STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Patient Discharge Data File Documentation January-December 2006

NONPUBLIC VERSION

(also applicable to Customized Datasets)

COMMA-DELIMITED TEXT FORMAT

July 2007

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CALIFORNIA PATIENT DISCHARGE DATA
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INTRODUCTION

California Patient Discharge Datasets

Public Datasets

The California Office of Statewide Health Planning and Development (OSHPD) provides a public dataset of the Patient Discharge Database (based on California's definitions as opposed to National Standards) available for purchase on compact disc (CD). The data are made available by OSHPD once it has been screened by the editing program and corrected by the individual hospitals. To de-identify records to protect patient confidentiality, demographic variables in the public dataset are masked. (See the public dataset documentation for the masking logic and specific percentages of variable masking).

Nonpublic Datasets

In some instances, a data requester may need a customized version of the patient discharge data that contains variables, or a combination of variables, not available in the public version. The requester may apply for a customized "nonpublic" version of the data by completing the appropriate forms and, if approved, will be provided with a customized dataset. **This documentation booklet applies to any customized nonpublic dataset supplied by OSHPD.**

General assistance is available by calling OSHPD's Healthcare Information Resource Center at (916) 322-2814, or by visiting our Web site at www.oshpd.ca.gov.

Only brief descriptions are given for data elements. For more detailed descriptions, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm. Additional information can also be found on the Laws & Regulations page at www.oshpd.ca.gov/MIRCal/aboutMircal/laws.htm.

Importing Notes:

The fields listed below contain numeric codes, which are not numeric values; most PC software will treat these fields as numeric values unless formatted otherwise. Thus, when importing the data into your software, these fields should be formatted as text or alpha-numeric to retain the leading and trailing zeros.

- OSHPD - Hospital Identification Number
- Patient's County of Residence
- Expected Principal Source of Payment – Plan Code Number
- MDC
- DRG
- **All** diagnosis code fields (principal and other)
- **All** procedure code fields (principal and other**)**

It is especially important that all Diagnosis and Procedure code fields be formatted as "text." These fields are comprised of ICD-9-CM codes, some of which begin with alpha characters that cannot be read if not formatted as text. Also, many ICD-9-CM codes have leading and/or trailing zeros. For example, the ICD-9-CM code for *Salmonella Gastroenteritis* is "003.0." If it is not formatted as text, it will appear as "3," which is the numeric value, but is not the valid diagnostic code for *Salmonella Gastroenteritis.*

It is not absolutely essential but is recommended, to retain leading zeros in the other codes that

contain leading zeros (Hospital Identification Number, Patient's County of Residence, MDC, DRG, and Payer Plan Code Number). When these fields are formatted as "text," the number of digits in each respective field will then remain constant. For example, Alameda County will then appear as "01," rather than "1," and will contain two digits like the other county codes (Fresno through Yuba, 10 and 58, respectively).

Data Formats on Compact Disk

Comma-Delimited Data Format

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited patient discharge datasets, a header row identifying each data element is provided in the position of the first record.

Each data element is separated by a comma and is defined and described in this documentation. In Appendix H, there is a table listing the field label (used in the header row), field name, field type (format), and maximum number of characters.

Fields with no data will have consecutive delimiters (commas). Most PC software will not have difficulty with consecutive delimiters. However, some software packages may handle consecutive delimiters as a single delimiter and adjustments will need to be made.

Note: It is possible for some invalid values to remain in the database "as reported" by the hospital, due to error tolerance levels. This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc. For information on error tolerance levels, refer to the MIRCal Inpatient Edit Flag Description Guide at www.oshpd.ca.gov/MIRCal/programs/IP/patmanuals/editprog/EditProgramGuide.pdf

Fixed-Length Data Format

In the fixed-length set, every record is the same length. A header row is not provided, as in the comma-delimited set, however, a fixed-length record table (Appendix I) is supplied to help import your data.

Note: It is possible for some invalid values to remain in the database "as reported" by the hospital, due to error tolerance levels. This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc. For information on error tolerance levels, refer to the MIRCal Inpatient Edit Flag Description Guide at www.oshpd.ca.gov/MIRCal/programs/IP/patmanuals/editprog/EditProgramGuide.pdf

Facility Exceptions

State Hospitals

Through the first half of 1989, the database included twelve state hospitals. As of July 1989, the eleven hospitals operated by the Department of Mental Health or the Department of Developmental Services, serving mentally disordered and developmentally disabled patients, no longer report discharge data. The twelfth, the Veterans Home of California, Nelson M. Holderman Memorial Hospital, in Yountville has continued to report discharge data. Records from this hospital can be located using the hospital identification number "281297."

Psychiatric Health Facilities

Psychiatric health facilities, which provide care in licensed acute psychiatric beds, are subject to the same reporting requirements as other California hospitals. This type of hospital was first licensed in California in 1988. Patient discharge data for 1989 and for January through June 1990 included data from six psychiatric health facilities; data for July through December 1990 include data from all but one of the 16 licensed psychiatric health facilities. By 1991, all of these facilities were reporting their patient discharge data.

Formerly Freestanding Facilities on Parent Facility Licenses (Consolidated Licensure)

Beginning in the mid-1980s, via the Consolidated Licensure Act, the Department of Health Services began merging formerly separately licensed hospitals and nursing homes onto the licenses of "parent" hospitals. To become "consolidated," certain conditions had to be met, including common ownership and medical staff, and the locations had to be within 15 miles. Beginning in the 1990s, formerly separately licensed locations (including some existing consolidated satellite locations) have been converted to "distinct part facilities" that now appear on parent facilities' licenses.

Beginning with the 2003 data, OSHPD tracked both distinct part facilities and "consolidated satellite" campuses the same, both as consolidated satellites. See Appendix F, Hospital Locations, for a listing of all patient discharge data reporting-entities. For consolidated reporting entities, the facility name is plural (e.g., Medical Centers, Hospitals), and the numbers of consolidated locations are displayed. (The ZIP codes and counties noted, each belong to the parent location. Currently, there are three sets of consolidations that cross county boundaries.)

As each set of consolidated locations shares the same license, they also share the same license number. To view specific licenses, on the Internet, go to OSHPD's ALIRTS page, www.alirts.oshpd.ca.gov. At the first ALIRTS screen, enter the license number, facility name, or OSHPD ID number in the search window and click "Search." At the next screen, click on "View License." (Also, at this screen you can click on "View Reports" to see their most recent annual utilization data submitted.)

The discharges reported for each single, parent, and satellite facility is unique to that location. The only merged sets of discharges are those noted as consolidated facilities.

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Data Exceptions/History

Modifications and Non-Compliant Facilities

Some hospitals have applied for and been granted "modifications" to standard patient discharge data reporting requirements. Other hospitals were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix D (Data Exceptions) for a listing of all non-compliant hospitals and those with approved modifications and their affected variables.

Variable Changes Over Time

Hospital Identification Number:

The first six characters of each record contain the “Hospital Identification Number.” Beginning with data reported for 1995, this former nine-digit hospital identification number was restructured to six digits. The former first digit, that indicated the type of care reported, has been made a separate data element (Type of Care) and is described below. The former filler number "06" (2nd and 3rd digits) has been dropped. Thus, the hospital identification number now consists of the following six digits: the first two indicate the county and the last four are unique to a facility within each county.

Type of Care:

The second field on each record is a single digit field that describes the "Type of Care" (“Level of Care” in 1995 and 1996) from which the patient was discharged. The Type of Care codes and labels are (*Note: there has never been a Type of Care or Level of Care code "2*"):

1 = Acute Care
3 = Skilled Nursing and Intermediate Care (frequently known as Long-term Care)
4 = Psychiatric Care
5 = Chemical Dependency Recovery Care
6 = Physical Rehabilitation Care

Beginning with 1997 data, hospitals were required to report one of the **five** Types of Care, above, for each discharge.

Historically, for the 1995 and 1996 data years, hospitals were required to assign, to each discharge, one of **three** Levels of Care (“3” for Long Term Care, “6” for Rehabilitation Care and “1” for all other types of care).

Prior to 1995, discharges were optionally reported in sets, by one of the five Types of Care. Most hospitals chose to include all discharges, regardless of the type of care, in one set (usually acute care).

Discharge Data Variables – Historical Summary:

Significant changes to the patient discharge dataset, over time, are presented on the next page.

HISTORICAL SUMMARY OF FORMAT AND CONTENT CHANGES PATIENT DISCHARGE DATA COLLECTION PROGRAM	
DATA ITEM:	**ACTION / EFFECTIVE DATE:**
E-Code	Added - July 1990
Social Security Number	Added - July 1990
Record Linkage Number (Encrypted SSN)	Added - July 1990
ZIP Code for Homeless (ZZZZZ)	Added - November 1993
Hospital Identification Number (from 9 to 6 digits)	Changed - January 1995
Level of Care (*see Type of Care, below*)	Added - January 1995
Ethnicity/Race	Changed - January 1995
Source of Admission	Expanded - January 1995
Type of Admission	Changed - January 1995
Procedure Dates (for all reported procedures)	Added - January 1995
Patient Disposition	Expanded - January 1995
Expected Source of Payment:	Changed - January 1995
	Expanded - January 1999
Principal Diagnosis-Condition Present at Admission	Added - January 1996
Other Diagnoses-Condition Present at Admission	Added - January 1996
Type of Care (*formerly Level of Care*)	Changed - January 1997
Pre-hospital Care & Resuscitation (Do Not Resuscitate)	Added - January 1999

FIELD DESCRIPTIONS

Beginning on the next page, each discharge data field is described, including the field name, definition and codes, categories and comments.

HOSPITAL IDENTIFICATION NUMBER

FIELD NAME: OSHPD_ID

DEFINITION: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the hospital is located. The last four digits are unique within each county.

CODES, CATEGORIES AND COMMENTS:

99	=	01-58 = County Codes (see Appendix A) –first two digits
9999	=	0001-9999 = Unique Hospital Identifier (within county) – last four digits

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 6

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TYPE OF CARE

FIELD NAME: TYPCARE (or LVL_CARE)

DEFINITION: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Health Services.

CODES, CATEGORIES AND COMMENTS:

Code	Category	Licensed Bed Classification
1 =	Acute Care	General Acute Care beds
3 =	Skilled Nursing/Intermediate Care	Skilled Nursing/Intermediate Care (a.k.a. Long-term Care) – Also includes general acute care beds in a approved swing bed program
4 =	Psychiatric Care	Acute Psychiatric beds
5 =	Chemical Dependency Recovery Care	Chemical Dependency Recovery bed
6 =	Physical Rehabilitation Care	Rehabilitation Center beds, a bed designation within the General Acute Care classification.

All other values for Type of Care are not considered valid.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

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AGE IN DAYS and AGE IN YEARS (at Admission)

FIELD NAMES: AGDYADM and AGYRADM (or AGEDYS and AGEYRS)

DEFINITION: Age of patient at time of admission.

CODES, CATEGORIES AND COMMENTS:

- **Newborns** (born and admitted on the same day) will be given an age of 1 day.
- **Age less than 1 year** will be shown in **days** (1-364 DAYS)
- **Ages 1 year and over** will be shown in **years only**.

Age = 000 000 indicates age is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 3

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SEX

FIELD NAME: SEX

DEFINITION: This is the gender of the patient.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	Male
2	Female
3	Other
4	Unknown

All other values for Sex are not considered valid.

"Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was not available from the medical record.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

ETHNICITY

FIELD NAME: ETHNCTY

DEFINITION: This code indicates whether or not the patient's ethnicity is Hispanic. This includes a person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

CODES, CATEGORIES AND COMMENTS:

The first digit indicates ethnicity and includes:

Code	Category
1	Hispanic
2	Non-Hispanic
3	Unknown

All other values for Ethnicity are not considered valid.

The unknown category includes patients who do not declare ethnicity and one has not been assigned.

Ethnicity of a Newborn – The parent(s) declares the ethnicity of a newborn. If the parent(s) is unable or unwilling to declare the newborn's ethnicity, the ethnicity of the mother is reported.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

RACE

FIELD NAME: RACE

DEFINITION: This code indicates the patient's racial background.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	**White** – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
2	**Black** – A person having origins in or who identifies with any of the black racial groups of Africa.
3	**Native American/Eskimo/Aleut** – A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
4	**Asian/Pacific Islander** – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5	**Other** – Any possible options not covered in the above categories. This included patients who cite more than one race.
6	**Unknown**

All other values for Race are not considered valid.

The unknown category includes patients who do not declare race and one has not been assigned.

Race of a Newborn – The parent(s) declares the race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's ethnicity, the ethnicity of the mother is reported.

For a more detailed list of racial backgrounds included in these categories, please see the California Inpatient Data Reporting Manual at http://www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

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PATIENT ZIP CODE
(FIVE-DIGIT)

FIELD NAME: PATZIP (or ZIP)

DEFINITIO: The ZIP Code of the patient's usual residence (all five digits). This is a unique code assigned to a specific geographic area by the U.S. Postal Service.

CODES, CATEGORIES AND COMMENTS:

- The five digits of the ZIP Code of the patient's usual residence.
- If the field is coded with XXXXX, the ZIP Code of the patient's residence is unknown.
- If it is coded with YYYYY, the patient is from an area outside the United States.
- If it is coded with ZZZZZ, the patient has no residence (homeless).
- If the city of residence is known but not the street address, or if the first three digits are the only digits reported, then it is a partial ZIP Code. It will be shown as a 5-digit ZIP code—the first three digits plus '00.' Example: Sacramento, CA 95800. There are no partial ZIP Codes in the 2001 or 2002 data.
- The ZIP Codes are verified against the list provided by the United States Postal Service (1-800-ASK-USPS or www.usps.com).

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

PATIENT'S COUNTY OF RESIDENCE

FIELD NAME: PATCNTY

DEFINITION: The county of residence code is assigned based on the patient's reported ZIP code.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-58

01-58 indicates a county in California (see list in Appendix A); "00" indicates that the patient's ZIP Code was unknown, outside California, outside the U.S., homeless, or partial.

The data for 2001 is the only data in which some records have a blank patient county, which indicates the patient's ZIP Code was unreported or partial.

Note – Using the reported ZIP Code, OSHPD assigns the patient's county of residence. ZIP Codes are designed for mail delivery, not to identify political boundaries. Therefore, some ZIP Codes cross county boundaries. For such ZIP Codes, OSHPD assigns the county with the greatest population in the respective ZIP Code.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

LENGTH OF STAY

FIELD NAME: LOS

DEFINITION: Total number of days from admission date to discharge date of each patient.

CODES, CATEGORIES AND COMMENTS:

The days are calculated by subtracting the Admission Date from the Discharge Date. The length of stay for patients admitted on day one and discharged on day two is counted as one day.

Patients admitted and discharged on the same day yield a calculated length of stay of “0” days. If desired, this requires changing those (same-day admits and discharges) zeros to “ones” before performing average length of stay calculations to achieve more meaningful average length of stay calculations.

The number of days is right justified and zero filled (for fixed-length data format).

If the reported admission or discharge dates are blank or invalid (such as June 31) and is not corrected by the hospital, the entire discharge data record is deleted.

For more information on discharges and transfers, see Disposition of Patient on page 22.

Observation – When an observation patient is admitted to inpatient care, the admission date is reported for the date the patient is admitted to inpatient care.

