HYPERTROPHY W/O CC
DRG			X	350	INFLAMMATION OF THE MALE REPRO SYS
DRG			X	351	STERILIZATION, MALE
DRG			X	352	OTH MALE REPRO SYS DIAG
DRG			X	353	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY
DRG			X	354	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
DRG			X	355	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
DRG			X	356	FEMALE REPRO SYS RECONSTRUCTIVE PROCS
DRG			X	357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
DRG			X	358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
DRG			X	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
DRG			X	360	VAGINA, CERVIX & VULVA PROCS
DRG			X	361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
DRG			X	362	ENDOSCOPIC TUBAL INTERRUPTION
DRG			X	363	D&C, CONIZATION & RADIO-IMPL, FOR MALIGNANCY
DRG			X	364	D&C, CONIZATION EXC FOR MALIGNANCY
DRG			X	365	OTH FEMALE REPRO SYS O.R. PROCS
DRG			X	366	MALIGNANCY, FEMALE REPRO SYS W CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	367	MALIGNANCY, FEMALE REPRO SYS W/O CC
DRG			X	368	INFECTIONS, FEMALE REPRO SYS
DRG			X	369	MENSTRUAL & OTH FEMALE REPRO SYS DIS
DRG			X	370	CESAREAN SECTION W CC
DRG			X	371	CESAREAN SECTION W/O CC
DRG			X	372	VAGINAL DELIVERY W COMPLICATING DIAG
DRG			X	373	VAGINAL DELIVERY W/O COMPLICATING DIAG
DRG			X	374	VAGINAL DELIVERY W STERILIZATION &/OR D&C
DRG			X	375	VAGINAL DELIVERY W O.R. PROC EXC STERIL &/OR D&C
DRG			X	376	POSTPARTUM & POST ABORTION DIAG W/O O.R. PROC
DRG			X	377	POSTPARTUM & POST ABORTION DIAG W O.R. PROC
DRG			X	378	ECTOPIC PREGNANCY
DRG			X	379	THREATENED ABORTION
DRG			X	380	ABORTION W/O D&C
DRG			X	381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
DRG			X	382	FALSE LABOR
DRG			X	383	OTH ANTEPARTUM DIAG W MEDICAL COMPLICATIONS
DRG			X	384	OTH ANTEPARTUM DIAG W/O MEDICAL COMPLICATIONS
DRG			X	385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACF
DRG			X	386	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYN, NEONATE
DRG			X	387	PREMATURITY W MAJOR PROBLEMS
DRG			X	388	PREMATURITY W/O MAJOR PROBLEMS
DRG			X	389	FULL TERM NEONATE W MAJOR PROBLEMS
DRG			X	390	NEONATE W OTH SIGNIFICANT PROBLEMS
DRG			X	391	NORMAL NEWBORN
DRG			X	392	SPLENECTOMY AGE >17
DRG			X	393	SPLENECTOMY AGE 0-17
DRG			X	394	OTH O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS
DRG			X	395	RED BLOOD CELL DIS AGE >17
DRG			X	396	RED BLOOD CELL DIS AGE 0-17
DRG			X	397	COAGULATION DIS
DRG			X	398	RETICULOENDOTHELIAL & IMMUNITY DIS W CC
DRG			X	399	RETICULOENDOTHELIAL & IMMUNITY DIS W/O CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	400	NO LONGER VALID
DRG			X	401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTH O.R. PROC W CC
DRG			X	402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTH O.R. PROC W/O CC
DRG			X	403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
DRG			X	404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
DRG			X	405	ACUTE LEUKEMIA W/O MAJOR O.R. PROC AGE 0-17
DRG			X	406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
DRG			X	407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC
DRG			X	408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTH O.R.PROC
DRG			X	409	RADIOTHERAPY
DRG			X	410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SDX
DRG			X	411	HISTORY OF MALIGNANCY W/O ENDOSCOPY
DRG			X	412	HISTORY OF MALIGNANCY W ENDOSCOPY
DRG			X	413	OTH MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
DRG			X	414	OTH MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC
DRG			X	415	NO LONGER VALID
DRG			X	416	NO LONGER VALID
DRG			X	417	SEPTICEMIA AGE 0-17
DRG			X	418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
DRG			X	419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC
DRG			X	420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC
DRG			X	421	VIRAL ILLNESS AGE >17
DRG			X	422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
DRG			X	423	OTH INFECTIOUS & PARASITIC DISEASES DIAG
DRG			X	424	O.R. PROC W PRINCIPAL DIAG OF MENTAL ILLNESS
DRG			X	425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
DRG			X	426	DEPRESSIVE NEUROSES
DRG			X	427	NEUROSES EXC DEPRESSIVE
DRG			X	428	DIS OF PERSONALITY & IMPULSE CONTROL
DRG			X	429	ORGANIC DISTURBANCES & MENTAL RETARDATION
DRG			X	430	PSYCHOSES
DRG			X	431	CHILDHOOD MENTAL DIS
DRG			X	432	OTH MENTAL DIS DIAG

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
DRG			X	434	NO LONGER VALID
DRG			X	435	NO LONGER VALID
DRG			X	436	NO LONGER VALID
DRG			X	437	NO LONGER VALID
DRG			X	438	NO LONGER VALID
DRG			X	439	SKIN GRAFTS FOR INJURIES
DRG			X	440	WOUND DEBRIDEMENTS FOR INJURIES
DRG			X	441	HAND PROCS FOR INJURIES
DRG			X	442	OTH O.R. PROCS FOR INJURIES W CC
DRG			X	443	OTH O.R. PROCS FOR INJURIES W/O CC
DRG			X	444	TRAUMATIC INJURY AGE >17 W CC
DRG			X	445	TRAUMATIC INJURY AGE >17 W/O CC
DRG			X	446	TRAUMATIC INJURY AGE 0-17
DRG			X	447	ALLERGIC REACTIONS AGE >17
DRG			X	448	ALLERGIC REACTIONS AGE 0-17
DRG			X	449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
DRG			X	450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
DRG			X	451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
DRG			X	452	COMPLICATIONS OF TREATMENT W CC
DRG			X	453	COMPLICATIONS OF TREATMENT W/O CC
DRG			X	454	OTH INJURY, POISONING & TOXIC EFFECT DIAG W CC
DRG			X	455	OTH INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
DRG			X	456	NO LONGER VALID
DRG			X	457	NO LONGER VALID
DRG			X	458	NO LONGER VALID
DRG			X	459	NO LONGER VALID
DRG			X	460	NO LONGER VALID
DRG			X	461	O.R. PROC W DIAG OR OTH CONTACT W HEALTH SVCS
DRG			X	462	REHABILITATION
DRG			X	463	SIGNS & SYMPTOMS W CC
DRG			X	464	SIGNS & SYMPTOMS W/O CC
DRG			X	465	AFTERCARE W HISTORY OF MALIGNANCY AS SDX