Emergency Department (ED) – When an ED patient is seen in the ED, remains until the next day and is admitted to inpatient care, the admission date is reported for the date the patient is admitted to inpatient care.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 5

LENGTH OF STAY
(Adjusted)

FIELD NAME: LOS_Adj

DEFINITION: Total number of days from admission date to discharge date of each patient, except for same day admits/discharges, which are displayed as "1" day, rather than "0" days for making **more accurate Average Length of Stay calculations**.

CODES, CATEGORIES AND COMMENTS:

Like the LOS field, most stays are calculated by subtracting the Admission Date from the Discharge Date. The exception (adjustment) to the LOS_Adj field is for **patients admitted and discharged on the same day**; which are counted as having a one-day stay. Like the LOS field, the length of stay for patients admitted on day one and discharged on day two is also counted as one day.

The number of days is right justified and zero filled (for fixed-length data format).

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 5

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ADMISSION DAY OF WEEK, MONTH, AND YEAR

FIELD NAMES: ADMTDAY, ADMTMTH, ADMTYR

DEFINITION: Day of week, month and year the patient was admitted to the hospital.

CODES, CATEGORIES AND COMMENTS:

	Code		Category
Day of Week (One-digit):	1	=	Sunday
	2	=	Monday
	3	=	Tuesday
	4	=	Wednesday
	5	=	Thursday
	6	=	Friday
	7	=	Saturday
Month (Two-digit):	01-12	=	January through December
Year (Four-digit):	1999		

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 7

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SOURCE OF ADMISSION

FIELD NAME: SOURCE

DEFINITION: Effective with discharges on January 1, 1995, the source of admission describes three aspects of the source:

The first digit describes the site from which the patient originated.
The second digit describes the license of site from which the patient originated.
The third digit describes the route by which the patient was admitted.

CODES, CATEGORIES AND COMMENTS:

Site:

Code	Category
1	Home (includes private and group-setting residences, outpatient clinic)
2	Residential Care Facility (includes facilities that provide daily living assistance)
3	Ambulatory Surgery (includes hospital-based and freestanding clinics)
4	Skilled Nursing/Intermediate Care (includes freestanding and hospital-based nursing and intermediate care)
5	Acute Inpatient Hospital Care (includes hospitals that provide medical/surgical care)
6	Other Inpatient Hospital Care (includes hospitals that do not provide medical/surgical care)
7	Newborn*
8	Prison/Jail
9	Other (includes freestanding inpatient hospice facilities and newborns born before admission)

All other values for “Site” are not considered valid.

For a detailed list of definitions for Source of Admission categories, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

**”Newborn" source of admission is defined as a “baby born alive in this hospital.”*

Licensure of Site:

Code	Category
1	This Hospital
2	Another Hospital
3	Not a Hospital

All other values for “Licensure of Site” are not considered valid.

Route:

Code	Category
1	Your ER
2	Not Your ER or No ER

All other values for “Route” are not considered valid.

Note: For patients admitted from the ED of another hospital their site code will have a value of 1 (Home).

For a detailed list of definitions for Source of Admission categories, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 3

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TYPE OF ADMISSION

FIELD NAME: ADMTYPE

DEFINITION: Effective with discharges on January 1, 1995, the patient's type of admission was reported using one of the categories listed below. The critical distinction is not how but when the admission was arranged, if known.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	Scheduled (Scheduled in advance, at least of 24 hours or more prior to admission)
2	Unscheduled (Not scheduled within 24 hours or more prior to admission)
3	Infant, less than 24 hrs old
4	Unknown (Does not include stillbirths)

All other values for Type of Admission are not considered valid.

Preadmission forms filled out by the patient or family and sent (or completed by) to the hospital is not considered a scheduled admission.

A patient with a date of birth two or more days before the admission date is not reported as an infant.

Unknown includes patients whose type of admission cannot be determined as either scheduled or unscheduled.

Records are not generated or submitted to OSHPD for stillborn infants. The occurrence of a stillbirth can be ascertained from the mother's records where the stillbirth event would be reported using the V-Codes V27.1, V27.3, V27.4, V27.6, V27.7.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

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DISPOSITION OF PATIENT

FIELD NAME: DISP

DEFINITION: The consequent arrangement or event ending a patient's stay in the reporting facility. An inpatient is considered discharged if they are formally released from the care of the hospital; transfer within the hospital from one type of care to another; transfer to another facility; leave the hospital against medical advice or without a physicians order; are a psychiatric patient who is discharged as away without leave or; have died. Effective with discharges beginning January 1, 1995, the code is reported as one of the following:

CODES, CATEGORIES AND COMMENTS:

Disposition of Patient:

Code	Category
01	Routine (Home)

Within this Hospital:

Code	Category
02	Acute Care
03	Other Care
04	Skilled Nursing/Intermediate Care

To Another Hospital:

Code	Category
05	Acute Care
06	Other Type of Hospital Care (not Skilled Nursing/Intermediate Care)
07	Skilled Nursing/Intermediate Care
08	Residential Care Facility
09	Prison/Jail
10	Against Medical Advice
11	Died
12	Home Health Service
13	Other

All other values for Disposition of Patient are not considered valid.

For a detailed list of descriptions for the Disposition of Patient categories, please refer to the California Inpatient Data Reporting Manual at: http://www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

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PRE-HOSPITAL CARE AND RESUSCITATION
(Do Not Resuscitate)

FIELD NAME: DNR

DEFINITION: This code indicates whether or not there was a “Do Not Resuscitate” order upon admission or within 24 hours of admission from a physician. Effective for discharges on or after January 1, 1999.

CODES, CATEGORIES AND COMMENTS:

A “Do Not Resuscitate” (DNR) order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

If a DNR order is written at the time of or within 24 hours of patient’s admission and is then discontinued at some later time during the patient’s hospital stay, the DNR is reported as “Y” for yes.

If a DNR order is written after the first 24 hours of admission, the DNR is reported as “N” for no.

Code		Category
Y	=	Yes - a DNR order was written at the time of or within the first 24 hours of patient's admission to the hospital.
N	=	No - a DNR order was not written at the time of or within the first 24 hours of the patient's admission to the hospital.

All other values for Pre-hospital Care and Resuscitation are not considered valid.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

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EXPECTED SOURCE OF PAYMENT
PAYER CATEGORY

FIELD NAME: PAY_CAT

DEFINITION: This code indicates the category of payer (type of entity or organization) who is expected to pay or did pay the greatest share of the patient's bill. Hospitals may report the most recent source of payment for patients with stays exceeding a year.

CODES, CATEGORIES AND COMMENTS:

Expected Payer Categories			
Code	**Category**	**Code**	**Category**
01	Medicare	06	Other Government
02	Medi-Cal	07	Other Indigent
03	Private Coverage	08	Self Pay
04	Workers' Compensation	09	Other Payer
05	County Indigent Programs	00	Not reported or reported in error

All other values for Payer Category are not considered valid.

- **Medicare** – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act**.** Includes crossovers to secondary payers.
- **Medi-Cal** – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.
- **Private Coverage** – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners. Automobile insurance payments are also included in this category.
- **Workers' Compensation** – Payment from workers' compensation insurance, government or privately sponsored.
- **County Indigent Programs** – Patients covered under Welfare and Institutions Code Section 17000. includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.
- **Other Government** – Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.
- **Other Indigent** – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients except those in County Indigent Programs.
- **Self Pay** – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.
- **Other Payer** – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients. Live organ donors are also included in this category.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

CALIFORNIA PATIENT DISCHARGE DATA
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EXPECTED SOURCE OF PAYMENT

PAYER TYPE OF COVERAGE

FIELD NAME: PAY_TYPE

DEFINITION: This code indicates the type of coverage (HMO, non-HMO managed care or Fee-for-Service) for the following: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. No type of coverage for the following: other indigent, self pay, or other payer.

CODES, CATEGORIES AND COMMENTS:

Codes		Category
1	=	Managed Care - Knox-Keene/MCOHS
2	=	Managed Care – Other
3	=	Traditional Coverage
0	=	Not Applicable – For payer categories other than: No coverage, Medicare, Medi-Cal, Private Coverage, Worker's Compensation, County Indigent or Other Government.

Managed Care - Knox/Keene-Medi-Cal County Organized Health System. Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

Managed Care-Other. Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS). This applies to all non-HMO managed care.

Traditional Coverage. All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

EXPECTED SOURCE OF PAYMENT

PAYER PLAN CODE NUMBER

FIELD NAME: PAY_PLAN

DEFINITION: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS).

CODES, CATEGORIES AND COMMENTS:

The Plan code number represents the name of the Knox-Knee licensed plan within California or the Medi-Cal County Organized Health System. See Appendix E for the plan code names and numbers.

If the Payer Plan Code field is not applicable, determined by Type of Coverage, the Plan Code is zero filled (i.e. assigned a value of "0000").

Due to timing differences, Knox Keene (check the spelling in the documentation) plans may be licensed and data reported, before OSHPD system is updated. These valid Knox Keene plans for which there is not yet a payer plan code in the OSHPD documentation can be reported using the number 8000. This prevents the unrecognized code from being defaulted to 0000, which is assigned for payer types that do not have a plan code.

Only values for Payer Plan, listed in Appendix E, are considered valid.

If the plan **code numbers** are the **same** and the **plan names** are **different**, it means they belong to same "parent" plan.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

CALIFORNIA PATIENT DISCHARGE DATA
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TOTAL CHARGES

FIELD NAME: CHARGE

DEFINITION: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments).

CODES, CATEGORIES AND COMMENTS:

Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayment (e.g. deposits and prepaid admissions) are not deducted from Total Charges.

If a patient's length of stay is more than 1 year (365 days), Total Charges are reported for the last year (365 days) of stay only. To calculate Adjusted Total Charges for stays over one year use the following formula:

(Total Charges / 365 days) x Length of Stay = Adjusted Total Charges

Total Charges are expressed in whole dollars. However, there is a specific meaning attached to the three values of "total charges," below:

Where total charges equal 1 - the "1" is a code meaning that there were no ($0) charges generated for the hospital stay (and was verified by the hospital). All discharges from Shriner's Hospital - Southern California are coded as "1" because they do not charge their patients. Programming note - the "1" allows the aggregation of all discharges with "valid total charges" by selecting those with total charges greater than zero.

Where total charges equal 0 - the "0" is a code meaning that there was a charge, but that the amount of the charge could not be reported by the hospital. This code means the reported values were blank or otherwise invalid. This includes all Kaiser Foundation Hospitals which report a "0" for Total Charges as they are exempted from reporting total charges because they do not charge specifically for an inpatient stay. Rather, they receive a constant monthly (capitated) payment from each member, whether or not that member is hospitalized, or whether or not that member received outpatient care.

Where total Charges equal 9999999 -The total charge of "9999999" indicates the actual charges exceed the seven digit field size utilized by the hospital or designated agent.

Note on discrepancies – Beginning in 2002, Shriner's Hospital - Northern California began coding all Total Charges as $0, because they do not charge their patients. Unfortunately, this is inconsistent with the coding scheme. Their Total Charges now appear as invalid or missing data with the code of "0."

For detailed information on Charges, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Numeric
VARIABLE LENGTH: 7

EXTERNAL CAUSE OF INJURY – PRINCIPAL E-CODE

FIELD NAME: ECODE_P

DEFINITION: The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes) that are codes used to describe the external causes of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-Codes sufficient to describe the external causes are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-Code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. The principal E-Code is reported for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

To assure uniform reporting of E-Codes, when multiple codes are required to completely classify the cause, the first (principal) E-Code will describe the mechanism that resulted in the most severe injury, poisoning, or adverse effect.

CODES, CATEGORIES AND COMMENTS:

The reporting of external cause of injury was effective for discharges on or after July 1, 1990.

For reporting scenarios of External Cause of Injury, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODE STRUCTURE (examples):

Content of Field: E9068 Would be read as: E906.8
Content of Field: E899 Would be read as: E899.
(Implied decimal is read after the first four positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

CALIFORNIA PATIENT DISCHARGE DATA
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EXTERNAL CAUSE OF INJURY - OTHER E-CODES

FIELD NAME: ECODE1, ECODE2, ECODE3, and ECODE4

DEFINITION: The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes) that are codes used to describe the external causes of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-codes sufficient to describe the external causes are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. An E-Code is reported for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

If the principal E-Code does not include a description of the place of occurrence of the most severe injury, or poisoning, an additional E-Code is reported to designate the place of occurrence, if available in the medical record. Place of occurrence is coded as E849.0 - E849.9. Up to three additional E-Codes are reported, if necessary to completely describe the mechanism(s) that contributed to, or the causal events surrounding, any injury or poisoning, or adverse effect.

CODES, CATEGORIES AND COMMENTS:

The reporting of external cause of injury was effective for discharges on or after July 1, 1990.

For reporting scenarios of External Cause of Injury, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODE STRUCTURE (examples):

Content of Field: E9068 Would be read as: E906.8
Content of Field: E899 Would be read as: E899.
(Implied decimal is read after the first four positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

MAJOR DIAGNOSTIC CATEGORY
(MDC)

FIELD NAME: MDC

DEFINITION: MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. The OSHPD implements the same software effective with discharges from the beginning of the following calendar year. For example, DRG Grouper Version 22.0, which was implemented by CMS on October 1, 2004, is the DRG Grouper applied to OSHPD's calendar year 2005 patient discharge data.

The MDC is based on the principal diagnosis. The MDC is given “00” for records where the principal diagnosis is not an existing ICD-9-CM code or where OSHPD’s sex code 3 or 4 is not recognized by the DRG grouper.

Note: Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version’s logic.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-25

MDC 00 is OSHPD’s label for records that could not be assigned to MDCs 01-25 by the DRG grouper.

Appendix B displays the MDC descriptions.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

DIAGNOSIS RELATED GROUP
(DRG)

FIELD NAME: DRG

DEFINITION: Medical and surgical DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System. OSHPD implements the same software effective with discharges from the beginning of the following calendar year. Special note - New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic.

CODES, CATEGORIES AND COMMENTS:

Appendix C displays the current DRG descriptions.

The following indicates the DRG Grouper Version used during recent years:

Calendar Year 2001 = Version 18.0 DRG Grouper
Calendar Year 2002 = Version 19.0 DRG Grouper
Calendar Year 2003 = Version 20.0 DRG Grouper
Calendar Year 2004 = Version 21.0 DRG Grouper
Calendar Year 2005 = Version 22.0 DRG Grouper

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 3

RECORD LINKAGE NUMBER

(Encrypted Social Security Number)

FIELD NAME: RLN

DEFINITION: The patient's Social Security Number is encrypted into a unique 9-digit alpha-numeric number. If the patient's Social Security Number was not recorded in the patient's medical record, or if the Social Security Number was invalid and could not be corrected, the Record Linkage number is given as "---------". The number to be reported is the patient's Social Security Number, not the Social Security Number of some other person, such as the mother of a newborn or the insurance beneficiary under whose account the hospital's bill is to be submitted.

CODES, CATEGORIES AND COMMENTS:

Record Linkage Numbers coded as "---------" (9 hyphens) are a result of “unknown” or blank Social Security Numbers.

The Record Linkage Number can be used to link records for the same patient, if subsequently discharged from the same or any other hospital, across time. It can also be used to eliminate readmissions, if desired.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 9

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PRINCIPAL DIAGNOSIS

FIELD NAME: DIAG_P

DEFINITION: The condition established, after study, to be the chief cause of the admission of the patient to the facility for care.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered for this data element are specified in the International Classification of Diseases, 9th Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington D.C. (ICD-9-CM).

The following codes for Principle Diagnosis are not accepted by OSHPD:

- Morphology codes in ICD-9-CM
- SNODO
- DSM
- E-Codes in ICD-9-CM
- Italicized codes for Manifestation Conditions in ICD-9-CM (for Principal Diagnosis field)

CODE STRUCTURE (examples):

Content of Field: V5781 Would be read as: V57.81
Content of Field: 3441 Would be read as: 344.1
(Implied decimal is read after the first three character positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

CALIFORNIA PATIENT DISCHARGE DATA
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CONDITION PRESENT AT ADMISSION
(Principal Diagnosis)

FIELD NAME: CPOA_P

DEFINITION: The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for the Principal Diagnosis. The focus is to assess the timing of when the condition was present.

CODES, CATEGORIES AND COMMENTS:

The indicator for the principal diagnosis is defaulted to Yes (present at admission), unless reported otherwise.

Code		Category
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present at Admission are not considered valid.

Detailed parameters for reporting Condition Present at Admission are available in the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

PRINCIPAL PROCEDURE

FIELD NAME: PROC_P

DEFINITION: The principal procedure is one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication.

The principal procedure is the procedure most related to the principal diagnosis.

If only non-therapeutic procedures were performed, then a significant non-therapeutic procedure is reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or affects DRG assignment. For details on these risks, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C.

Note: Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes are not accepted by OSHPD for inpatient data. CPTs are reported for the Emergency Department and Ambulatory Surgery data.

CODE STRUCTURE (examples):

Content of Field: 022 Would be read as: 02.2
Content of Field: 0293 Would be read as: 02.93
(Implied decimal is read after the first two positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

CALIFORNIA PATIENT DISCHARGE DATA
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DAYS FROM ADMISSION TO PRINCIPAL PROCEDURE

FIELD NAME: PROC_PDY

DEFINITION: The number of days between the patient's admission date and the date of the Principal Procedure. If the procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign.

CODES, CATEGORIES AND COMMENTS:

Days from admission to principal procedure are calculated by subtracting the date of admission from the date of the principal procedure. If the principal procedure was performed on the day of admission, the number of days from admission will be zero. If no principal procedure is reported then the number of days from admission will also be shown as zero. A principal procedure performed 9999 or more days from admission will be shown as 9999.

If the principal procedure was performed prior to admission, the number of days will be prefixed with a minus (-) sign. This can occur when an admitting hospital reports outpatient procedures performed by another facility up to 3 days prior to admission or in their own outpatient setting up to 3 days prior to admission.

Up to and including calendar year 2000 data, if no procedure was performed, the days to principal procedure were shown as -999.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 4

OTHER DIAGNOSES

FIELD NAME: ODIAG1 to ODIAG24

DEFINITION: Conditions that coexist at the time of admission, develop subsequently during the hospital stay, affect the treatment received, or affect the length of stay. Up to 24 other diagnoses can be reported.

CODES, CATEGORIES AND COMMENTS:

Identical (duplicate) diagnosis codes are not acceptable by OSHPD.

The following codes for Diagnosis are not accepted by OSHPD:
- Morphology codes in ICD-9-CM
- SNODO
- DSM
- E-Codes in ICD-9-CM

CODE STRUCTURE (examples):

Content of Field: V5781 Would be read as: V57.81
Content of Field: 3441 Would be read as: 344.1
(Implied decimal is read after the first three positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

CALIFORNIA PATIENT DISCHARGE DATA
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CONDITION PRESENT AT ADMISSION
(Other Diagnoses)

FIELD NAME: CPOA1 to CPOA24

DEFINITION: The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for all Other Diagnoses. The focus is to assess the timing of when the condition was present.

CODES, CATEGORIES AND COMMENTS:

Code		Category
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present at Admission are not considered valid.

Detailed parameters for reporting Condition Present at Admission are available in the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

OTHER PROCEDURES

FIELD NAME: OPROC1 to OPROC20

DEFINITION: The procedure code is reported according to the ICD-9-CM. A procedure is considered significant when it is a surgical risk, procedural risk, anesthetic risk or, is needed for DRG assignment. Up to 20 other procedures can be reported.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases 9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C. All significant procedures that are surgical in nature or carry procedural risk, or carry an anesthetic risk, or affect DRG assignment, are reported. For details on these risks, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

Note: HCPCS and CPT codes are not accepted by OSHPD.

CODE STRUCTURE (examples):

Content of Field: 022 Would be read as: 02.2
Content of Field: 0293 Would be read as: 02.93
(Implied decimal is read after the first two positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

DAYS FROM ADMISSION TO OTHER PROCEDURES

FIELD NAME: PROCDY1 to PROCDY20

DEFINITION: The number of days between the patient's admission date and the date of the Other Procedure.

CODES, CATEGORIES AND COMMENTS:

Days from admission to other procedures are calculated by subtracting the date of admission from the date of the other procedure. If the other procedure was performed on the day of admission, the number of days from admission will be zero. If no other procedures are reported then the number of days from admission will also be shown as zero. Other procedures performed 9999 or more days from admission will be shown as 9999.

For other procedures performed prior to admission, the number of days will be prefixed with a minus (-) sign. This can occur when an admitting hospital reports outpatient procedures performed by another facility up to 3 days prior to admission or in their own outpatient setting up to 3 days prior to admission.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 4

DATES OF:

BIRTH

FIELD NAME: BTHDATE

DEFINITION: The date the patient was born.

ADMISSION

FIELD NAME: ADMTDATE

DEFINITION: The date the patient was admitted to the hospital.

DISCHARGE

FIELD NAME: DSCHDATE

DEFINITION: The date the patient was discharged from the hospital or was transferred (discharged from and admitted) to another “type of care” within the hospital.

PRINCIPAL PROCEDURE

FIELD NAME: PROC_PDT

DEFINITION: The date on which the principal procedure was performed on the patient.

OTHER PROCEDURES

FIELD NAME: PROCDT1 to PROCDT20

DEFINITION: The dates on which other procedures were performed on the patient.

CODES, CATEGORIES AND COMMENTS:

The above dates may be in one of two formats: MM/DD/CCYY (e.g. 03/11/1999=March 11, 1999) or CCYYMMDD (e.g. 19990311).

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 8

HOSPITAL ZIP CODE

FIELD NAME:	HPLZIP
DEFINITION:	This is a unique code assigned to a specific geographic area by the U.S. Postal Service. The ZIP Code in this field designates the location of the hospital by its ZIP Code.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	5

HOSPITAL COUNTY CODE

FIELD NAME:	HPLCNTY
DEFINITION:	The 2-digit code for the county in which the Hospital is located. The County Code ranges from “01” to “58”, for Alameda through Yuba Counties. See Appendix A for the complete listing of all 58 counties and their respective codes.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	2

ABSTRACT RECORD NUMBER

FIELD NAME: ABSTREC

DEFINITION: An optional record identifier provided by the hospital.

CODES, CATEGORIES AND COMMENTS:

This optional identifier may be alpha or numeric characters or a combination. It may be of any length to a maximum of 12 characters. This is not available for release.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 12

SOCIAL SECURITY NUMBER (SSN)

FIELD NAME: SSN

DEFINITION: A nine-digit personal identifier assigned to an individual by the Social Security Administration. Each person's Social Security Number is unique, and only one number is assigned to an individual.

CODES, CATEGORIES AND COMMENTS:

The number to be reported was the patient's Social Security Number, not the Social Security Number of some other person, such as the mother of a newborn or the insurance beneficiary under whose account the hospital's bill is to be submitted.

The SSN may be any combination of nine digits except:
--The nine digits must not be:
-all the same number,
-seven or more numbers the same.
--The first 3 digits cannot be 000, 650 through 699, 750 or 751, 756 through 999.
--The last 4 digits cannot be 0000.
--The number cannot contain alpha characters.

An SSN coded as 000000001 is "unknown."

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 9

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AGE IN DAYS and AGE IN YEARS (at Discharge)

FIELD NAMES: AGDYDSCH AND AGYRDSCH

DEFINITION: Age of patient at time of discharge.

CODES, CATEGORIES AND COMMENTS:

- **Newborns** (born and discharged on the same day) will be given an age of 1 day.
- **Age less than 1 year** will be shown in **days** (1-364)
- **Ages greater than 1 year** will be shown in **years only**.

Age = 000 000 indicates age is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 7

ADMISSION QUARTER

FIELD NAME: QTR_ADM (or A_QTR)

DEFINITION: Quarter is assigned based on the patient's admission date to the hospital.

CODES, CATEGORIES AND COMMENTS:

		Code	Quarter of Admission
Quarter:	One-digit quarter	1	January-March
		2	April-June
		3	July-September
		4	October-December

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

DISCHARGE QUARTER

FIELD NAME: QTR_DSCH

DEFINITION: Quarter of the year the patient was discharged from the hospital.

CODES, CATEGORIES AND COMMENTS:

		Code	Quarter of Discharge
Quarter:	One-digit quarter	1	January-March
		2	April-June
		3	July-September
		4	October-December

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

RECORD LINKAGE NUMBER SEQUENCE

FIELD NAME:	RLN_SEQ
DEFINITION:	This field tracks the sequence of stays for patients who are readmitted during the calendar year, in order of their stays, based on record linkage number, admission date and discharge date. If the RLN and Admission Date are identical on more than one record, sequencing will be done by Discharge Date. If more than one record have identical RLN, Admission Date, and Discharge Date, records will be sequenced in the order read.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	?

PARTIAL DATE OF BIRTH FLAG

FIELD NAME: PART_DOB

DEFINITION: The Partial Birth date Flag appears when the reported year is valid but month and/or day are missing or invalid. The Partial Birth date Flag codes range from 1 to 3, as follows:

Code	Affected Time Period
1	Month
2	Day
3	Month and Day

If the year is invalid, the date of birth will be missing. Refer to "raw dob" (date of birth as submitted) to view actual data as submitted.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

DATE OF BIRTH AS REPORTED (RAW BIRTHDATE)

FIELD NAME:	DOB_RAW
DEFINITION:	The patient date of birth as reported (yyyy-mm-dd) to allow for some probabilistic record linkages when partial dates of birth are reported.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	8

DEFAULT INDICATOR

FIELD NAME:	DFLT_IND
DEFINITION:	Number of defaulted fields. Does not identify which variables were defaulted, only the total number of variables defaulted per record.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	?

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AGE GROUPS
PUBLIC 99 – VERSION B

FIELD NAME: AGE_99

DEFINITION: Age range categories based on the patient's age at the time of admission. Twenty age categories.

CODES, CATEGORIES AND COMMENTS:

The following age breakdowns were provided in Public Version B for 1999 and 2000.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-9 years	5 years through 9 years
04	10-14 years	10 years through 14 years
05	15-19 years	15 years through 19 years
06	20-24 years	20 years through 24 years
07	25-29 years	25 years through 29 years
08	30-34 years	30 years through 34 years
09	35-39 years	35 years through 39 years
10	40-44 years	40 years through 44 years
11	45-49 years	45 years through 49 years
12	50-54 years	50 years through 54 years
13	55-59 years	55 years through 59 years
14	60-64 years	60 years through 64 years
15	65-69 years	65 years through 69 years
16	70-74 years	70 years through 74 years
17	75-79 years	75 years through 79 years
18	80-84 years	80 years through 84 years
19	85 years & over	85 years or greater
00	unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

AGE GROUPS
PIVOT

FIELD NAME: AGE_PIVOT

DEFINITION: Age range categories based on the patient's age at the time of admission. Eleven age categories..

CODES, CATEGORIES AND COMMENTS:

The following age breakdowns are used in the Patient Discharge Data Pivot Tables available from the OSHPD Web site.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-9 years	366 days through 9 years
03	10-19 years	10 years through 19 years
04	20-29 years	20 years through 29 years
05	30-39 years	30 years through 39 years
06	40-49 years	40 years through 49 years
07	50-59 years	50 years through 59 years
08	60-69 years	60 years through 69 years
09	70-79 years	70 years through 79 years
10	80 years & over	80 years or greater
00	unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

AGE GROUPS
PERSPECTIVES (60)

FIELD NAME: AGEPER60

DEFINITION: Age range categories used in some Perspectives tables, based on the patient's age at the time of admission. Six age categories.

CODES, CATEGORIES AND COMMENTS:

The following age breakdowns are used in the California Perspectives available from the OSHPD Web site.

CATEGORY	AGE	DEFINITION
01	0-14 years	0 years through 14 years
02	15-29 years	15 years through 29 years
03	30-44 years	30 years through 44 years
04	45-59 years	45 years through 59 years
05	60 years & over	60 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2006

AGE GROUPS
PUBLIC 98 – VERSION B

FIELD NAME: AGE_98

DEFINITION: Age range categories based on the patient's age at the time of admission. Fifteen age categories consistent with Public Version B prior to 1999.

CODES, CATEGORIES AND COMMENTS:

The following age breakdowns were provided in Public Version B prior to 1999**.**

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-14 years	5 years through 14 years
04	15-24 years	15 years through 24 years
05	25-34 years	25 years through 34 years
06	35-44 years	35 years through 44 years
07	45-54 years	45 years through 54 years
08	55-59 years	55 years through 59 years
09	60-64 years	60 years through 64 years
10	65-69 years	65 years through 69 years
11	70-74 years	70 years through 74 years
12	75-79 years	75 years through 79 years
13	80-84 years	80 years through 84 years
14	85 years & over	85 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

AGE GROUPS
CHILDREN

FIELD NAME: AGE_CHLD

DEFINITION: Age range categories based on the patient's age at the time of admission. These Age Groups are assigned to children under 20 years of age.

DATA LENGTH: 1

CODES, CATEGORIES AND COMMENTS:

Primarily for research use by children's hospitals.

CATEGORY	AGE	DEFINITION
1	1-28 days	1 day through 28 days
2	29-365 days	29 days through 365 days
3	1-4 years	1 year through 4 years
4	5-9 years	5 years through 9 years
5	10-14 years	10 years through 14 years
6	15-17 years	15 years through 17 years
7	18-20 years	18 years through 20 years
0	21 & over or Unknown	Age greater than 20 or the year of birth incomplete or date of birth unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

AGE GROUPS
PERSPECTIVES (65)

FIELD NAME: AGEPER65

DEFINITION: Age groups used in some Perspectives tables based on the patient's age at the time of admission. Five age categories.

CODES, CATEGORIES AND COMMENTS:

The following age breakdowns are used in the California Perspectives available from the OSHPD Web site.

CATEGORY	AGE	DEFINITION
01	0-4 years	0 through 4 years
02	5-14 years	5 years through 14 years
03	15-44 years	15 years through 44 years
04	45-64 years	45 years through 64 years
05	65 years & over	65 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

AGE GROUPS
HIGH RISK DELIVERIES

FIELD NAME: AGE_HRD

DEFINITION: Three age groups assigned to all female records. For delivering mothers only, Groups 01 and 03 are considered high-risk deliveries.