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SDX
DRG			X	467	OTH FACTORS INFLUENCING HEALTH STATUS
DRG			X	468	EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAG
DRG			X	469	PRINCIPAL DIAG INVALID AS DISCHARGE DIAG
DRG			X	470	UNGROUPABLE
DRG			X	471	BILATERAL OR MULT MAJOR JOINT PROCS OF LOW EXTREMITY
DRG			X	473	ACUTE LEUKEMIA W/O MAJOR O.R. PROC AGE >17
DRG			X	474	NO LONGER VALID
DRG			X	475	NO LONGER VALID
DRG			X	476	PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAG
DRG			X	477	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DX
DRG			X	478	OTH VASCULAR PROCS W CC
DRG			X	479	OTH VASCULAR PROCS W/O CC
DRG			X	480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
DRG			X	481	BONE MARROW TRANSPLANT
DRG			X	482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAG
DRG			X	483	NO LONGER VALID
DRG			X	484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
DRG			X	485	LIMB REATTACH, HIP AND FEMUR PROC FOR MULT SIG TRAUM
DRG			X	486	OTH O.R. PROCS FOR MULTIPLE SIGNIFICANT TRAUMA
DRG			X	487	OTH MULTIPLE SIGNIFICANT TRAUMA
DRG			X	488	HIV W EXTENSIVE O.R. PROC
DRG			X	489	HIV W MAJOR RELATED CONDITION
DRG			X	490	HIV W OR W/O OTH RELATED CONDITION
DRG			X	491	MAJOR JOINT & LIMB REATTACHMENT PROCS OF UP EXTREMITY
DRG			X	492	CHEMO W ACUTE LEUKEMIA AS SDX OR W USE OF HIGH DOSE CHEMO
DRG			X	493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
DRG			X	494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
DRG			X	495	LUNG TRANSPLANT
DRG			X	496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
DRG			X	497	SPINAL FUSION EXC CERVICAL W CC
DRG			X	498	SPINAL FUSION EXC CERVICAL W/O CC
DRG			X	499	BACK & NECK PROCS EXC SPINAL FUSION W CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	500	BACK & NECK PROCS EXC SPINAL FUSION W/O CC
DRG			X	501	KNEE PROCS W PDX OF INFECTION W CC
DRG			X	502	KNEE PROCS W PDX OF INFECTION W/O CC
DRG			X	503	KNEE PROCS W/O PDX OF INFECTION
DRG			X	504	EXTENSIVE/FULL THICKNESS BURNS W MECH VENT 96+ HRS W SKIN GRAFT
DRG			X	505	EXTENSIVE/FULL THICKNESS BURNS W MECH VENT 96+ HRS W/O SKIN GRAFT
DRG			X	506	FULL BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
DRG			X	507	FULL BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA
DRG			X	508	FULL BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA
DRG			X	509	FULL BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA
DRG			X	510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA
DRG			X	511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA
DRG			X	512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
DRG			X	513	PANCREAS TRANSPLANT
DRG			X	514	NO LONGER VALID
DRG			X	515	CARDIAC DEFIBRILLATOR IMPL W/O CARDIAC CATH
DRG			X	516	PERCUT CARDIO PROCS W AMI
DRG			X	517	PERCUT CARDIO PROC W NON-DRUG ELUTING STENT W/O AMI
DRG			X	518	PERCUT CARDIO PROC W/O CORONARY ARTERY STENT OR AMI
DRG			X	519	CERVICAL SPINAL FUSION W CC
DRG			X	520	CERVICAL SPINAL FUSION W/O CC
DRG			X	521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
DRG			X	522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHAB W/O CC
DRG			X	523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHAB W/O CC
DRG			X	524	TRANSIENT ISCHEMIA
DRG			X	525	OTHER HEART ASSIST SYSTEM IMPLANT
DRG			X	526	PERCUT CARDIO PROC W DRUG-ELUTING STENT W AMI
DRG			X	527	PERCUT CARDIO PROC W DRUG-ELUTING STENT W/O AMI
DRG			X	528	INTRACRANIAL VASCULAR PROCS W PDX HEMORRHAGE
DRG			X	529	VENTRICULAR SHUNT PROCS W CC
DRG			X	530	VENTRICULAR SHUNT PROCS W/O CC
DRG			X	531	SPINAL PROCS W CC
DRG			X	532	SPINAL PROCS W/O CC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	533	EXTRACRANIAL PROCS W CC
DRG			X	534	EXTRACRANIAL PROCS W/O CC
DRG			X	535	CARDIAC DEFIB IMPL W CARDIAC CATH W AMI/HF/SHOCK
DRG			X	536	CARDIAC DEFIB IMPL W CARDIAC CATH W/O AMI/HF/SHOCK
DRG			X	537	LOCAL EXC & REM OF INT FIX DEVICES EXC HIP & FEMUR W CC
DRG			X	538	LOCAL EXC & REM OF INT FIX DEVICES EXC HIP & FEMUR W/O CC
DRG			X	539	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROC W CC
DRG			X	540	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROC W/O CC
DRG			X	541	TRACH W MECH VENT 96+ HRS/PDX EXC FACE/MOUTH/NECK DX W MAJ O.R. PROC
DRG			X	542	TRACH W MECH VENT 96+ HRS/PDX EXC FACE/MOUTH/NECK DX W/O MAJ O.R. PROC
DRG			X	543	CRANIOTOMY W IMPL CHEMO AGENT/ACUTE COMPLEX CNS PDX
DRG			X	544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
DRG			X	545	REVISION OF HIP OR KNEE REPLACEMENT
DRG			X	546	SPINAL FUSION EXCEPT CERVICAL W/ CURVATURE OF THE SPINE OR MALIGNANCY
DRG			X	547	CORONARY BYPASS W/ CARDIAC CATHERIZATION WITH MCV DX
DRG			X	548	CORONARY BYPASS W/ CARDIAC CATHER WITHOUT MCV DX
DRG			X	549	CORONARY BYPASS WITHOUT CARDIAC CATH WITH MCV DX
DRG			X	550	CORONARY BYPASS WITHOUT CARDIAC CATH WITHOUT MCV DX
DRG			X	551	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCD DIX OR AICD LEAD OR GEN
DRG			X	552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MCV DX
DRG			X	553	OTHER VASCULAR PROCEDURES WITH CC WITH MCV DX
DRG			X	554	OTHER VASCULAR PROCEDURES WITH CC WITHOUT MCV DX
DRG			X	555	PERCUTANEOUS CARDIO VAS PROC WITH MCV DX
DRG			X	556	PERCUTANEOUS CARDIO VAS PROC WITH NON DRUG ELTING STENT W/OUT MCV
DRG			X	557	PERCUTANEOUS CARDIO VAS PROC WITH DRUG ELUTING STENT WITH MCV
DRG			X	558	PERCUTANEOUS CARDIO VAS PROC WITH DRUG ELUTING STENT W/OUT MCV
DRG			X	559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT
DRG			X	560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM
DRG			X	561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS
DRG			X	562	SEIZURE AGE >17 W CC
DRG			X	563	SEIZURE AGE >17 W/O CC
DRG			X	564	HEADACHES AGE >17
DRG			X	565	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
DRG			X	566	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HOURS
DRG			X	567	STOMACH ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX
DRG			X	568	STOMACH ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX
DRG			X	569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX
DRG			X	570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX
DRG			X	571	MAJOR ESOPHAGEAL DISORDERS
DRG			X	572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS
DRG			X	573	MAJOR BLADDER PROCEDURES
DRG			X	574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL
DRG			X	575	SEPTICEMIA W MV 96+ HOURS AGE >17
DRG			X	576	SEPTICEMIA W/O MV 96+ HOURS AGE >17
DRG			X	577	CAROTID ARTERY STENT PROCEDURE
DRG			X	578	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE
DRG			X	579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROCEDURE
FACILITY INFORMATION	X	X	X	001	AMERY REGIONAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	002	LANGLADE MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	003	APPLETON MEDICAL CENTER
FACILITY INFORMATION	X	X	X	004	ST ELIZABETH HOSPITAL
FACILITY INFORMATION	X	X	X	005	FRANCISCAN SKEMP HEALTHCARE – ARCADIA
FACILITY INFORMATION	X	X	X	006	MEMORIAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	007	BALDWIN AREA MEDICAL CENTER
FACILITY INFORMATION	X	X	X	008	ST CLARE MEMORIAL HOSPITAL & HLTH SVCS
FACILITY INFORMATION	X	X	X	009	BARRON MEMORIAL MEDICAL CENTER, INC
FACILITY INFORMATION	X	X	X	010	BEAVER DAM COMMUNITY HOSPITALS
FACILITY INFORMATION	X	X	X	011	BELOIT MEMORIAL HOSPITAL, INC
FACILITY INFORMATION	X	X	X	013	BERLIN MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	014	BLACK RIVER MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	015	BLOOMER MEDICAL CTR – MAYO HEALTH SYS
FACILITY INFORMATION	X	X	X	016	BOSCOBEL AREA HEALTH CARE
FACILITY INFORMATION	X	X	X	017	WHEATON FRANCISCAN HEALTHCARE- ELMBROOK MEMORIAL, INC.
FACILITY INFORMATION	X	X	X	018	MEMORIAL HOSPITAL OF BURLINGTON
FACILITY INFORMATION	X	X	X	019	CALUMET MEDICAL CENTER
FACILITY INFORMATION	X	X	X	020	ST JOSEPH'S HOSPITAL

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION	X	X	X	022	COLUMBUS COMMUNITY HOSPITAL
FACILITY INFORMATION	X	X	X	024	CUMBERLAND MEMORIAL HOSPITAL & ECU
FACILITY INFORMATION	X	X	X	025	MEMORIAL HOSPITAL OF LAFAYETTE COUNTY
FACILITY INFORMATION	X	X	X	026	UPLAND HILLS HEALTH INC
FACILITY INFORMATION	X	X	X	027	CHIPPEWA VALLEY HOSPITAL
FACILITY INFORMATION	X	X	X	028	EAGLE RIVER MEMORIAL HOSPITAL INC
FACILITY INFORMATION	X	X	X	029	LUTHER HOSPITAL
FACILITY INFORMATION	X	X	X	030	SACRED HEART HOSPITAL
FACILITY INFORMATION	X	X	X	031	EDGERTON HOSPITAL AND HEALTH SERVICES
FACILITY INFORMATION	X	X	X	032	AURORA LAKELAND MEDICAL CENTER
FACILITY INFORMATION			X	033	FOND DU LAC COUNTY HEALTH CARE CENTER
FACILITY INFORMATION	X	X	X	034	ST AGNES HSOPITAL
FACILITY INFORMATION	X	X	X	035	FORT HEALTHCARE
FACILITY INFORMATION	X	X	X	037	MOUNDVIEW MEMORIAL HOSPITAL & CLINICS
FACILITY INFORMATION	X	X	X	038	BURNETT MEDICAL CENTER INC
FACILITY INFORMATION	X	X	X	039	BELLIN MEMORIAL HOSPITAL
FACILITY INFORMATION			X	040	BROWN COUNTY MENTAL HEALTH CENTER
FACILITY INFORMATION	X	X	X	041	ST MARY'S HOSPITAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	042	ST VINCENT HOSPITAL
FACILITY INFORMATION	X	X	X	043	AURORA MEDICAL CTR OF WASHINGTON CO INC
FACILITY INFORMATION	X	X	X	044	HAYWARD AREA MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	045	ST JOSEPH'S COMMUNITY HEALTH SVCS INC
FACILITY INFORMATION	X	X	X	046	HUDSON HOSPITAL
FACILITY INFORMATION	X	X	X	048	MERCY HEALTH SYSTEM CORPORATION
FACILITY INFORMATION	X	X	X	056	GUNDERSON LUTHERAN MEDICAL CENTER INC
FACILITY INFORMATION	X	X	X	057	FRANCISCAN SKEMP HEALTHCARE – LA CROSSE
FACILITY INFORMATION	X	X	X	058	RUSK CO MEMORIAL HOSP & NURSING HOME
FACILITY INFORMATION	X	X	X	059	GRANT REGIONAL HEATHLH CENTER INC
FACILITY INFORMATION			X	060	MENDOTA MENTAL HEATHLH INSTITUTE
FACILITY INFORMATION	X	X	X	061	MERITER HOSPITAL INC
FACILITY INFORMATION	X	X	X	063	ST MARYS HOSPITAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	064	UNIV OF WI HOSPITAL & CLINICS AUTHORITY
FACILITY INFORMATION	X	X	X	067	BAY AREA MEDICAL CENTER

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION			X	068	NORWOOD HEALTH CENTER
FACILITY INFORMATION	X	X	X	069	SAINT JOSEPH'S HOSPITAL
FACILITY INFORMATION	X	X	X	070	HESS MEMORIAL HOSPITAL/MILE BLUFF MEDICAL CENTER
FACILITY INFORMATION	X	X	X	071	MEMORIAL HEALTH CENTER INC
FACILITY INFORMATION	X	X	X	072	COMMUNITY MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	073	MYRTLE WERTH HOSPITAL – MAYO HEALTH SYS
FACILITY INFORMATION	X	X	X	074	GOOD SAMARITAN HEALTH CENTER
FACILITY INFORMATION	X	X	X	075	CHILDREN'S HOSPITAL OF WISCONSIN
FACILITY INFORMATION	X	X	X	076	COLUMBIA HOSPITAL INC
FACILITY INFORMATION	X	X	X	079	FROEDTERT MEMORIAL LUTHERAN HOSPITAL
FACILITY INFORMATION			X	082	SACRED HEART REHABILITATION INSTITUTE
FACILITY INFORMATION	X	X	X	085	WHEATON FRANCISCAN HEALTHCARE- ST FRANCIS, INC.
FACILITY INFORMATION	X	X	X	086	WHEATON FRANCISCAN HEALTHCARE- ST JOSEPH, INC.
FACILITY INFORMATION	X	X	X	087	AURORA ST LUKE'S MEDICAL CENTER
FACILITY INFORMATION	X	X	X	089	ST MARY'S HOSPITAL – MILWAUKEE
FACILITY INFORMATION	X	X	X	091	THE MONROE CLINIC
FACILITY INFORMATION	X	X	X	092	THEDA CLARK MEDICAL CENTER
FACILITY INFORMATION	X	X	X	093	MEMORIAL HOSPITAL INC
FACILITY INFORMATION	X	X	X	094	NEW LONDON FAMILY MEDICAL CENTER
FACILITY INFORMATION	X	X	X	095	WESTFIELDS HOSPITAL
FACILITY INFORMATION	X	X	X	098	OCONOMOWOC MEMORIAL HOSPITAL
FACILITY INFORMATION			X	099	ROGERS MEMORIAL HOSPITAL – OCONOMOWOC
FACILITY INFORMATION	X	X	X	101	COMMUNITY MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	102	OSCEOLA MEDICAL CENTER
FACILITY INFORMATION	X	X	X	103	MERCY MEDICAL CENTER OF OSHKOSH
FACILITY INFORMATION		X	X	104	LUTHER MIDELFORT OAKRIDGE
FACILITY INFORMATION	X	X	X	106	FLAMBEAU HOSPITAL INC
FACILITY INFORMATION	X	X	X	108	SOUTHWEST HEALTH CENTER INC
FACILITY INFORMATION	X	X	X	109	VALLEY VIEW MEDICAL CENTER
FACILITY INFORMATION	X	X	X	110	ST MARY'S HOSPITAL – OZAUKEE
FACILITY INFORMATION	X	X	X	111	DIVINE SAVIOR HEALTHCARE INC
FACILITY INFORMATION	X	X	X	112	PRAIRIE DU CHIEN MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	113	SAUK PRAIRIE MEMORIAL HOSPITAL