CODES, CATEGORIES AND COMMENTS:

CATEGORY	AGE	DEFINITION
Blank	Males	If not female, leave blank
01	0-15 years	0 through 15 years
02	16-34 years	16 years through 34 years
03	35 years & over	35 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

RACE GROUPS

FIELD NAME: RACE_GRP

DEFINITION: Using the Race and Ethnicity variables to approximate the "Race Groups" as collected prior to 1995.

The logic used to assign Race Groups: Assign all records coded as "Hispanic" ethnicity to the Race Group "Hispanic." For the remaining records (ethnicity not reported as "Hispanic"), assign the "Race" as reported in Race to the respective Race Group. For converting to "Race Group" from 2-digit Ethnicity/Race code, see table below.

Where "Ethnicity" is blank or invalid and the race is valid, race grouping is based on race alone.

Race Group Logic from Ethnicity and Race Fields

2-Digit Ethnicity/ Race Code	Assigned Race Group Category	2-Digit Ethnicity/ Race Code	Assigned Race Group Category	2-Digit Ethnicity/ Race Code	Assigned Race Group Category	2-Digit Ethnicity/ Race Code	Assigned Race Group Category
00	0-Unknown	10	3-Hispanic	20	0-Unknown	30	0-Unknown
01	1-White	11	3-Hispanic	21	1-White	31	1-White
02	2-Black	12	3-Hispanic	22	2-Black	32	2-Black
03	5-Native Amer.	13	3-Hispanic	23	5-Native Amer.	33	5-Native Amer.
04	4-Asian	14	3-Hispanic	24	4-Asian	34	4-Asian
05	6-Other	15	3-Hispanic	25	6-Other	35	6-Other
06	0-Unknown	16	3-Hispanic	26	0-Unknown	36	0-Unknown

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

DATASET ID

FIELD NAME:	DATA_ID
DEFINITION:	A unique system-created variable that identifies the facility and report period.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	?

PATIENT DISCHARGE ID

FIELD NAME:	PAT_ID
DEFINITION:	A system-created sequential (per facility per dataset) patient identifier.
VARIABLE TYPE:	Text/Alpha-numeric
VARIABLE LENGTH:	?

APPENDICES

A full set of appendix files in a portable document format (.pdf) is included for easy viewing and printing. In addition, a subset of five appendices is duplicated in an Excel file with each appendix in an individual worksheet. These Excel worksheets can be used with relational database software to link code numbers from the data to their respective labels (e.g., the Hospital ID Number, (OSHPD_ID), from the data set can be matched with the hospital name in Appendix F). See the tables below for appendix descriptions.

APPENDICES PDF Files		
Appendices	**File Name**	**Title**
A	App_A_counties.pdf	County Names and Codes
B	App_B_mdc.pdf	Major Diagnostic Categories (MDCs)
C	App_C_drg.pdf	Diagnosis Related Groups DRGs()
D	App_D_exceptions.pdf	Data Exceptions (as reported)
E	App_E_plan_codes.pdf	Plan Codes, Expected Source of Payment
F	App_F_hospital_list.pdf	Hospital Location Listing
G	App_G_report_form.pdf	Manual Abstract Reporting Form (OSHPD-1370.IP)
H	App_H_comma_delimited_fields.pdf	Comma-Delimited Filed List – Nonpublic Dataset
I	App_I_fixed_length_file_layout.pdf	Fixed-Length File Layout – Nonpublic Dataset

APPENDICES SUBSET Excel File (filename.xls)		
Appendices	**Worksheet Name**	**Title**
A	App_A_counties	County Names and Codes
B	App_B_mdc	Major Diagnostic Categories (MDCs)
C	App_C_drg	Diagnosis Related Groups (DRGs)
E	App_E_plan_codes	Plan Codes, Expected Source of Payment
F	App_F_hospital_list	Hospital Location Listing

#	Name
1	Alameda
2	Alpine
3	Amador
4	Butte
5	Calaveras
6	Colusa
7	Contra Costa
8	Del Norte
9	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
51	Sutter

	52	Tehama
	53	Trinity
	54	Tulare
	55	Tuolumne
	56	Ventura
	57	Yolo
	58	Yuba
CE		Alpine, Inyo, Mariposa & Mono Counties
NE		Modoc, Plumas & Sierra Counties
NW		Colusa, Glenn & Trinity Counties

APPENDIX B

2006 Major Diagnostic Categories (MDC)
Grouper Version 23.0

MDC	Description
01	Nervous System, Diseases & Disorders
02	Eye, Diseases & Disorders
03	Ear, Nose, Mouth, & Throat, Diseases & Disorders
04	Respiratory System, Diseases & Disorders
05	Circulatory System, Diseases & Disorders
06	Digestive System, Diseases & Disorders
07	Hepatobiliary System & Pancreas, Diseases & Disorders
08	Musculoskeletal System & Connective Tissue, Diseases & Disorders
09	Skin, Subcutaneous Tissue & Breast, Diseases & Disorders
10	Endocrine, Nutritional, and Metabolic, Diseases & Disorders
11	Kidney and Urinary Tract, Diseases & Disorders
12	Male Reproductive System, Diseases & Disorders
13	Female Reproductive System, Diseases & Disorders
14	Pregnancy, Childbirth, & The Puerperium
15	Newborns and Neonate Conditions Began in Perinatal Period
16	Blood, Blood Forming Organs,Immunological, Diseases & Disorders
17	Myeloproliferative Diseases & Poorly Differentiated Neoplasms
18	Infectious & Parasitic Diseases
19	Mental Diseases & Disorders
20	Alcohol-Drug Use and Alcohol-Drug Induced Organic Mental Diseases
21	Injuries, Poisonings, and Toxic Effects of Drugs
22	Burns
23	Factors on Health Status & Other Contacts with Health Services
24	Multiple Signficant Trauma
25	Human Immunodeficiency Virus Infections
00	Ungroupable

Source: DRGs: Diagnosis Related Groups Definitions Manual, Version 23.0, effective 10/1/05, Developed for the Centers for Medicare and Medicaid Services by 3M® Health Information Systems, New Haven CT 06511

DRG	MDC	Category	Description
001	01	P	Craniotomy Age >17 w cc
002	01	P	Craniotomy Age >17 w/o cc
003	01	P	Craniotomy Age 0-17
004	00	0	Unused DRG Placeholder Since 10/1/03
005	00	0	Unused DRG Placeholder Since 10/1/03
006	01	P	Carpal Tunnel Release
007	01	P	Peripheral/Cranial Nerve/other Nervous System Procedures w cc
008	01	P	Peripheral/Cranial Nerve/other Nervous System Proc w/o cc
009	01	M	Spinal Disorders & Injuries
010	01	M	Nervous System Neoplasms w cc
011	01	M	Nervous System Neoplasms w/o cc
012	01	M	Degenerative Nervous System Disorders
013	01	M	Multiple Sclerosis & Cerebellar Ataxia
014	01	M	Intracranial Hemorrhage or Cerebral Infarction
015	01	M	Nonspecific Cerebrovascular & Precerebral Occlusion w/o Infarct
016	01	M	Nonspecific Cerebrovascular Disorders w cc
017	01	M	Nonspecific Cerebrovascular Disorders w/o cc
018	01	M	Cranial & Peripheral Nerve Disorders w cc
019	01	M	Cranial & Peripheral Nerve Disorders w/o cc
020	01	M	Nervous System Infection except Viral Meningitis
021	01	M	Viral Meningitis
022	01	M	Hypertensive Encephalopathy
023	01	M	Nontraumatic Stupor & Coma
024	01	M	Seizure & Headache Age >17 w cc
025	01	M	Seizure & Headache Age >17 w/o cc
026	01	M	Seizure & Headache Age 0-17
027	01	M	Traumatic Stupor & Coma, Coma >1 Hr
028	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w cc
029	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w/o cc
030	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age 0-17
031	01	M	Concussion Age >17 w cc
032	01	M	Concussion Age >17 w/o cc
033	01	M	Concussion Age 0-17
034	01	M	Other Disorders of Nervous System w cc
035	01	M	Other Disorders of Nervous System w/o cc
036	02	P	Retinal Procedures
037	02	P	Orbital Procedures
038	02	P	Primary Iris Procedures
039	02	P	Lens Procedures w or w/o Vitrectomy
040	02	P	Extraocular Procedures except Orbit Age >17
041	02	P	Extraocular Procedures except Orbit Age 0-17
042	02	P	Intraocular Procedures except Retina, Iris & Lens
043	02	M	Hyphema
044	02	M	Acute Major Eye Infections
045	02	M	Neurological Eye Disorders
046	02	M	Other Disorders of the Eye Age >17 w cc
047	02	M	Other Disorders of the Eye Age >17 w/o cc
048	02	M	Other Disorders of the Eye Age 0-17
049	03	P	Major Head & Neck Procedures
050	03	P	Sialoadenectomy
051	03	P	Salivary Gland Procedures except Sialoadenectomy
052	03	P	Cleft Lip & Palate Repair
053	03	P	Sinus & Mastoid Procedures Age >17
054	03	P	Sinus & Mastoid Procedures Age 0-17
055	03	P	Miscellaneous Ear, Nose, Mouth & Throat Procedures
056	03	P	Rhinoplasty
057	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age >17
058	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age 0-17
059	03	P	Tonsillectomy &/or Adenoidectomy only, Age >17
060	03	P	Tonsillectomy &/or Adenoidectomy only, Age 0-17
061	03	P	Myringotomy w Tube Insertion Age >17

062	03	P	Myringotomy w Tube Insertion Age 0-17
063	03	P	Other Ear, Nose, Mouth & Throat Operating Room Procedures
064	03	M	Ear, Nose, Mouth & Throat Malignancy
065	03	M	Dysequilibrium
066	03	M	Epistaxis
067	03	M	Epiglottitis
068	03	M	Otitis Media & Upper Respiratory Infection Age >17 w cc
069	03	M	Otitis Media & Upper Respiratory Infection Age >17 w/o cc
070	03	M	Otitis Media & Upper Respiratory Infection Age 0-17
071	03	M	Laryngotracheitis
072	03	M	Nasal Trauma & Deformity
073	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age >17
074	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17
075	04	P	Major Chest Procedures
076	04	P	Other Respiratory System Operating Room Procedures w cc
077	04	P	Other Respiratory System Operating Room Procedures w/o cc
078	04	M	Pulmonary Embolism
079	04	M	Respiratory Infections & Inflammations Age >17 w cc
080	04	M	Respiratory Infections & Inflammations Age >17 w/o cc
081	04	M	Respiratory Infections & Inflammations Age 0-17
082	04	M	Respiratory Neoplasms
083	04	M	Major Chest Trauma w cc
084	04	M	Major Chest Trauma w/o cc
085	04	M	Pleural Effusion w cc
086	04	M	Pleural Effusion w/o cc
087	04	M	Pulmonary Edema & Respiratory Failure
088	04	M	Chronic Obstructive Pulmonary Disease
089	04	M	Simple Pneumonia & Pleurisy Age >17 w cc
090	04	M	Simple Pneumonia & Pleurisy Age >17 w/o cc
091	04	M	Simple Pneumonia & Pleurisy Age 0-17
092	04	M	Interstitial Lung Disease w cc
093	04	M	Interstitial Lung Disease w/o cc
094	04	M	Pneumothorax w cc
095	04	M	Pneumothorax w/o cc
096	04	M	Bronchitis & Asthma Age >17 w cc
097	04	M	Bronchitis & Asthma Age >17 w/o cc
098	04	M	Bronchitis & Asthma Age 0-17
099	04	M	Respiratory Signs & Symptoms w cc
100	04	M	Respiratory Signs & Symptoms w/o cc
101	04	M	Other Respiratory System Diagnoses w cc
102	04	M	Other Respiratory System Diagnoses w/o cc
103		P	Heart Transplant or Implant of Heart Assist System
104	05	P	Cardiac Valve & other Major Cardiothoracic Proc w Cardiac Cath
105	05	P	Cardiac Valve & other Major Cardiothoracic Proc w/o Cardiac Cath
106	05	P	Coronary Bypass w PTCA
107	00	0	Unused DRG Placeholder Since 10-1-05. See DRGs 547 & 548
108	05	P	Other Cardiothoracic Procedures
109	00	0	Unused DRG Placeholder Since 10-1-05. See DRGs 549 & 550
110	05	P	Major Cardiovascular Procedures w cc
111	05	P	Major Cardiovascular Procedures w/o cc
112	00	0	Unused DRG Placeholder Since 10/1/01
113	05	P	Amputation for Circulatory System Disorders exc Upper Limb & Toe
114	05	P	Upper Limb & Toe Amputation for Circulatory System Disorders
115	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 551.
116	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 552
117	05	P	Cardiac Pacemaker Revision except Device Replacement
118	05	P	Cardiac Pacemaker Device Replacement
119	05	P	Vein Ligation & Stripping
120	05	P	Other Circulatory System Operating Room Procedures
121	05	M	Circulatory Disorders w AMI/Major Complication, Discharged Alive
122	05	M	Circulatory Disorders w AMI w/o Major Compl, Discharged Alive
123	05	M	Circulatory Disorders w AMI, Expired
124	05	M	Circulatory Disorders ex AMI, w Card Cath & Complex Diag
125	05	M	Circulatory Disorders ex AMI, w Card Cath w/o Complex Diag

126	05	M	Acute & Subacute Endocarditis
127	05	M	Heart Failure & Shock
128	05	M	Deep Vein Thrombophlebitis
129	05	M	Cardiac Arrest, Unexplained
130	05	M	Peripheral Vascular Disorders w cc
131	05	M	Peripheral Vascular Disorders w/o cc
132	05	M	Atherosclerosis w cc
133	05	M	Atherosclerosis w/o cc
134	05	M	Hypertension
135	05	M	Cardiac Congenital & Valvular Disorders Age >17 w cc
136	05	M	Cardiac Congenital & Valvular Disorders Age >17 w/o cc
137	05	M	Cardiac Congenital & Valvular Disorders Age 0-17
138	05	M	Cardiac Arrhythmia & Conduction Disorders w cc
139	05	M	Cardiac Arrhythmia & Conduction Disorders w/o cc
140	05	M	Angina Pectoris
141	05	M	Syncope & Collapse w cc
142	05	M	Syncope & Collapse w/o cc
143	05	M	Chest Pain
144	05	M	Other Circulatory System Diagnoses w cc
145	05	M	Other Circulatory System Diagnoses w/o cc
146	06	P	Rectal Resection w cc
147	06	P	Rectal Resection w/o cc
148	06	P	Major Small & Large Bowel Procedures w cc
149	06	P	Major Small & Large Bowel Procedures w/o cc
150	06	P	Peritoneal Adhesiolysis w cc
151	06	P	Peritoneal Adhesiolysis w/o cc
152	06	P	Minor Small & Large Bowel Procedures w cc
153	06	P	Minor Small & Large Bowel Procedures w/o cc
154	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w cc
155	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w/o cc
156	06	P	Stomach, Esophageal & Duodenal Procedures Age 0-17
157	06	P	Anal & Stomal Procedures w cc
158	06	P	Anal & Stomal Procedures w/o cc
159	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w cc
160	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w/o cc
161	06	P	Inguinal & Femoral Hernia Procedures Age >17 w cc
162	06	P	Inguinal & Femoral Hernia Procedures Age >17 w/o cc
163	06	P	Hernia Procedures Age 0-17
164	06	P	Appendectomy w Complicated Principal Diagnoses w cc
165	06	P	Appendectomy w Complicated Principal Diagnoses w/o cc
166	06	P	Appendectomy w/o Complicated Principal Diagnoses w cc
167	06	P	Appendectomy w/o Complicated Principal Diagnoses w/o cc
168	03	P	Mouth Procedures w cc
169	03	P	Mouth Procedures w/o cc
170	06	P	Other Digestive System Operating Room Procedures w cc
171	06	P	Other Digestive System Operating Room Procedures w/o cc
172	06	M	Digestive Malignancy w cc
173	06	M	Digestive Malignancy w/o cc
174	06	M	Gastrointestinal Hemorrhage w cc
175	06	M	Gastrointestinal Hemorrhage w/o cc
176	06	M	Complicated Peptic Ulcer
177	06	M	Uncomplicated Peptic Ulcer w cc
178	06	M	Uncomplicated Peptic Ulcer w/o cc
179	06	M	Inflammatory Bowel Disease
180	06	M	Gastrointestinal Obstruction w cc
181	06	M	Gastrointestinal Obstruction w/o cc
182	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age >17 w cc
183	06	M	Esophagitis, Gastroenteritis/Misc Digest Disorders Age >17 w/o cc
184	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age 0-17
185	03	M	Dental & Oral Disease except Extracts & Restoration, Age >17 w cc
186	03	M	Dental & Oral Disease except Extracts & Restoration, Age 0-17
187	03	M	Dental Extractions & Restorations
188	06	M	Other Digestive System Diagnoses Age >17 w cc
189	06	M	Other Digestive System Diagnoses Age >17 w/o cc