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION	X	X	X	117	REEDSBURG AREA MEDICAL CENTER
FACILITY INFORMATION	X	X	X	118	SACRED HEART – SAINT MARY’S HOSPITAL INC
FACILITY INFORMATION	X	X	X	119	LAKEVIEW MEDICAL CENTER
FACILITY INFORMATION	X	X	X	120	THE RICHLAND HOSPITAL INC
FACILITY INFORMATION	X	X	X	121	RIPON MEDICAL CENTER
FACILITY INFORMATION	X	X	X	122	RIVER FALLS AREA HOSPITAL
FACILITY INFORMATION	X	X	X	123	SHAWANO MEDICAL CENTER
FACILITY INFORMATION	X	X	X	124	AURORA SHEBOYGAN MEMORIAL MEDICAL CTR
FACILITY INFORMATION	X	X	X	125	ST NICHOLAS HOSPITAL
FACILITY INFORMATION	X	X	X	127	FRANCISCAN SKEMP HEALTHCARE – SPARTA
FACILITY INFORMATION	X	X	X	128	SPOONER HEALTH SYSTEM
FACILITY INFORMATION	X	X	X	129	ST CROIX REGIONAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	130	OUR LADY OF VICTORY HOSPITAL
FACILITY INFORMATION	X	X	X	131	SAINT MICHAEL’S HOSPITAL
FACILITY INFORMATION	X	X	X	132	STOUGHTON HOSPITAL ASSOCIATION
FACILITY INFORMATION	X	X	X	133	DOOR COUNTY MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	134	ST MARY’S HOSPITAL OF SUPERIOR
FACILITY INFORMATION	X	X	X	135	TOMAH MEMORIAL HOSPITAL INC
FACILITY INFORMATION	X	X	X	136	SACRED HEART HOSPITAL INC
FACILITY INFORMATION	X	X	X	137	AURORA MEDICAL CTR OF MANITOWOC CO INC
FACILITY INFORMATION	X	X	X	138	VERNON MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	139	WATERTOWN MEMORIAL HOSPITAL
FACILITY INFORMATION			X	140	WAUKESHA COUNTY MENTAL HEALTH CENTER
FACILITY INFORMATION	X	X	X	141	WAUKESHA MEMORIAL HOSPITAL INC
FACILITY INFORMATION	X	X	X	142	RIVERSIDE MEDICAL CENTER
FACILITY INFORMATION	X	X	X	143	WAUPUN MEMORIAL HOSPITAL
FACILITY INFORMATION			X	144	NORTH CENTRAL HEALTH CARE FACILITIES
FACILITY INFORMATION	X	X	X	145	ASPIRUS WAUSAU HOSPITAL
FACILITY INFORMATION		X	X	147	MILWAUKEE BEHAVIORAL HEALTH COMPLEX
FACILITY INFORMATION			X	149	AURORA PSYCHIATRIC HOSPITAL INC
FACILITY INFORMATION	X	X	X	150	WEST ALLIS MEMORIAL HOSPITAL
FACILITY INFORMATION	X	X	X	151	ST JOSEPH’S COMMUNITY HOSPITAL
FACILITY INFORMATION	X	X	X	152	TRI-COUNTY MEMORIAL HOSPITAL

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION	X	X	X	153	WILD ROSE COMMUNITY MEMORIAL HOSPITAL
FACILITY INFORMATION			X	154	WINNEBAGO MENTAL HEALTH INSTITUTE
FACILITY INFORMATION	X	X	X	155	RIVERVIEW HOSPITAL ASSOCIATION
FACILITY INFORMATION	X	X	X	156	HOWARD YOUNG MEDICAL CENTER INC
FACILITY INFORMATION	X	X	X	168	AURORA SINAI MEDICAL CENTER INC
FACILITY INFORMATION			X	170	LIBERTAS CENTER
FACILITY INFORMATION			X	172	BELLIN PSYCHIATRIC CENTER
FACILITY INFORMATION	X	X	X	178	HOLY FAMILY MEMORIAL MEDICAL CENTER
FACILITY INFORMATION	X	X	X	179	INDIANHEAD MEDICAL CENTER SHELL LAKE INC
FACILITY INFORMATION			X	181	KINDRED HOSPITAL – MILWAUKEE
FACILITY INFORMATION	X	X	X	182	ST LUKE'S MEDICAL CENTER – SOUTH SHORE
FACILITY INFORMATION			X	184	LAKEVIEW NEUROREHAB CENTER MIDWEST
FACILITY INFORMATION	X	X	X	189	AURORA MEDICAL CENTER – KENOSHA
FACILITY INFORMATION			X	190	SELECT SPECIALTY HOSPITAL
FACILITY INFORMATION	X		X	191	CHILDREN'S HOSPITAL OF WI – KENOSHA
FACILITY INFORMATION			X	192	ROGERS MEMORIAL HOSPITAL – MILWAUKEE
FACILITY INFORMATION	X		X	194	CHILDREN'S HOSPITAL OF WI – FOX VALLEY
FACILITY INFORMATION	X		X	195	ORTHOPAEDIC HOSPITAL OF WI – GLENDALE
FACILITY INFORMATION	X		X	196	COLUMBIA CENTER, LLC
FACILITY INFORMATION	X	X	X	197	AURORA BAYCARE MEDICAL CENTER
FACILITY INFORMATION	X		X	198	OAKLEAF SURGICAL HOSPITAL
FACILITY INFORMATION	X			203	SURGICENTER OF RACINE LTD
FACILITY INFORMATION	X			204	GREEN BAY SURGICAL CENTER LTD
FACILITY INFORMATION	X			207	MARSHFIELD CLINIC
FACILITY INFORMATION	X			208	NORTH SHORE SURGICAL CENTER
FACILITY INFORMATION	X			209	SURGERY & CARE CENTER
FACILITY INFORMATION	X			210	WAUWATOSA SURGERY CENTER LP
FACILITY INFORMATION	X			211	DAVID DUEHR SURGERY CENTER, SMDV
FACILITY INFORMATION	X			212	SURGICENTER OF GREATER MILWAUKEE
FACILITY INFORMATION	X			218	NORTHWEST SURGERY CENTER
FACILITY INFORMATION	X			219	RIVERVIEW SURGERY CENTER
FACILITY INFORMATION	X			220	WAUSAU SURGERY CENTER
FACILITY INFORMATION	X			222	MENOMONEE FALLS ASC

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION	X			225	CENTER FOR DIGESTIVE HEALTH
FACILITY INFORMATION	X			229	NIAGARA HEALTH CENTER
FACILITY INFORMATION	X			231	MADISON SURGERY CENTER
FACILITY INFORMATION	X			233	WEST BEND SURGERY CENTER
FACILITY INFORMATION	X			234	AMBULATORY SURGERY CENTER LLC
FACILITY INFORMATION	X			235	MARSHFIELD CLINIC – LAKELAND ASC
FACILITY INFORMATION	X			240	EYE SURGERY & LASER CENTER
FACILITY INFORMATION	X			241	WOODLAND SURGERY CENTER
FACILITY INFORMATION	X			242	MARSHFIELD CLINIC – EAU CLAIRE ASC
FACILITY INFORMATION	X			243	ARTHROSCOPIC & ASC OF NE WISCONSIN
FACILITY INFORMATION	X			245	MILWAUKEE ENDOSCOPY CENTER
FACILITY INFORMATION	X			246	CENTER FOR AESTHETIC & PLASTIC SURGERY
FACILITY INFORMATION	X			248	AURORA HEALTH CENTER – MARINETTE
FACILITY INFORMATION	X			249	MARSHFIELD CLINIC – WAUSAU CENTER ASC
FACILITY INFORMATION	X			250	MAYFAIR DIGESTIVE HEALTH CENTER LLC
FACILITY INFORMATION	X			251	WISCONSIN HEALTH CENTER ASC
FACILITY INFORMATION	X			252	ASSOC SURGICAL & MEDICAL SPECIALISTS
FACILITY INFORMATION	X			253	EAST MEQUON SURGERY CENTER LLC
FACILITY INFORMATION	X			254	PMTC SURGERY CENTER, INC
FACILITY INFORMATION	X			255	BLUEMOUND SURGERY CENTER
FACILITY INFORMATION	X			257	NOVAMED SURGERY CENTER
FACILITY INFORMATION	X			258	FROEDTERT SURGERY CENTER
FACILITY INFORMATION	X			259	WISCONSIN SURGERY CENTER, LLC
FACILITY INFORMATION	X			260	PINNACLE CATARACT & LASER INSTITUTE LLC
FACILITY INFORMATION	X			261	SURGICENTER OF GREATER MADISON
FACILITY INFORMATION	X			262	SURGERY CENTER OF WISCONSIN RAPIDS
FACILITY INFORMATION	X			263	SHEBOYGAN MEDICAL CENTER LLC
FACILITY INFORMATION	X			264	AMBULATORY SURGERY CENTER OF STEVENS POINT
FACILITY INFORMATION	X			265	FOND DU LAC SURGERY CENTER
FACILITY INFORMATION	X			266	ORTHOPEDIC & SPORTS SURGERY CENTER
FACILITY INFORMATION	X			267	PARAGON SURGICAL CENTER
FACILITY INFORMATION	X			268	DIAGNOSTIC & TREATMENT CENTER
FACILITY INFORMATION	X			269	ASPIRUS STEVENS POINT SURGERY CENTER

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY INFORMATION	X			270	UW HEALTH TRANSFORMATION SURGERY CENTER
FACILITY INFORMATION	X			271	THEDACARE AMBULATORY SURGERY CENTER SHAWANO
FACILITY INFORMATION	X			272	THE ORTHOPAEDIC SURGERY CENTER, LLC
FACILITY INFORMATION	X			273	ACCESS MEDICAL CENTER, LLC
FACILITY INFORMATION	X			274	UNITED MEDICAL CENTER
FACILITY INFORMATION	X			275	MANITOWOC SURGERY CENTER, LLC
FACILITY INFORMATION			X	300	SELECT SPECIALTY HOSP – MILW – ST LUKE'S
FACILITY INFORMATION	X	X	X	302	WHEATON FRANCISCAN HEALTHCARE- ALL SAINTS, INC.
FACILITY INFORMATION	X	X	X	303	AURORA MEDICAL CENTER OF OSHKOSH
FACILITY INFORMATION	X	X	X	304	THE WISCONSIN HEART HOSPITAL
FACILITY INFORMATION	X	X	X	305	UNITED HOSPITAL SYSTEM, INC
FACILITY INFORMATION		X	X	306	BOND HEALTH CENTER
FACILITY INFORMATION			X	307	LIFECARE HOSPITALS OF MILWAUKEE
FACILITY INFORMATION	X	X	X	308	SAINT CLARE'S HOSPITAL
FACILITY INFORMATION	X	X	X	309	MERCY WALWORTH HOSPITAL & MEDICAL CENTER
FACILITY INFORMATION			X	310	SELECT SPECIALTY HOSPITAL
FACILITY CITY	X	X	X	001	AMERY
FACILITY CITY	X	X	X	002	ANTIGO
FACILITY CITY	X	X	X	003	APPLETON
FACILITY CITY	X	X	X	004	APPLETON
FACILITY CITY	X	X	X	005	ARCADIA
FACILITY CITY	X	X	X	006	ASHLAND
FACILITY CITY	X	X	X	007	BALDWIN
FACILITY CITY	X	X	X	008	BARABOO
FACILITY CITY	X	X	X	009	BARRON
FACILITY CITY	X	X	X	010	BEAVER DAM
FACILITY CITY	X	X	X	011	BELOIT
FACILITY CITY	X	X	X	013	BERLIN
FACILITY CITY	X	X	X	014	BLACK RIVER FALLS
FACILITY CITY	X	X	X	015	BLOOMER
FACILITY CITY	X	X	X	016	BOSCOBEL
FACILITY CITY	X	X	X	017	BROOKFIELD
FACILITY CITY	X	X	X	018	BURLINGTON

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X	X	X	019	CHILTON
FACILITY CITY	X	X	X	020	CHIPPEWA FALLS
FACILITY CITY	X	X	X	022	COLUMBUS
FACILITY CITY	X	X	X	024	CUMBERLAND
FACILITY CITY	X	X	X	025	DARLINGTON
FACILITY CITY	X	X	X	026	DODGEVILLE
FACILITY CITY	X	X	X	027	DURAND
FACILITY CITY	X	X	X	028	EAGLE RIVER
FACILITY CITY	X	X	X	029	EAU CLAIRE
FACILITY CITY	X	X	X	030	EAU CLAIRE
FACILITY CITY	X	X	X	031	EDGERTON
FACILITY CITY	X	X	X	032	ELKHORN
FACILITY CITY			X	033	FOND DU LAC
FACILITY CITY	X	X	X	034	FOND DU LAC
FACILITY CITY	X	X	X	035	FORT ATKINSON
FACILITY CITY	X	X	X	037	FRIENDSHIP
FACILITY CITY	X	X	X	038	GRANTSBURG
FACILITY CITY	X	X	X	039	GREEN BAY
FACILITY CITY			X	040	GREEN BAY
FACILITY CITY	X	X	X	041	GREEN BAY
FACILITY CITY	X	X	X	042	GREEN BAY
FACILITY CITY	X	X	X	043	HARTFORD
FACILITY CITY	X	X	X	044	HAYWARD
FACILITY CITY	X	X	X	045	HILLSBORO
FACILITY CITY	X	X	X	046	HUDSON
FACILITY CITY	X	X	X	048	JANESVILLE
FACILITY CITY	X	X	X	056	LA CROSSE
FACILITY CITY	X	X	X	057	LA CROSSE
FACILITY CITY	X	X	X	058	LADYSMITH
FACILITY CITY	X	X	X	059	LANCASTER
FACILITY CITY			X	060	MADISON
FACILITY CITY	X	X	X	061	MADISON
FACILITY CITY	X	X	X	063	MADISON