190	06	M	Other Digestive System Diagnoses Age 0-17
191	07	P	Pancreas, Liver & Shunt Procedures w cc
192	07	P	Pancreas, Liver & Shunt Procedures w/o cc
193	07	P	Biliary Tract Proc exc only Cholecystectomy w or w/o C.D.E. w cc
194	07	P	Biliary Tract Proc exc only Cholecystectmy w or w/o C.D.E. w/o cc
195	07	P	Cholecystectomy w Common Duct Exploration (C.D.E) w cc
196	07	P	Cholecystectomy w Common Duct Exploration w/o cc
197	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w cc
198	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w/o cc
199	07	P	Hepatobiliary Diagnostic Procedure for Malignancy
200	07	P	Hepatobiliary Diagnostic Procedure for Non-Malignancy
201	07	P	Other Hepatobiliary or Pancreas Operating Room Procedures
202	07	M	Cirrhosis & Alcoholic Hepatitis
203	07	M	Malignancy of Hepatobiliary System or Pancreas
204	07	M	Disorders of Pancreas except Malignancy
205	07	M	Liver Disorders except Malignancy, Cirrhosis, Alcoholic Hepa w cc
206	07	M	Liver Disorders exc Malignancy, Cirrhosis, Alcoholic Hepa w/o cc
207	07	M	Disorders of the Biliary Tract w cc
208	07	M	Disorders of the Biliary Tract w/o cc
209	08	P	Major Joint & Limb Reattachment Procedures of Lower Extremity
210	08	P	Hip & Femur Procedures except Major Joint Age >17 w cc
211	08	P	Hip & Femur Procedures except Major Joint Age >17 w/o cc
212	08	P	Hip & Femur Procedures except Major Joint Age 0-17
213	08	P	Amputation for Musculoskeletal System/Connective Tissue Disorders
214	00	0	Unused DRG Placeholder Since 10-1-97
215	00	0	Unused DRG Placeholder Since 10-1-97
216	08	P	Biopsies of Musculoskeletal System & Connective Tissue
217	08	P	Wnd Debride/Skn Grft except Hand, Musculosk/Connective Tissue Dis
218	08	P	Lower Extrem & Humerus Proc except Hip, Foot, Femur Age >17 w cc
219	08	P	Lower Extrem & Humeru Proc except Hip, Foot, Femur Age >17 w/o cc
220	08	P	Lower Extremity & Humerus Proc except Hip, Foot, Femur Age 0-17
221	00	0	Unused DRG Placeholder Since 10-1-97
222	00	0	Unused DRG Placeholder Since 10-1-97
223	08	P	Major Shoulder/Elbow Proc, or Other Upper Extremity Proc w cc
224	08	P	Shoulder, Elbow or Forearm Proc, except Major Joint Proc, w/o cc
225	08	P	Foot Procedures
226	08	P	Soft Tissue Procedures w cc
227	08	P	Soft Tissue Procedures w/o cc
228	08	P	Major Thumb or Joint Proc, or Other Hand or Wrist Proc w cc
229	08	P	Hand or Wrist Procedures, except Major Joint Procedures, w/o cc
230	08	P	Local Excision/Removal of Internal Fixation Devices of Hip/Femur
231	00	0	Unused DRG Placeholder Since 10/1/03
232	08	P	Arthroscopy
233	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w cc
234	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w/o cc
235	08	M	Fractures of Femur
236	08	M	Fractures of Hip & Pelvis
237	08	M	Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh
238	08	M	Osteomyelitis
239	08	M	Pathological Fractures/Musculoskeletal/Connective Tissue Malig
240	08	M	Connective Tissue Disorders w cc
241	08	M	Connective Tissue Disorders w/o cc
242	08	M	Septic Arthritis
243	08	M	Medical Back Problems
244	08	M	Bone Diseases & Specific Arthropathies w cc
245	08	M	Bone Diseases & Specific Arthropathies w/o cc
246	08	M	Non-Specific Arthropathies
247	08	M	Signs & Symptoms Musculoskeletal System & Connective Tissue
248	08	M	Tendonitis, Myositis & Bursitis
249	08	M	Aftercare, Musculoskeletal System & Connective Tissue
250	08	M	Fracture/Sprain/Strain/Disloca of Forearm/Hand/Foot Age >17 w cc
251	08	M	Fracture/Sprn/Strain/Dislo of Forearm, Hand, Foot Age >17 w/o cc
252	08	M	Fracture/Sprain/Strain/Dislocate of Forearm, Hand, Foot Age 0-17
253	08	M	Fracture/Sprn/Strn/Disl of Uparm, Low Leg excp Foot Age >17 w cc

254	08	M	Fractu/Sprn/Strn/Disl of Uparm/Low Leg excp Foot Age >17 w /o cc
255	08	M	Fracture, Sprain, Strain/Disl of Uparm, Low Leg exc Foot Age 0-17
256	08	M	Other Musculoskeletal System & Connective Tissue Diagnoses
257	09	P	Total Mastectomy for Malignancy w cc
258	09	P	Total Mastectomy for Malignancy w/o cc
259	09	P	Subtotal Mastectomy for Malignancy w cc
260	09	P	Subtotal Mastectomy for Malignancy w/o cc
261	09	P	Breast Procedure for Non-Malignancy excep Biopsy & Local Excision
262	09	P	Breast Biopsy & Local Excision for Non-Malignancy
263	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w cc
264	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w/o cc
265	09	P	Skin Graft &/or Debride except for Skin Ulcer or Cellulitis w cc
266	09	P	Skin Graft &/or Debride excpt for Skin Ulcer or Cellulitis w/o cc
267	09	P	Perianal & Pilonidal Procedures
268	09	P	Skin, Subcutaneous Tissue & Breast Plastic Procedures
269	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w cc
270	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w/o cc
271	09	M	Skin Ulcers
272	09	M	Major Skin Disorders w cc
273	09	M	Major Skin Disorders w/o cc
274	09	M	Malignant Breast Disorders w cc
275	09	M	Malignant Breast Disorders w/o cc
276	09	M	Non-Malignant Breast Disorders
277	09	M	Cellulitis Age >17 w cc
278	09	M	Cellulitis Age >17 w/o cc
279	09	M	Cellulitis Age 0-17
280	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w cc
281	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w/o cc
282	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age 0-17
283	09	M	Minor Skin Disorders w cc
284	09	M	Minor Skin Disorders w/o cc
285	10	P	Amputate Lower Limb for Endocrine, Nutritional, & Metabolic Dis
286	10	P	Adrenal & Pituitary Procedures
287	10	P	Skn Grfts/Wound Debride for Endocrine/Nutritional/Metabolic Dis
288	10	P	Operating Room Procedures for Obesity
289	10	P	Parathyroid Procedures
290	10	P	Thyroid Procedures
291	10	P	Thyroglossal Procedures
292	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w cc
293	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w/o cc
294	10	M	Diabetes Age >35
295	10	M	Diabetes Age 0-35
296	10	M	Nutritional & Misc Metabolic Disorders Age >17 w cc
297	10	M	Nutritional & Misc Metabolic Disorders Age >17 w/o cc
298	10	M	Nutritional & Misc Metabolic Disorders Age 0-17
299	10	M	Inborn Errors of Metabolism
300	10	M	Endocrine Disorders w cc
301	10	M	Endocrine Disorders w/o cc
302	11	P	Kidney Transplant
303	11	P	Kidney, Ureter & Major Bladder Procedures for Neoplasm
304	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w cc
305	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w/o cc
306	11	P	Prostatectomy w cc
307	11	P	Prostatectomy w/o cc
308	11	P	Minor Bladder Procedures w cc
309	11	P	Minor Bladder Procedures w/o cc
310	11	P	Transurethral Procedures w cc
311	11	P	Transurethral Procedures w/o cc
312	11	P	Urethral Procedures, Age >17 w cc
313	11	P	Urethral Procedures, Age >17 w/o cc
314	11	P	Urethral Procedures, Age 0-17
315	11	P	Other Kidney & Urinary Tract Operating Room Procedures
316	11	M	Renal Failure
317	11	M	Admit for Renal Dialysis

318	11	M	Kidney & Urinary Tract Neoplasms w cc
319	11	M	Kidney & Urinary Tract Neoplasms w/o cc
320	11	M	Kidney & Urinary Tract Infections Age >17 w cc
321	11	M	Kidney & Urinary Tract Infections Age >17 w/o cc
322	11	M	Kidney & Urinary Tract Infections Age 0-17
323	11	M	Urinary Stones w cc, &/or Extracorporeal Shock Wave Lithotripsy
324	11	M	Urinary Stones w/o cc
325	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w cc
326	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w/o cc
327	11	M	Kidney & Urinary Tract Signs & Symptoms Age 0-17
328	11	M	Urethral Stricture Age >17 w cc
329	11	M	Urethral Stricture Age >17 w/o cc
330	11	M	Urethral Stricture Age 0-17
331	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w cc
332	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w/o cc
333	11	M	Other Kidney & Urinary Tract Diagnoses Age 0-17
334	12	P	Major Male Pelvic Procedures w cc
335	12	P	Major Male Pelvic Procedures w/o cc
336	12	P	Transurethral Prostatectomy w cc
337	12	P	Transurethral Prostatectomy w/o cc
338	12	P	Testes Procedures, for Malignancy
339	12	P	Testes Procedures, Non-Malignancy Age >17
340	12	P	Testes Procedures, Non-Malignancy Age 0-17
341	12	P	Penis Procedures
342	12	P	Circumcision Age >17
343	12	P	Circumcision Age 0-17
344	12	P	Other Male Reproductive System Operating Room Proc for Malignancy
345	12	P	Other Male Reproductive System Operate Rm Proc exc for Malignancy
346	12	M	Malignancy, Male Reproductive System w cc
347	12	M	Malignancy, Male Reproductive System w/o cc
348	12	M	Benign Prostatic Hypertrophy w cc
349	12	M	Benign Prostatic Hypertrophy w/o cc
350	12	M	Inflammation of Male Reproductive System
351	12	M	Sterilization, Male
352	12	M	Other Male Reproductive System Diagnoses
353	13	P	Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy
354	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w cc
355	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w/o cc
356	13	P	Female Reproductive System Reconstructive Procedures
357	13	P	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy
358	13	P	Uterine & Adnexa Proc for Non-Malignancy w cc
359	13	P	Uterine & Adnexa Proc for Non-Malignancy w/o cc
360	13	P	Vagina, Cervix & Vulva Procedures
361	13	P	Laparoscopy & Incisional Tubal Interruption
362	13	P	Endoscopic Tubal Interruption
363	13	P	Dilation & Curettage, Conization & Radio-Implant, for Malignancy
364	13	P	Dilation & Curettage, Conization except for Malignancy
365	13	P	Other Female Reproductive System Operating Room Procedures
366	13	M	Malignancy, Female Reproductive System w cc
367	13	M	Malignancy, Female Reproductive System w/o cc
368	13	M	Infections, Female Reproductive System
369	13	M	Menstrual & other Female Reproductive System Disorders
370	14	P	Cesarean Section w cc
371	14	P	Cesarean Section w/o cc
372	14	M	Vaginal Delivery w Complicating Diagnoses
373	14	M	Vaginal Delivery w/o Complicating Diagnoses
374	14	P	Vaginal Delivery w Sterilization &/or Dilation & Curettage
375	14	P	Vaginal Delivery w Operation exc Sterilization/Dilation/Curettage
376	14	M	Postpartum & Post Abortion Diagnoses w/o Operating Room Procedure
377	14	P	Postpartum & Post Abortion Diagnoses w Operating Room Procedure
378	14	M	Ectopic Pregnancy
379	14	M	Threatened Abortion
380	14	M	Abortion w/o Dilation & Curettage
381	14	P	Abortion w Dilation/Curettage Aspiration Curettage or Hysterotomy

382	14	M	False Labor
383	14	M	Other Antepartum Diagnoses w Medical Complications
384	14	M	Other Antepartum Diagnoses w/o Medical Complications
385	15	M	Neonates, Died or Transferred to another Acute Care Facility
386	15	M	Extreme Immaturity or Respiratory Distress Syndrome, Neonate
387	15	M	Prematurity w Major Problems
388	15	M	Prematurity w/o Major Problems
389	15	M	Full Term Neonate w Major Problems
390	15	M	Neonate w other Significant Problems
391	15	M	Normal Newborn
392	16	P	Splenectomy Age >17
393	16	P	Splenectomy Age 0-17
394	16	P	Other Operating Room Procedures of Blood & Blood Forming Organs
395	16	M	Red Blood Cell Disorders Age >17
396	16	M	Red Blood Cell Disorders Age 0-17
397	16	M	Coagulation Disorders
398	16	M	Reticuloendothelial & Immunity Disorders w cc
399	16	M	Reticuloendothelial & Immunity Disorders w/o cc
400	00	0	Unused DRG Placeholder Since 10/1/03
401	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w cc
402	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w/o cc
403	17	M	Lymphoma & Non-Acute Leukemia w cc
404	17	M	Lymphoma & Non-Acute Leukemia w/o cc
405	17	M	Acute Leukemia w/o Major Operating Room Procedure 0-17
406	17	P	Myeloprolifera Disord/Poorly Diff Neoplasm w Major O.R. Proc w cc
407	17	P	Myeloprolif Disord/Poorly Diff Neoplasm w Major O.R. Proc w/o cc
408	17	P	Myeloproliferative Disord/Poorly Diff Neoplasm w other O.R. Proc
409	17	M	Radiotherapy
410	17	M	Chemotherapy w/o Acute Leukemia as Secondary Diagnosis
411	17	M	History of Malignancy w/o Endoscopy
412	17	M	History of Malignancy w Endoscopy
413	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w cc
414	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w/o cc
415	18	P	Operating Room Procedure for Infectious & Parasitic Diseases
416	18	M	Septicemia Age >17
417	18	M	Septicemia Age 0-17
418	18	M	Postoperative & Post-Traumatic Infections
419	18	M	Fever of Unknown Origin Age >17 w cc
420	18	M	Fever of Unknown Origin Age >17 w/o cc
421	18	M	Viral Illness Age >17
422	18	M	Viral Illness & Fever of Unknown Origin Age 0-17
423	18	M	Other Infectious & Parasitic Diseases Diagnoses
424	19	P	Operating Room Procedure w Principal Diagnoses of Mental Illness
425	19	M	Acute Adjustment Reaction & Psychosocial Dysfunction
426	19	M	Depressive Neuroses
427	19	M	Neurosis except Depressive
428	19	M	Disorders of Personality & Impulse Control
429	19	M	Organic Disturbances & Mental Retardation
430	19	M	Psychoses
431	19	M	Childhood Mental Disorders
432	19	M	Other Mental Disorder Diagnoses
433	20	M	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice
434	00	0	Unused DRG Placeholder Since 10/1/01
435	00	0	Unused DRG Placeholder Since 10/1/01
436	00	0	Unused DRG Placeholder Since 10/1/01
437	00	0	Unused DRG Placeholder Since 10/1/01
438	00	0	Unused DRG Placeholder Since 10/1/85
439	21	P	Skin Grafts for Injuries
440	21	P	Wound Debridements for Injuries
441	21	P	Hand Procedures for Injuries
442	21	P	Other Operating Room Procedures for Injuries w cc
443	21	P	Other Operating Room Procedures for Injuries w/o cc
444	21	M	Traumatic Injury Age >17 w cc
445	21	M	Traumatic Injury Age >17 w/o cc