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X	X	X	064	MADISON
FACILITY CITY	X	X	X	067	MARINETTE
FACILITY CITY			X	068	MARSHFIELD
FACILITY CITY	X	X	X	069	MARSHFIELD
FACILITY CITY	X	X	X	070	MAUSTON
FACILITY CITY	X	X	X	071	MEDFORD
FACILITY CITY	X	X	X	072	MENOMONEE FALLS
FACILITY CITY	X	X	X	073	MENOMONIE
FACILITY CITY	X	X	X	074	MERRILL
FACILITY CITY	X	X	X	075	MILWAUKEE
FACILITY CITY	X	X	X	076	MILWAUKEE
FACILITY CITY	X	X	X	079	MILWAUKEE
FACILITY CITY			X	082	MILWAUKEE
FACILITY CITY	X	X	X	085	MILWAUKEE
FACILITY CITY	X	X	X	086	MILWAUKEE
FACILITY CITY	X	X	X	087	MILWAUKEE
FACILITY CITY	X	X	X	089	MILWAUKEE
FACILITY CITY	X	X	X	091	MONROE
FACILITY CITY	X	X	X	092	NEENAH
FACILITY CITY	X	X	X	093	NEILLSVILLE
FACILITY CITY	X	X	X	094	NEW LONDON
FACILITY CITY	X	X	X	095	NEW RICHMOND
FACILITY CITY	X	X	X	098	OCONOMOWOC
FACILITY CITY			X	099	OCONOMOWOC
FACILITY CITY	X	X	X	101	OCONTO FALLS
FACILITY CITY	X	X	X	102	OSCEOLA
FACILITY CITY	X	X	X	103	OSHKOSH
FACILITY CITY		X	X	104	OSSEO
FACILITY CITY	X	X	X	106	PARK FALLS
FACILITY CITY	X	X	X	108	PLATTEVILLE
FACILITY CITY	X	X	X	109	PLYMOUTH
FACILITY CITY	X	X	X	110	MEQUON
FACILITY CITY	X	X	X	111	PORTAGE

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X	X	X	112	PRAIRIE DU CHIEN
FACILITY CITY	X	X	X	113	PRAIRIE DU SAC
FACILITY CITY	X	X	X	117	REEDSBURG
FACILITY CITY	X	X	X	118	RHINELANDER
FACILITY CITY	X	X	X	119	RICE LAKE
FACILITY CITY	X	X	X	120	RICHLAND CENTER
FACILITY CITY	X	X	X	121	RIPON
FACILITY CITY	X	X	X	122	RIVER FALLS
FACILITY CITY	X	X	X	123	SHAWANO
FACILITY CITY	X	X	X	124	SHEBOYGAN
FACILITY CITY	X	X	X	125	SHEBOYGAN
FACILITY CITY	X	X	X	127	SPARTA
FACILITY CITY	X	X	X	128	SPOONER
FACILITY CITY	X	X	X	129	ST CROIX FALLS
FACILITY CITY	X	X	X	130	STANLEY
FACILITY CITY	X	X	X	131	STEVENS POINT
FACILITY CITY	X	X	X	132	STOUGHTON
FACILITY CITY	X	X	X	133	STURGEON BAY
FACILITY CITY	X	X	X	134	SUPERIOR
FACILITY CITY	X	X	X	135	TOMAH
FACILITY CITY	X	X	X	136	TOMAHAWK
FACILITY CITY	X	X	X	137	TWO RIVERS
FACILITY CITY	X	X	X	138	VIROQUA
FACILITY CITY	X	X	X	139	WATERTOWN
FACILITY CITY			X	140	WAUKESHA
FACILITY CITY	X	X	X	141	WAUKESHA
FACILITY CITY	X	X	X	142	WAUPACA
FACILITY CITY	X	X	X	143	WAUPUN
FACILITY CITY			X	144	WAUSAU
FACILITY CITY	X	X	X	145	WAUSAU
FACILITY CITY		X	X	147	MILWAUKEE
FACILITY CITY			X	149	WAUWATOSA
FACILITY CITY	X	X	X	150	WEST ALLIS

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X	X	X	151	WEST BEND
FACILITY CITY	X	X	X	152	WHITEHALL
FACILITY CITY	X	X	X	153	WILD ROSE
FACILITY CITY			X	154	WINNEBAGO
FACILITY CITY	X	X	X	155	WISCONSIN RAPIDS
FACILITY CITY	X	X	X	156	WOODRUFF
FACILITY CITY	X	X	X	168	MILWAUKEE
FACILITY CITY			X	170	GREEN BAY
FACILITY CITY			X	172	GREEN BAY
FACILITY CITY	X	X	X	178	MANITOWOC
FACILITY CITY	X	X	X	179	SHELL LAKE
FACILITY CITY			X	181	GREENFIELD
FACILITY CITY	X	X	X	182	CUDAHY
FACILITY CITY			X	184	WATERFORD
FACILITY CITY	X	X	X	189	KENOSHA
FACILITY CITY			X	190	WEST ALLIS
FACILITY CITY	X		X	191	KENOSHA
FACILITY CITY			X	192	WEST ALLIS
FACILITY CITY	X		X	194	NEENAH
FACILITY CITY	X		X	195	GLENDALE
FACILITY CITY	X		X	196	MEQUON
FACILITY CITY	X	X	X	197	GREEN BAY
FACILITY CITY	X		X	198	EAU CLAIRE
FACILITY CITY	X			203	RACINE
FACILITY CITY	X			204	GREEN BAY
FACILITY CITY	X			206	MENASHA
FACILITY CITY	X			207	MARSHFIELD
FACILITY CITY	X			208	MILWAUKEE
FACILITY CITY	X			209	MADISON
FACILITY CITY	X			210	WAUWATOSA
FACILITY CITY	X			211	MADISON
FACILITY CITY	X			212	MILWAUKEE
FACILITY CITY	X			218	MILWAUKEE

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X			219	JANESVILLE
FACILITY CITY	X			220	WAUSAU
FACILITY CITY	X			222	MENOMONEE FALLS
FACILITY CITY	X			225	MILWAUKEE
FACILITY CITY	X			229	NIAGARA
FACILITY CITY	X			231	MADISON
FACILITY CITY	X			233	WEST BEND
FACILITY CITY	X			234	OSHKOSH
FACILITY CITY	X			235	MINOCQUA
FACILITY CITY	X			240	MILWAUKEE
FACILITY CITY	X			241	APPLETON
FACILITY CITY	X			242	EAU CLAIRE
FACILITY CITY	X			243	APPLETON
FACILITY CITY	X			245	GREENFIELD
FACILITY CITY	X			246	NEENAH
FACILITY CITY	X			248	MARINETTE
FACILITY CITY	X			249	WAUSAU
FACILITY CITY	X			250	WAUWATOSA
FACILITY CITY	X			251	GREENFIELD
FACILITY CITY	X			252	FRANKLIN
FACILITY CITY	X			253	MEQUON
FACILITY CITY	X			254	MILWAUKEE
FACILITY CITY	X			255	WAUKESHA
FACILITY CITY	X			257	MADISON
FACILITY CITY	X			258	MILWAUKEE
FACILITY CITY	X			259	MILWAUKEE
FACILITY CITY	X			260	APPLETON
FACILITY CITY	X			261	MIDDLETON
FACILITY CITY	X			262	WISCONSIN RAPIDS
FACILITY CITY	X			263	SHEBOYGAN
FACILITY CITY	X			264	STEVENS POINT
FACILITY CITY	X			265	FOND DU LAC
FACILITY CITY	X			266	APPLETON

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
FACILITY CITY	X			267	SHEBOYGAN
FACILITY CITY	X			268	WESTON
FACILITY CITY	X			269	STEVENS POINT
FACILITY CITY	X			270	MIDDLETON
FACILITY CITY	X			271	SHAWANO
FACILITY CITY	X			272	WAUKESHA
FACILITY CITY	X			273	RACINE
FACILITY CITY	X			274	MILWAUKEE
FACILITY CITY	X			275	MANITOWOC
FACILITY CITY	X		X	300	MILWAUKEE
FACILITY CITY	X	X	X	302	RACINE
FACILITY CITY	X	X	X	303	OSHKOSH
FACILITY CITY	X	X	X	304	WAUWATOSA
FACILITY CITY	X	X	X	305	KENOSHA
FACILITY CITY		X	X	306	OCONTO
FACILITY CITY			X	307	MILWAUKEE
FACILITY CITY	X	X	X	308	WESTON
FACILITY CITY	X	X	X	309	LAKE GENEVA
FACILITY CITY			X	310	MADISON
FACILITY CITY				311	FRANKLIN
GENDER	X	X	X	1	MALE
GENDER	X	X	X	2	FEMALE
GENDER	X	X	X	3	UNKNOWN
INFANT AGE GROUP	X		X	0	OVER 1 YEAR
INFANT AGE GROUP	X		X	1	7 DAYS OR LESS
INFANT AGE GROUP	X		X	2	8 DAYS THROUGH 28 DAYS
INFANT AGE GROUP	X		X	3	29 DAYS THROUGH 365 DAYS
MDC			X	01	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
MDC			X	02	DISEASES & DISORDERS OF THE EYE
MDC			X	03	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
MDC			X	04	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
MDC			X	05	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
MDC			X	06	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
MDC			X	07	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
MDC			X	08	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYST & CONNECTIVE TISSUE
MDC			X	09	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST
MDC			X	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS
MDC			X	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT
MDC			X	12	DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
MDC			X	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
MDC			X	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM
MDC			X	15	NEWBORNS & OTHER NEONATES W CONDITIONS ORIG IN THE PERINATAL PERIOD
MDC			X	16	DISEASES/DISORDERS OF BLOOD/BLOOD FORMING ORGANS/IMMUNOLOGICAL DIS
MDC			X	17	MYELOPROLIFERATIVE DISEASES & DISORDERS & POORLY DIFF NEOPLASMS
MDC			X	18	INFECTIOUS & PARASITIC DISEASES
MDC			X	19	MENTAL DISEASES & DISORDERS
MDC			X	20	ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS
MDC			X	21	INJURY, POISONING & TOXIC EFFECTS OF DRUGS
MDC			X	22	BURNS
MDC			X	23	FACTORS INFLUENCING HEALTH STATUS & OTHER CONTACTS W HEALTH SERVICES
MDC			X	24	MULTIPLE SIGNIFICANT TRAUMA
MDC			X	25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
PAYER CATEGORY GROUP	X	X	X	1	FEE FOR SERVICE
PAYER CATEGORY GROUP	X	X	X	2	ALTERNATIVE HEALTH CARE INSURANCE PLANS
PAYER CATEGORY GROUP	X	X	X	3	CHAMPUS/CHAMPVA/TRICARE
PAYER CATEGORY GROUP	X	X	X	4	UNABLE TO DETERMINE
PAYER COMBINED CODE	X	X	X	11	MEDICARE, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	12	MEDICARE, HMO/PPO
PAYER COMBINED CODE	X	X	X	14	MEDICARE, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	21	MEDICAID, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	22	MEDICAID, HMO/PPO
PAYER COMBINED CODE	X	X	X	24	MEDICAID, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	25	MEDICAID, OTHER STATE
PAYER COMBINED CODE	X	X	X	33	CHAMPUS/CHAMPVA/TRICARE
PAYER COMBINED CODE	X	X	X	41	WPS/BC/WORKS COMP, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	42	WPS/BC/WORKERS COMP, HMO/PPO

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
PAYER COMBINED CODE	X	X	X	44	WPS/BC/WORKERS COMP, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	61	BADGERCARE, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	62	BADGERCARE, HMO/PPO
PAYER COMBINED CODE	X	X	X	64	BADGERCARE, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	71	OTH COMM OR PRIVATE INS, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	72	OTH COMM OR PRIVATE INS, HMO/PPO
PAYER COMBINED CODE	X	X	X	74	OTH COMM OR PRIVATE INS, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	81	EMPLOYER SELF-FUNDED, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	82	EMPLOYER SELF-FUNDED, HMO/PPO
PAYER COMBINED CODE	X	X	X	84	EMPLOYER SELF-FUNDED, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	91	OTH ORG SELF-FUNDED, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	92	OTH ORG SELF-FUNDED, HMO/PPO
PAYER COMBINED CODE	X	X	X	94	OTH ORG SELF-FUNDED, UNKNOWN TYPE
PAYER COMBINED CODE	X	X	X	101	OTHER GOVERNMENT, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	102	OTHER GOVERNMENT; GAMP
PAYER COMBINED CODE	X	X	X	111	HIRSP, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	121	SELF PAY, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	122	RESEARCH GRANT, SUBSIDIZED
PAYER COMBINED CODE	X	X	X	131	OTHER OR UNKNOWN, FEE FOR SERVICE
PAYER COMBINED CODE	X	X	X	134	OTHER OR UNKNOWN, UNKNOWN TYPE
PAYER IDENTIFIER GROUP	X	X	X	1	MEDICARE
PAYER IDENTIFIER GROUP	X	X	X	2	MEDICAL ASSISTANCE/BADGERCARE
PAYER IDENTIFIER GROUP	X	X	X	3	OTHER GOVERNMENT
PAYER IDENTIFIER GROUP	X	X	X	4	PRIVATE INSURANCE
PAYER IDENTIFIER GROUP	X	X	X	5	SELF PAY
PAYER IDENTIFIER GROUP	X	X	X	6	OTHER OR UNKNOWN
PHYSICIAN SPECIALTY		X		001	ALLERGY – IMMUNOLOGY
PHYSICIAN SPECIALTY		X		002	ANESTHESIOLOGY
PHYSICIAN SPECIALTY		X		003	DERMATOLOGY
PHYSICIAN SPECIALTY		X		004	INTERNAL MEDICINE
PHYSICIAN SPECIALTY		X		005	INTERNAL MEDICINE – CARDIOLOGY
PHYSICIAN SPECIALTY		X		006	GASTROENTEROLOGY
PHYSICIAN SPECIALTY		X		007	HEMATOLOGY