446	21	M	Traumatic Injury Age 0-17
447	21	M	Allergic Reactions Age >17
448	21	M	Allergic Reactions Age 0-17
449	21	M	Poisoning & Toxic Effects of Drugs Age >17 w cc
450	21	M	Poisoning & Toxic Effects of Drugs Age >17 w/o cc
451	21	M	Poisoning & Toxic Effects of Drugs Age 0-17
452	21	M	Complications of Treatment w cc
453	21	M	Complications of Treatment w/o cc
454	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w cc
455	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w/o cc
456	00	0	Unused DRG Placeholder Since 10/1/98
457	00	0	Unused DRG Placeholder Since 10/1/98
458	00	0	Unused DRG Placeholder Since 10/1/98
459	00	0	Unused DRG Placeholder Since 10/1/98
460	00	0	Unused DRG Placeholder Since 10/1/98
461	23	P	O.R. Procedure w Diagnoses of Other Contact w Health Services
462	23	M	Rehabilitation
463	23	M	Signs & Symptoms w cc
464	23	M	Signs & Symptoms w/o cc
465	23	M	Aftercare w History of Malignancy as Secondary Diagnosis
466	23	M	Aftercare w/o History of Malignancy as Secondary Diagnosis
467	23	M	Other Factors Influencing Health Status
468		P	Extensive Operating Rm Procedure Unrelated to Principal Diagnosis
469		M	Principal Diagnosis Invalid as Discharge Diagnosis
470		X	Ungroupable
471	08	P	Bilateral or Multiple Major Joint Procedures of Lower Extremity
472	00	0	Unused DRG Placeholder Since 10/1/98
473	17	M	Acute Leukemia w/o Major Operating Room Procedure Age >17
474	00	0	Unused DRG Placeholder Since 10/1/91
475	04	M	Respiratory System Diagnosis w Ventilator Support
476		P	Prostatic Operating Rm Procedure Unrelated to Principal Diagnosis
477		P	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis
478	00	0	Unused DRG Placeholder Since 10-1-05. See DRGs 553 & 554.
479	05	P	Other Vascular Procedures w/o cc
480		P	Liver Transplant and/or Intestinal Transplant
481		P	Bone Marrow Transplant
482		P	Tracheostomy for Face, Mouth & Neck Diagnoses
483	00	0	Unused DRG Placeholder Since 10/1/04
484	24	P	Craniotomy for Multiple Significant Trauma
485	24	P	Limb Reattach, Hip & Femur Proc for Multiple Significant Trauma
486	24	P	Other Operating Room Procedures for Multiple Significant Trauma
487	24	M	Other Multiple Significant Trauma
488	25	P	HIV w Extensive Operating Room Procedure
489	25	M	HIV w Major Related Condition
490	25	M	HIV w or w/o Other Related Condition
491	08	P	Major Joint & Limb Reattachment Procedures of Upper Extremity
492	17	M	Chemotherapy w Acute Leukemia as Secondary Diagnosis
493	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w cc
494	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w/o cc
495		P	Lung Transplant
496	08	P	Combined Anterior/Posterior Spinal Fusion
497	08	P	Spinal Fusion except Cervical w cc
498	08	P	Spinal Fusion except Cervical w/o cc
499	08	P	Back & Neck Procedures ex Spinal Fusion w cc
500	08	P	Back & Neck Procedures ex Spinal Fusion w/o cc
501	08	P	Knee Procedures w Principal Diagnosis of Infection w cc
502	08	P	Knee Procedures w Principal Diagnosis of Infection w/o cc
503	08	P	Knee Procedures w/o Principal Diagnosis of Infection
504	22	P	Extensive or Full Thick Burns w Mech Vent 96+ Hrs w Skin Graft
505	22	M	Extensive or Full Thick Burns w Mech Vent 96+ Hrs w/o Skin Graft
506	22	P	Full Thickness Burn w Skin Grft/Inhalation Injury w cc/Sig Trauma
507	22	P	Full Thickness Burn w Skin Graft/Inhal Injury w/o cc/Sig Trauma
508	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w cc/Sig Trauma
509	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w/o cc/Sig Trauma

510	22	M	Non-Entensive Burns w cc or Significant Trauma
511	22	M	Non-Entensive Burns w/o cc or Significant Trauma
512		P	Simultaneous Pancreas/Kidney Transplant

513		P	Pancreas Transplant
514	00	0	Unused DRG Placeholder Since 10/1/03
515	05	P	Cardiac Defibrillator Implant w/o Cardiac Catheterization
516	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 555
517	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 556
518	05	P	Percutaneous Cardiovascular Proc w/o Coronary Artery Stent or AMI
519	08	P	Cervical Spinal Fusion w cc
520	08	P	Cervical Spinal Fusion w/o cc
521	20	M	Alcohol/Drug Abuse or Dependence w cc
522	20	M	Alcohol/Drug Abuse or Dependence w Rehab Therapy w/o cc
523	20	M	Alcohol/Drug Abuse or Dependence w/o Rehab Therapy w/o cc
524	01	M	Transient Ischemia
525	05	P	Other Heart Assist System Implant
526	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 557
527	00	0	Unused DRG Placeholder Since 10/1/05. See DRG 558
528	01	P	Intracranial Vascular Procedures w Principal Diagnosis Hemorrhage
529	01	P	Ventricular Shunt Procedures w cc
530	01	P	Ventricular Shunt Procedures w/o cc
531	01	P	Spinal Procedures w cc
532	01	P	Spinal Procedures w/o cc
533	01	P	Extracranial Procedures w cc
534	01	P	Extracranial Procedures w/o cc
535	05	P	Cardiac Defib Implant w Cardiac Cath w AMI/Heart Failure/Shock
536	05	P	Cardiac Defib Implant w Cardiac Cath w/o AMI/Heart Failure/Shock
537	08	P	Local Excis & Removal of Internl Fix Device except Hip/Femur w cc
538	08	P	Local Excis & Removal of Intrnl Fix Device excep Hip/Femur w/o cc
539	17	P	Lymphoma & Leukemia w Major Operating Room Proc w cc
540	17	P	Lymphoma & Leukemia w Major Operating Room Procedure w/o cc
541		P	ECMO or Trach w Mech Vent 96+Hrs or PDx exc Head Dx w Major OR
542		P	Trach w Mech Vent 96+Hrs or PDx ex Face/Mouth/Neck Dx wo Major OR
543	01	P	Craniotomy w Implant of Chemo Agent or Acute Complex CNS PrincDx
544	08	P	Major Joint Replacement or Reattachment of Lower Extremity
545	08	P	Revision of Hip or Knee Replacement
546	08	P	Spinal Fusion except Cervical w Curvature of the Spine or Malignancy
547	05	P	Coronary Bypass w Cardiac Cath w Major Cardiovascular Dx
548	05	P	Coronary Bypass w Cardiac Cath w/o Major Cardiovascular Dx
549	05	P	Coronary Bypass wo Cardiac Cath w Major Cardiovascular Dx
550	05	P	Coronary Bypass wo Cardiac Cath wo Major Cardiovascular Dx
551	05	P	Permanent Cardiac Pacemaker Implant w Major CV Dx or AICD Lead / Generator
552	05	P	Other Permanent Cardiac Pacemaker Implant wo Major Cardiovascular Dx
553	05	P	Other Vascular Procedures w CC w Major Cardiovascular Dx
554	05	P	Other Vascular Procedures w CC wo Major Cardiovascular Dx
555	05	P	Percutaneous Cardiovascular Procedure w Major Cardiovascular Dx
556	05	P	Percutaneous Cardiovascular Procedure w Non-Drug-Eluting Stent wo Major Cardiovascular Dx
557	05	P	Percutaneous Cardiovascular Procedure w Drug-Eluting Stent w Major Cardiovascular Dx
558	05	P	Percutaneous Cardiovascular Procedure w Drug-Eluting Stent wo Major Cardiovascular Dx
559	01	M	Acute Ischemic Stroke w Use of Thrombolytic Agent

DRGs: First, the major diagnostic category (MDC) is assigned based on the principal diagnosis. Then, the record is assigned to one of the diagnosis related groups (DRG) within that MDC.

Pre MDC DRGs: For the eight DRGs listed below, the DRG is assigned first, based on any procedure for transplant or tracheostomy, then it is assigned an MDC based on principal diagnosis:

103 - Heart Transplant or Implant of Heart Assist System
480 - Liver Transplant and or Intestinal Transplant
481 - Bone Marrow Transplant
482 - Tracheostomy for Face, Mouth & Neck Diagnoses
495 - Lung Transplant
512 - Simultaneous Pancreas/Kidney Transplant
513 - Pancreas Transplant
541 - ECMO or Trach w Mechanical Ventilation 96+ hrs or PDx Except Face, Mouth & Neck w Major O.R.
542 - Trach w Mechanical Ventilation 96+ hrs or PDx Except Face, Mouth & Neck w/o Major O.R.

Unrelated DRGs: The current version of the Grouper has four DRGs (468, 470, 476, and 477) whose patients may be assigned to a variety of MDCs, based on the principal diagnosis. Patients are assigned to DRGs 468, 476 or 477 when all procedures performed are unrelated to the principal diagnosis. Some patients in DRG 470 are not assigned by the Grouper to any MDC; their MDC is shown as 00 (Ungroupable). Some patients in DRG 470 may have an MDC assignment if there is sufficient other information. Records fall into DRG 470 because the information on the record is considered inconsistent or invalid by the Grouper's algorithm.

CC: Complications or Comorbidities. A **comorbidity** is a pre-existing condition which, because of its presence with a specific principal diagnosis, affects the treatment received, and/or length of stay by at least one day in 75% of the cases, and therefore affects the DRG assignment. A complication is a condition that develops following treatment and may affect the treatment received and/or may affect the length of stay by at least one day in at least 75% of the cases, and therefore affects the DRG assignment.

The Centers for Medicare and Medicaid Services (CMS) developed five principles for complication and comorbidity:

1 - Chronic and acute manifestations of the same condition should not be considered CCs for one another.
2 - Specific and nonspecific diagnosis codes for a condition should not be considered CCs for one another.
3 - Conditions that may not coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and benign/malignant should not be considered CCs for one another.
4 - The same condition in anatomically proximal sites, such as congenital/acquired, should not be considered CCs for one another.
5 - Closely related conditions, such as symptoms to the related condition (e.g., dysuria and urinary tract infection), should not be considered CCs for one another.

Category codes:
P = Procedural (surgical)
M = Medical
X = Ungroupable
0 = Unused

Source: DRGs: Diagnostic Related Groups Definitions Manual, Version 23.0, effective 10/1/05, Developed for the Centers for Medicare and Medicaid Services by 3M® Health Information Systems, New Haven CT 06511

APPENDIX D

2006 Data Exceptions

Oshpd_id	Facility Name	Begin Date	End Date	Field	Comments
330120	Betty Ford Center of Eisenhower, The	7/1/2005	6/30/2006	Race	Facility's system and staff is not consistently collecting race and ethnicity information since system change 7/1/05.
190052	Barlow Hospital	7/1/2006	3/31/2007	Race (Ethnicity portion only	Per facility, they had not been capturing Ethinicity properly during this period and will have the data corrected by 04/01/07.
364050	Canyon Ridge Hospital	7/1/2006	12/31/2006	Disposition of Patient	Per facility, even though their percentage would be low in the category "Residential Care Facility, zero percent is incorrect. Discovered this problem was a computer crossover error, which has been corrected.
190661	City of Angels Medical Center	7/1/2005	6/30/2006	Source of Admission	Facility's system does not include all the codes mandated by law for the Source of Admission data element
361458	Colorado River Medical Center	7/1/2005	6/30/2006	Other Diagnoses Condition Present at Admission	System was not equipped to accurately capture data.
331152	Corona Regional Medical Center	1/1/2006	12/31/2006	Race	System does not currently allow them to enter race and ethnicity separately. Race and Ethnicity data will be reported according to OSHPD requirements effective January 1, 2007
	All Kaiser Foundation Hospitals (see Appendix F, hospital listing for respective ID numbers)	1/1/2006	12/31/2006	Total Charges	Modification to not report Total Charges.
260011	Mammoth Hospital	1/1/2006	12/31/2006	Race	Modification for Race and Ethnicity. Facility unable to provide accurate data due to data collection errors at the time of patient registration. Data to be correct beginning with 1/1/2007 data.
491338	Palm Drive Hospital	7/1/2005	6/30/2006	Race	Per facility, they had not been capturing Race properly from 7/1/05 through 4/14/06.
424047	Rehab. Institute of Santa Barbara	7/1/2006	2/28/2007	Race (Ethnicity portion only	Did not collect ethnicity correctly until March 1, 2007
190712	Shriners Hospital - Los Angeles	1/1/2005	12/31/2005	Total Charges Expected Source of Payment	Both Shriners facilities now report all total charges as $0 rather than $1. Per facility, "this is in keeping with the type of service that Shriners supplies in that services rendered are not charged for." This is different than other reported hospital "No Charge" records, because "1" is a code to identify "no charge" visits (no charges were intended). By reporting charges equal 0, for programming purposes, all records for Shriners now appear to have "missing/invalid data" for Total Charges. See Total Charges definition on page 27 of documentation). Expected Source of Payment for all Shriners records are now reported as 'Private, Traditional Coverage' with no plan code (03.3.0000).
344114	Shriners Hospital - Northern California	1/1/2005	12/31/2005	Total Charges Expected Source of Payment	
400524	Sierra Vista Regional Medical Center	7/1/2005	6/30/2006	Expected Source of Payment	Expected Source of Payment mapped incorrectly.
554011	Sonora Regiona Medical Center- Greenley	1/1/2006	10/17/2006	Race	Race was incorrectly identified. New procedures have been put in place.
564121	Thousand Oaks Surgical Hospital	7/1/2005	6/30/2006	Expected Source of Payment	Expected Source of Payment had a mapping issue of the insurance master July through December.

Facility Number	Facility Name	Zip Code	License Number
010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	94602	140000046
010735	ALAMEDA HOSPITAL	94501	140000002
190017	ALHAMBRA HOSPITAL	91801	930000005
010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	94705	140000004
010844	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	94704	140000004
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	94609	140000284
370652	ALVARADO HOSPITAL	92120	90000013
370749	ALVARADO PARKWAY INSTITUTE B.H.S.	91942	80000079
194010	AMERICAN RECOVERY CENTER	91768	930000412
301097	ANAHEIM GENERAL HOSPITAL	92804	60000079
301098	ANAHEIM MEMORIAL MEDICAL CENTER	92801	60000080
190034	ANTELOPE VALLEY HOSPITAL MEDICAL CENTER	93534	930000008
364231	ARROWHEAD REGIONAL MEDICAL CENTER	92324	240000197
400466	ARROYO GRANDE COMMUNITY HOSPITAL	93420	50000021
190163	AURORA CHARTER OAK	91724	930000031
190462	AURORA LAS ENCINAS HOSPITAL, LLC	91107	930000087
374024	AURORA SAN DIEGO	92128	80000310
560203	AURORA VISTA DEL MAR HOSPITAL	93001	50000016
154101	BAKERSFIELD HEART HOSPITAL	93308	120000526
150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	93301	120000181
184008	BANNER LASSEN MEDICAL CENTER	96130	230000020
190052	BARLOW RESPIRATORY HOSPITAL	90026	930000011
361105	BARSTOW COMMUNITY HOSPITAL	92311	240000110
090793	BARTON MEMORIAL HOSPITAL	96150	30000013
361110	BEAR VALLEY COMMUNITY HOSPITAL	92315	240000111
190066	BELLFLOWER MEDICAL CENTER	90706	930000015
330120	BETTY FORD CENTER AT EISENHOWER, THE	92270	250000049
190081	BEVERLY HOSPITAL	90640	930000389
190020	BHC ALHAMBRA HOSPITAL	91770	930000006
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	95948	230000007
190110	BROTMAN MEDICAL CENTER	90231	930000022
044006	BUTTE COUNTY PHF	95926	MH1016001
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	90015	930000024
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	94115	220000197
364050	CANYON RIDGE HOSPITAL	91710	240000357
190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	91767	930000026
190045	CATALINA ISLAND MEDICAL CENTER	90704	930000010
190555	CEDARS SINAI MEDICAL CENTER	90048	930000110
190148	CENTINELA FREEMAN REG MED CTR-CENTINELA CAMPUS	90301	930000027
190500	CENTINELA FREEMAN REG MED CTR-MARINA CAMPUS	90291	930000096
190230	CENTINELA FREEMAN REG MED CTR-MEMORIAL CAMPUS	90301	930000027
160787	CENTRAL VALLEY GENERAL HOSPITAL	93230	40000140
190155	CENTURY CITY DOCTORS HOSPITAL	90067	930000029
301140	CHAPMAN MEDICAL CENTER	92669	60000097
370673	CHILDREN'S HOSPITAL - SAN DIEGO	92123	80000028
010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	94609	140000015
304113	CHILDREN'S HOSPITAL AT MISSION	92691	60000348
204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	93638	40000160

190170	CHILDREN'S HOSPITAL OF LOS ANGELES	90027	930000032
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	92668	60000011
434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA	95008	70000320
382715	CHINESE HOSPITAL	94133	220000122
361144	CHINO VALLEY MEDICAL CENTER	91710	240000125
200692	CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	93610	40000083
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	91723	930000131
190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	91790	930000131
190661	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMPUS	90026	930000137
190410	CITY OF ANGELS MEDICAL CENTER-INGLESIDE CAMPUS	91770	930000137
100697	COALINGA REGIONAL MEDICAL CENTER	93210	40000085
190766	COAST PLAZA DOCTORS HOSPITAL	90650	930000162
301258	COASTAL COMMUNITIES HOSPITAL	92704	60000143
190184	COLLEGE HOSPITAL	90701	930000036
301155	COLLEGE HOSPITAL COSTA MESA	92627	60000100
361458	COLORADO RIVER MEDICAL CENTER	92363	240000227
060870	COLUSA REGIONAL MEDICAL CENTER	95932	230000149
190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	90255	930000038
270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	93940	70000026
190475	COMMUNITY HOSPITAL OF LONG BEACH	90804	930000090
430743	COMMUNITY HOSPITAL OF LOS GATOS	95032	70000025
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	92411	240000198
100005	COMMUNITY MEDICAL CENTER - CLOVIS	93612	40000004
560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	93003	50000026
100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	93721	40000096
374094	CONTINENTAL REHABILITATION HOSPITAL OF SAN DIEGO	92103	90000404
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	94553	140000090
160702	CORCORAN DISTRICT HOSPITAL	93212	40000087
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	91720	250000126
390846	DAMERON HOSPITAL	95203	30000024
190232	DEL AMO HOSPITAL	90505	930000045
150706	DELANO REGIONAL MEDICAL CENTER	93215	120000180
331164	DESERT REGIONAL MEDICAL CENTER	92262	250000139
364144	DESERT VALLEY HOSPITAL	92392	240000562
392287	DOCTORS HOSPITAL OF MANTECA	95336	30000203
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	91790	930000188
500852	DOCTORS MEDICAL CENTER	95350	30000026
070904	DOCTORS MEDICAL CENTER - SAN PABLO CAMPUS	94806	110000485
440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	95065	70000030
240853	DOS PALOS MEMORIAL HOSPITAL	93620	40000168
190243	DOWNEY REGIONAL MEDICAL CENTER	90241	930000048
196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	90806	930000949
190256	EAST LOS ANGELES DOCTORS HOSPITAL	90023	930000049
190328	EAST VALLEY HOSPITAL MEDICAL CENTER	91740	930000060
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	96122	230000014
010805	EDEN MEDICAL CENTER	94546	140000030
331168	EISENHOWER MEMORIAL HOSPITAL	92270	250000142
430763	EL CAMINO HOSPITAL	94040	70000660
130699	EL CENTRO REGIONAL MEDICAL CENTER	92243	90000004
094002	EL DORADO COUNTY P H F	95667	MH1015002
500867	EMANUEL MEDICAL CENTER, INC	95380	30000035
190280	ENCINO-TARZANA REGIONAL MED CTR-ENCINO	91436	930000051

190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	91356	930000097
040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	95926	230000027
474007	FAIRCHILD MEDICAL CENTER	96097	230000035
370705	FALLBROOK HOSPITAL DISTRICT	92028	80000005
040875	FEATHER RIVER HOSPITAL	95969	230000017
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	91741	930000052
301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	92708	60000109
230949	FRANK R HOWARD MEMORIAL HOSPITAL	95490	110000013
014034	FREMONT HOSPITAL	94538	140000347
510882	FREMONT MEDICAL CENTER	95991	230000126
400480	FRENCH HOSPITAL MEDICAL CENTER	93401	50000031
104089	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	93702	MH1016028
105029	FRESNO HEART HOSPITAL	93720	40000551
104047	FRESNO SURGERY CENTER	93710	40000332
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	92643	60000152
190315	GARFIELD MEDICAL CENTER	91754	930000057
190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	90026	930000058
270777	GEORGE L MEE MEMORIAL HOSPITAL	93930	70000047
190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	91206	930000059
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	91204	930000099
110889	GLENN MEDICAL CENTER	95988	230000018
420483	GOLETA VALLEY COTTAGE HOSPITAL	93111	50000034
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	93308	120000146
190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	90017	930000071
430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	95124	70000048
154044	GOOD SAMARITAN HOSPITAL-SOUTHWEST D/P APH	93309	120000146
190352	GREATER EL MONTE COMMUNITY HOSPITAL	91733	930000063
370714	GROSSMONT HOSPITAL	91942	80000006
160725	HANFORD COMMUNITY MEDICAL CENTER	93230	40000102
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	95023	70000004
490964	HEALDSBURG DISTRICT HOSPITAL	95448	110000019
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	92866	60000530
154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	93309	120000248
304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	92680	60000303
190176	HELFORD CLINICAL RESEARCH HOSP AT CITY OF HOPE	91010	930000033
331194	HEMET VALLEY MEDICAL CENTER	92543	250000145
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	91355	930000206
344021	HERITAGE OAKS HOSPITAL	95841	30000357
362041	HI-DESERT MEDICAL CENTER	92252	240000231
301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	92663	60000122
190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	90028	930000066
190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	91401	930000066
190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	90027	930000067
301209	HUNTINGTON BEACH HOSPITAL	92647	60000124
190400	HUNTINGTON MEMORIAL HOSPITAL	91105	930000372
320874	INDIAN VALLEY HOSPITAL	95947	230000016
304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	92718	60000275
121031	JEROLD PHELPS COMMUNITY HOSPITAL	95542	110000052
380842	JEWISH HOME	94112	220000224
220733	JOHN C FREMONT HEALTHCARE DISTRICT	95338	40000108
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	92201	250000155
074039	JOHN MUIR BEHAVIORAL HEALTH CENTER	94520	140000418

071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	94520	140000128
070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	94598	140000265
301132	KAISER FND HOSP - ANAHEIM	92807	60000091
196035	KAISER FND HOSP - BALDWIN PARK	91706	930000920
190430	KAISER FND HOSP - BELLFLOWER	90706	930000078
361223	KAISER FND HOSP - FONTANA	92335	240000159
014132	KAISER FND HOSP - FREMONT	94538	140000053
104062	KAISER FND HOSP - FRESNO	93720	40000384
380857	KAISER FND HOSP - GEARY S F	94115	220000188
190431	KAISER FND HOSP - HARBOR CITY	90710	930000079
010858	KAISER FND HOSP - HAYWARD	94545	140000053
190646	KAISER FND HOSP - MENTAL HEALTH CENTER	90012	930000077
010856	KAISER FND HOSP - OAKLAND CAMPUS	94611	140000052
190432	KAISER FND HOSP - PANORAMA CITY	91402	930000080
364110	KAISER FND HOSP - PERMANENTE CHEM DEP PROGRAM	92335	240000488
410804	KAISER FND HOSP - REDWOOD CITY	94063	220000021
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	94590	110000026
074093	KAISER FND HOSP - RICHMOND CAMPUS	94804	140000052
334025	KAISER FND HOSP - RIVERSIDE	92505	250000327
314024	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-EUREKA	95661	30000052
340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	95825	30000052
370730	KAISER FND HOSP - SAN DIEGO	92120	80000062
210992	KAISER FND HOSP - SAN RAFAEL	94903	110000357
430805	KAISER FND HOSP - SANTA CLARA	95051	70000661
494019	KAISER FND HOSP - SANTA ROSA	95403	110000213
431506	KAISER FND HOSP - SANTA TERESA COMMUNITY HOSPITAL	95119	70000117
342344	KAISER FND HOSP - SOUTH SACRAMENTO	95823	30000228
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	94080	220000022
190429	KAISER FND HOSP - SUNSET	90027	930000077
070990	KAISER FND HOSP - WALNUT CREEK	94596	140000290
190434	KAISER FND HOSP - WEST LA	90034	930000081
191450	KAISER FND HOSP - WOODLAND HILLS	91367	930000358
394009	KAISER FND HOSP-MANTECA	95336	30000393
540734	KAWEAH DELTA DISTRICT HOSPITAL	93291	120000580
190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	90011	930000028
210993	KENTFIELD REHABILITATION HOSPITAL	94914	110000358
150736	KERN MEDICAL CENTER	93305	120000182
150737	KERN VALLEY HEALTHCARE DISTRICT	93240	120000183
190449	KINDRED HOSPITAL - LA MIRADA	90637	930000084
190305	KINDRED HOSPITAL - LOS ANGELES	90056	930000053
344035	KINDRED HOSPITAL - SACRAMENTO	95630	30000377
370721	KINDRED HOSPITAL - SAN DIEGO	92104	90000059
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	94577	140000066
301127	KINDRED HOSPITAL BREA	92621	60000407
500954	KINDRED HOSPITAL MODESTO	95354	30000464
361274	KINDRED HOSPITAL ONTARIO	91764	240000561
301380	KINDRED HOSPITAL WESTMINSTER	92683	60000183
100745	KINGSBURG MEDICAL CENTER	93631	40000116
194981	LA CASA PSYCHIATRIC HEALTH FACILITY	90805	MH2014031
301234	LA PALMA INTERCOMMUNITY HOSPITAL	90623	60000136
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	90242	60000161
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	94116	220000040

190240	LAKEWOOD REGIONAL MEDICAL CENTER	90712	930000046
190455	LANCASTER COMMUNITY HOSPITAL	93534	930000085
380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	94143	220000377
190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	90732	930000142
190470	LITTLE COMPANY OF MARY HOSPITAL	90503	930000089
390923	LODI MEMORIAL HOSPITAL	95240	30000056
364014	LOMA LINDA UNIVERSITY BEHAVORIAL MEDICINE CENTER	92373	240000281
361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	92354	240000169
420491	LOMPOC HEALTHCARE DISTRICT	93436	50000038
190525	LONG BEACH MEMORIAL MEDICAL CENTER	90806	930000102
301248	LOS ALAMITOS MEDICAL CENTER	90720	60000142
191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	90502	60000129
191230	LOS ANGELES CO MARTIN LUTHER KING JR/DREW MED CTR	90059	60000132
191228	LOS ANGELES CO USC MEDICAL CENTER	90033	60000130
190198	LOS ANGELES COMMUNITY HOSPITAL	90023	930000039
191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	91342	60000133
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	90018	930000187
560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	91360	50000039
434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	94304	70000659
121002	MAD RIVER COMMUNITY HOSPITAL	95521	110000031
201281	MADERA COMMUNITY HOSPITAL	93637	40000191
260011	MAMMOTH HOSPITAL	93546	240000008
420493	MARIAN MEDICAL CENTER	93454	50000040
244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	95340	MH1016088
211006	MARIN GENERAL HOSPITAL	94904	110000361
050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	95249	30000058
090933	MARSHALL MEDICAL CENTER (1-RH)	95667	30000059
450936	MAYERS MEMORIAL HOSPITAL	96028	230000021
240924	MEMORIAL HOSPITAL LOS BANOS	93635	40000177
500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	95355	30000061
190521	MEMORIAL HOSPITAL OF GARDENA	90247	930000098
231013	MENDOCINO COAST DISTRICT HOSPITAL	95437	110000040
334018	MENIFEE VALLEY MEDICAL CENTER	92585	250000338
414018	MENLO PARK SURGICAL HOSPITAL	94025	220000276
340947	MERCY GENERAL HOSPITAL	95819	30000062
150761	MERCY HOSPITAL - BAKERSFIELD	93301	120000184
344029	MERCY HOSPITAL - FOLSOM	95630	30000372
450949	MERCY MEDICAL CENTER	96001	230000024
240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	95340	40000178
470871	MERCY MEDICAL CENTER MT. SHASTA	96067	230000015
340950	MERCY SAN JUAN HOSPITAL	95608	30000063
340951	METHODIST HOSPITAL OF SACRAMENTO	95823	30000064
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	91007	930000103
190681	MIRACLE MILE MEDICAL CENTER	90036	930000143
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	91402	930000101
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	92691	60000146
250956	MODOC MEDICAL CENTER	96101	230000026
361166	MONTCLAIR HOSPITAL MEDICAL CENTER	91763	240000141
190547	MONTEREY PARK HOSPITAL	91754	930000108
334048	MORENO VALLEY COMMUNITY HOSPITAL	92555	250000398
190552	MOTION PICTURE AND TELEVISION HOSPITAL	91364	930000109
361266	MOUNTAINS COMMUNITY HOSPITAL	92352	240000176