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
PHYSICIAN SPECIALTY		X		008	GENERAL PRACTICE
PHYSICIAN SPECIALTY		X		009	PREVENTATIVE MEDICINE
PHYSICIAN SPECIALTY		X		010	NEUROLOGY
PHYSICIAN SPECIALTY		X		011	SURGERY – NEUROLOGICAL
PHYSICIAN SPECIALTY		X		012	OBSTETRICS & GYNECOLOGY
PHYSICIAN SPECIALTY		X		013	OPHTHALMOLOGY
PHYSICIAN SPECIALTY		X		014	ORTHOPEDIC SURGERY
PHYSICIAN SPECIALTY		X		015	OTORHINOLARYNGOLOGY – ENT
PHYSICIAN SPECIALTY		X		016	PATHOLOGY
PHYSICIAN SPECIALTY		X		017	PATHOLOGY – CLINICAL
PHYSICIAN SPECIALTY		X		018	PEDIATRICS
PHYSICIAN SPECIALTY		X		019	PHYSICAL MEDICINE & REHABILITATION
PHYSICIAN SPECIALTY		X		020	PSYCHIATRY
PHYSICIAN SPECIALTY		X		021	PSYCHIATRY – CHILD
PHYSICIAN SPECIALTY		X		022	PUBLIC HEALTH
PHYSICIAN SPECIALTY		X		023	NUCLEAR MEDICINE
PHYSICIAN SPECIALTY		X		024	RETIRED
PHYSICIAN SPECIALTY		X		025	SURGERY – GENERAL
PHYSICIAN SPECIALTY		X		026	SURGERY – PLASTIC
PHYSICIAN SPECIALTY		X		027	SURGERY – THORACIC
PHYSICIAN SPECIALTY		X		028	UROLOGY
PHYSICIAN SPECIALTY		X		029	GERIATRICS
PHYSICIAN SPECIALTY		X		030	OCCUPATIONAL MEDICINE
PHYSICIAN SPECIALTY		X		031	EMERGENCY MEDICINE
PHYSICIAN SPECIALTY		X		032	AVIATION MEDICINE
PHYSICIAN SPECIALTY		X		033	AEROSPACE MEDICINE
PHYSICIAN SPECIALTY		X		034	RESEARCH
PHYSICIAN SPECIALTY		X		036	PROCTOLOGY
PHYSICIAN SPECIALTY		X		037	ACADEMIC MEDICINE
PHYSICIAN SPECIALTY		X		038	ONCOLOGY
PHYSICIAN SPECIALTY		X		039	INSTITUTIONAL MEDICINE
PHYSICIAN SPECIALTY		X		040	NEPHROLOGY
PHYSICIAN SPECIALTY		X		041	FAMILY PRACTICE

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
PHYSICIAN SPECIALTY		X		043	RADIOLOGY – DIAGNOSTIC
PHYSICIAN SPECIALTY		X		044	SURGERY – CARDIOVASCULAR
PHYSICIAN SPECIALTY		X		045	INTERNAL MEDICINE – PULMONARY MEDICINE
PHYSICIAN SPECIALTY		X		046	HEBIATRICS
PHYSICIAN SPECIALTY		X		047	IMMUNOLOGY – INFECTIOUS DISEASES
PHYSICIAN SPECIALTY		X		048	PHARMACOLOGY – CLINICAL
PHYSICIAN SPECIALTY		X		049	ALCOHOLISM – CHEMICAL DEPENDENCY
PHYSICIAN SPECIALTY		X		051	NEUROPHYSIOLOGY
PHYSICIAN SPECIALTY		X		052	SCHOOL PHYSICIAN
PHYSICIAN SPECIALTY		X		053	RADIOLOGY
PHYSICIAN SPECIALTY		X		054	SURGERY – COLON & RECTAL
PHYSICIAN SPECIALTY		X		056	ENDOCRINOLOGY
PHYSICIAN SPECIALTY		X		057	RHEUMATOLOGY
PHYSICIAN SPECIALTY		X		058	SURGERY – MAXILLOFACIAL
PHYSICIAN SPECIALTY		X		059	SURGERY – PERIPHERAL VASCULAR
PHYSICIAN SPECIALTY		X		060	PEDIATRICS – OTHER
PHYSICIAN SPECIALTY		X		061	GENETICS
PHYSICIAN SPECIALTY		X		062	PERINATOLOGY
PHYSICIAN SPECIALTY		X		063	NEONATOLOGY
PHYSICIAN SPECIALTY		X		064	HAND SURGERY
PHYSICIAN SPECIALTY		X		065	HYPERBARIC MEDICINE
PHYSICIAN SPECIALTY		X		066	PAIN
PHYSICIAN SPECIALTY		X		067	OTOLARYNGOLOGY
PHYSICIAN SPECIALTY		X		068	RADIOLOGY – NUCLEAR MEDICINE
PHYSICIAN SPECIALTY		X		069	RADIOLOGY – ULTRASOUND
PHYSICIAN SPECIALTY		X		070	RADIOLOGY – ONCOLOGY
PHYSICIAN SPECIALTY		X		071	ADMINISTRATIVE MEDICINE
PHYSICIAN SPECIALTY		X		072	PATHOLOGY – SURGICAL ANATOMIC
PHYSICIAN SPECIALTY		X		300	DX PHARM AGENT CERTIFIED
PHYSICIAN SPECIALTY		X		500	NURSE ANESTHETIST
PHYSICIAN SPECIALTY		X		501	NURSE-MIDWIFE
PHYSICIAN SPECIALTY		X		502	FAMILY
PHYSICIAN SPECIALTY		X		503	ADULT

DATA ELEMENT	DATA TYPE			CODE	DESCRIPTION
	OPS	ED	INP		
PHYSICIAN SPECIALTY		X		504	SCHOOL
PHYSICIAN SPECIALTY		X		505	GERONTOLOGY
PHYSICIAN SPECIALTY		X		506	PEDIATRICS
PHYSICIAN SPECIALTY		X		507	COMMUNITY HEALTH
PHYSICIAN SPECIALTY		X		508	MEDICAL/SURGICAL
PHYSICIAN SPECIALTY		X		509	ADULT PSYCHIATRIC/MENTAL HEALTH
PHYSICIAN SPECIALTY		X		510	CHILD/ADOLESCENT PSYCHIATRIC/MENTAL HEALTH
PHYSICIAN SPECIALTY		X		511	OBSTETRIC
PHYSICIAN SPECIALTY		X		512	GYNECOLOGY
PHYSICIAN SPECIALTY		X		513	NEONATAL
PHYSICIAN SPECIALTY		X		514	OB/GYN (WOMEN'S HEALTH)
PHYSICIAN SPECIALTY		X		515	ONCOLOGY
PHYSICIAN SPECIALTY		X		516	ACUTE CARE
PHYSICIAN SPECIALTY		X		517	DIABETES MANAGEMENT
PHYSICIAN SPECIALTY		X		518	PALLIATIVE CARE
PHYSICIAN SPECIALTY		X		600	RX PHARM AGENT CERTIFIED
PHYSICIAN SPECIALTY		X		900	ULTRASOUND/GALVANIC TX APPROVED

* Please refer to the CodeSummary excel spreadsheet for the new MS-DRGs.