013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	94609	140000232
281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME OF CAL	94599	150000494
274043	NATIVIDAD MEDICAL CENTER	93906	70000070
301304	NEWPORT BAY HOSPITAL	92663	60000160
481357	NORTH BAY MEDICAL CENTER	94533	110000093
484001	NORTH BAY VACAVALLEY HOSPITAL	95687	110000093
514033	NORTH VALLEY BEHAVIORAL HEALTH	95993	MH0201603
454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	96001	230000191
141273	NORTHERN INYO HOSPITAL	93514	240000179
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	91328	930000114
190570	NORWALK COMMUNITY HOSPITAL	90650	930000039
214034	NOVATO COMMUNITY HOSPITAL	94945	110000375
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	95361	30000069
334457	OASIS PSYCHIATRIC HEALTH FACILITY	92201	MH2016032
430837	O'CONNOR HOSPITAL - SAN JOSE	95128	70000072
560501	OJAI VALLEY COMMUNITY HOSPITAL	93023	50000045
190534	OLYMPIA MEDICAL CENTER	90019	930000105
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	92708	60000066
040937	OROVILLE HOSPITAL	95966	230000022
190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	90012	930000054
190587	PACIFIC HOSPITAL OF LONG BEACH	90806	930000117
560838	PACIFIC SHORES HOSPITAL	93030	50000231
190696	PACIFICA HOSPITAL OF THE VALLEY	91352	930000148
491338	PALM DRIVE HOSPITAL	95472	110000091
331288	PALO VERDE HOSPITAL	92225	250000184
370755	PALOMAR MEDICAL CENTER	92025	80000083
370759	PARADISE VALLEY HOSPITAL	92050	90000086
331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	92503	250000186
454013	PATIENTS' HOSPITAL OF REDDING	96001	230000195
410852	PENINSULA MEDICAL CENTER	94010	220000037
491001	PETALUMA VALLEY HOSPITAL	94954	110000001
130760	PIONEERS MEMORIAL HOSPITAL	92227	90000087
301297	PLACENTIA LINDA HOSPITAL	92670	60000157
320986	PLUMAS DISTRICT HOSPITAL	95971	230000030
370977	POMERADO HOSPITAL	92064	80000127
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	91767	930000128
190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	90602	930000129
190468	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	90033	930000088
370787	PROMISE HOSPITAL OF SAN DIEGO	92105	90000105
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	91345	930000404
190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	91505	930000159
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	94558	110000060
364188	RANCHO SPECIALTY HOSPITAL	91730	240000652
171049	REDBUD COMMUNITY HOSPITAL	95422	110000174
361308	REDLANDS COMMUNITY HOSPITAL	92373	240000191
121051	REDWOOD MEMORIAL HOSPITAL	95540	110000173
430705	REGIONAL MEDICAL OF SAN JOSE	95116	70000005
424047	REHABILITATION INSTITUTE AT SANTA BARBARA	93105	50000108
190930	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	90024	930000204
580996	RIDEOUT MEMORIAL HOSPITAL	95901	230000126
150782	RIDGECREST REGIONAL HOSPITAL	93555	120000186
331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	92506	250000476

331312	RIVERSIDE COMMUNITY HOSPITAL	92501	250000194
334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	92555	250000195
344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT CENTER	95817	MH1082011
301317	SADDLEBACK MEMORIAL MEDICAL CENTER	92653	60000166
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	92673	60000166
270875	SALINAS VALLEY MEMORIAL HOSPITAL	93901	70000083
361318	SAN ANTONIO COMMUNITY HOSPITAL	91786	240000196
374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	92110	90000092
374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CARE CTR	92103	80000392
190673	SAN DIMAS COMMUNITY HOSPITAL	91773	930000139
380939	SAN FRANCISCO GENERAL HOSPITAL	94110	220000063
190200	SAN GABRIEL VALLEY MEDICAL CENTER	91776	930000041
331326	SAN GORGONIO MEMORIAL HOSPITAL	92220	250000199
150788	SAN JOAQUIN COMMUNITY HOSPITAL	93301	120000187
394003	SAN JOAQUIN COUNTY P.H.F.	95202	MH1040012
391010	SAN JOAQUIN GENERAL HOSPITAL	95231	30000087
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	93720	40000280
013619	SAN LEANDRO HOSPITAL	94578	140000030
404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	93401	MH2016035
410782	SAN MATEO MEDICAL CENTER	94403	220000015
074017	SAN RAMON REGIONAL MEDICAL CENTER	94583	140000345
420514	SANTA BARBARA COTTAGE HOSPITAL	93105	50000140
424002	SANTA BARBARA COUNTY P.H.F.	93110	MH1016014
430883	SANTA CLARA VALLEY MEDICAL CENTER	95128	70000085
190687	SANTA MONICA - UCLA MEDICAL CENTER	90404	930000146
491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	95405	140000648
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	93463	50000057
371256	SCRIPPS GREEN HOSPITAL	92037	80000139
371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	92024	80000148
370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	92037	80000050
370744	SCRIPPS MERCY HOSPITAL	92103	90000074
370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	91910	90000074
124004	SEMPERVIRENS P.H.F.	95501	MH1016003
321016	SENECA HEALTHCARE DISTRICT	96020	230000032
410891	SEQUOIA HOSPITAL	94062	220000045
410817	SETON MEDICAL CENTER	94015	220000026
410828	SETON MEDICAL CENTER - COASTSIDE	94038	220000026
370693	SHARP CABRILLO HOSPITAL	92110	80000039
370875	SHARP CHULA VISTA MEDICAL CENTER	91911	90000008
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	92118	90000036
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	92123	80000615
370694	SHARP MEMORIAL HOSPITAL	92123	80000039
370745	SHARP MESA VISTA HOSPITAL	92123	550000273
374049	SHARP VISTA PACIFICA	92111	80000319
450940	SHASTA REGIONAL MEDICAL CENTER	96049	230000023
190708	SHERMAN OAKS HOSPITAL	91403	930000149
190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	90020	930000150
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	95817	30000620
100797	SIERRA KINGS DISTRICT HOSPITAL	93654	40000149
291023	SIERRA NEVADA MEMORIAL HOSPITAL	95945	230000152
540798	SIERRA VIEW DISTRICT HOSPITAL	93257	120000584
342392	SIERRA VISTA HOSPITAL	95823	30000290

400524	SIERRA VISTA REGIONAL MEDICAL CENTER	93405	50000059
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	93065	50000216
491076	SONOMA VALLEY HOSPITAL	95476	110000072
554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	95370	30000094
301337	SOUTH COAST MEDICAL CENTER	92677	60000171
141338	SOUTHERN INYO HOSPITAL	93545	240000205
334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	92562	250000262
100899	ST. AGNES MEDICAL CENTER	93710	40000173
361339	ST. BERNARDINE MEDICAL CENTER	92404	240000206
521041	ST. ELIZABETH COMMUNITY HOSPITAL	96080	230000036
190754	ST. FRANCIS MEDICAL CENTER	90262	930000157
380960	ST. FRANCIS MEMORIAL HOSPITAL	94109	220000069
281078	ST. HELENA HOSPITAL	94574	110000073
481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	94590	110000042
190756	ST. JOHN'S HOSPITAL AND HEALTH CENTER	90404	930000158
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	93010	50000048
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	93030	50000064
121080	ST. JOSEPH HOSPITAL - EUREKA	95501	110000075
301340	ST. JOSEPH HOSPITAL - ORANGE	92868	60000172
392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	95204	30000367
391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	95204	30000284
301342	ST. JUDE MEDICAL CENTER	92835	60000173
434138	ST. LOUISE REGIONAL HOSPITAL	95020	70000266
380964	ST. LUKE'S HOSPITAL	94110	220000070
190053	ST. MARY MEDICAL CENTER	90801	930000012
361343	ST. MARY REGIONAL MEDICAL CENTER	92307	240000207
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	94117	220000071
010967	ST. ROSE HOSPITAL	94545	140000107
190762	ST. VINCENT MEDICAL CENTER	90057	930000161
430905	STANFORD HOSPITAL	94305	70000662
501016	STANISLAUS BEHAVIORAL HEALTH CENTER	95355	30000026
504038	STANISLAUS SURGICAL HOSPITAL	95355	30000695
194967	STAR VIEW ADOLESCENT - P H F	90505	MH2016029
364121	SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSP	92411	240000502
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	96104	230000025
034002	SUTTER AMADOR HOSPITAL	95642	30000008
310791	SUTTER AUBURN FAITH HOSPITAL	95602	30000012
344017	SUTTER CENTER FOR PSYCHIATRY	95826	30000347
084001	SUTTER COAST HOSPITAL	95531	110000067
574010	SUTTER DAVIS HOSPITAL	95616	30000124
070934	SUTTER DELTA MEDICAL CENTER	94509	140000258
341051	SUTTER GENERAL HOSPITAL	95816	30000102
171395	SUTTER LAKESIDE HOSPITAL	95453	110000094
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	95065	70000399
490919	SUTTER MEDICAL CENTER OF SANTA ROSA	95404	110000005
341052	SUTTER MEMORIAL HOSPITAL	95819	30000102
311000	SUTTER ROSEVILLE MEDICAL CENTER	95661	30000083
481094	SUTTER SOLANO MEDICAL CENTER	94590	110000082
391056	SUTTER TRACY COMMUNITY HOSPITAL	95376	30000105
514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	95991	MH1018015
291053	TAHOE FOREST HOSPITAL	96160	230000151
190782	TARZANA TREATMENT CENTER	91356	930000163

150808	TEHACHAPI HOSPITAL	93561	120000188
014207	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	94601	MH2016036
314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	95661	MH2016033
484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	94533	MH2016026
190784	TEMPLE COMMUNITY HOSPITAL	90004	930000164
564121	THOUSAND OAKS SURGICAL HOSPITAL	91361	50000596
010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPITAL	94609	140000272
191225	TOM REDGATE MEMORIAL RECOVERY CENTER	90813	930000272
190422	TORRANCE MEMORIAL MEDICAL CENTER	90505	930000076
370780	TRI-CITY MEDICAL CENTER	92056	80000099
190159	TRI-CITY REGIONAL MEDICAL CENTER	90716	930000030
531059	TRINITY HOSPITAL	96093	230000038
540816	TULARE DISTRICT HOSPITAL	93274	120000585
551061	TUOLUMNE GENERAL HOSPITAL	95370	30000107
301357	TUSTIN HOSPITAL MEDICAL CENTER	92680	60000178
400548	TWIN CITIES COMMUNITY HOSPITAL	93465	50000078
190796	UCLA MEDICAL CENTER	90095	930000165
381154	UCSF MEDICAL CENTER	94122	220000091
231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	95482	110000095
100822	UNIVERSITY MEDICAL CENTER	93702	40000096
341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	95817	30000086
301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	92668	60000148
370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	92103	90000101
191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	90033	930000267
194219	USC UNIVERSITY HOSPITAL	90033	930000459
010983	VALLEY MEMORIAL HOSPITAL - LIVERMORE	94550	140000114
190812	VALLEY PRESBYTERIAN HOSPITAL	91405	930000170
560481	VENTURA COUNTY MEDICAL CENTER	93003	50000032
190818	VERDUGO HILLS HOSPITAL	91208	930000173
361370	VICTOR VALLEY COMMUNITY HOSPITAL	92392	240000218
190196	VISTA HOSPITAL OF SOUTH BAY	90247	930000037
190049	VISTA SPECIALTY HOSPITAL OF SAN GABRIEL VALLEY	91706	930000390
010987	WASHINGTON HOSPITAL - FREMONT	94538	140000116
444013	WATSONVILLE COMMUNITY HOSPITAL	95076	70000097
301379	WEST ANAHEIM MEDICAL CENTER	92804	60000182
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	91307	930000189
301566	WESTERN MEDICAL CENTER - SANTA ANA	92705	60000188
301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	92805	60000117
190878	WHITE MEMORIAL MEDICAL CENTER	90033	930000195
190883	WHITTIER HOSPITAL MEDICAL CENTER	90605	930000402
571086	WOODLAND MEMORIAL HOSPITAL	95695	30000115

* Most health facilities in California are licensed by the California Department of Health Services (DHS). Also inclu
Psychiatric Health Facilities (PHFs), licensed by the California Department of Mental Health.

** "Consolidated" means the reported set of discharges is an aggregation from more than one location. "Single Fac
means that each set of discharges is location-specific; like all "Single Facilities," the listed Consolidated "Parents'
discharges by specific location.

*** Since the mid-1980s, a licensed hospital can have an unlimited number of formerly free-standing licensed facilitie

standing, licensed hospitals (and some nursing homes) to be merged onto a single hospital license, and is knowr
Consolidated Licensure, the facilities must meet certain conditions, including being under common ownership, ha
miles of each other. Consolidated hospitals can choose to report their discharges separately (by location), or in c
choose to un-consolidate to separately licensed facilities at any time.

To determine which formerly licensed facilities are included in these "Consolidated" sets of discharges, go to the
www.alirts.oshpd.ca.gov. Enter the DHS/DMH license number (or facility name or OSHPD ID #) in the search c
click on the "View License" text link in the far right column. The addresses, beds, and services for each location

Level of Data Aggregation	# of Discharges
Total	**3,997,182**
Parent Facility	14,778
Parent Facility	3,437
Parent Facility	4,160
Parent Facility	25,144
Consolidated Facility	3,692
Parent Facility	15,126
Parent Facility	8,290
Parent Facility	2,314
Parent Facility	1,397
Parent Facility	3,206
Parent Facility	16,522
Parent Facility	28,747
Parent Facility	24,534
Parent Facility	2,945
Parent Facility	4,237
Parent Facility	3,106
Parent Facility	2,545
Parent Facility	3,027
Parent Facility	3,841
Parent Facility	18,160
Parent Facility	1,506
Parent Facility	483
Parent Facility	3,167
Parent Facility	3,858
Parent Facility	416
Parent Facility	7,665
Parent Facility	1,147
Parent Facility	11,592
Parent Facility	3,406
Parent Facility	842
Parent Facility	8,870
Parent Facility	656
Parent Facility	18,773
Parent Facility	34,850
Parent Facility	1,723
Parent Facility	1,322
Parent Facility	18
Parent Facility	53,777
Parent Facility	20,801
Parent Facility	3,032
Consolidated Facility	7,135
Parent Facility	5,875
Parent Facility	3,987
Parent Facility	2,634
Parent Facility	13,608
Parent Facility	9,375
Parent Facility	2,257
Parent Facility	11,790

Parent Facility	11,289
Parent Facility	10,415
Parent Facility	20
Parent Facility	2,295
Parent Facility	6,273
Parent Facility	67
Consolidated Facility	8,926
Parent Facility	23,038
Parent Facility	2,961
Consolidated Facility	3,681
Parent Facility	1,017
Parent Facility	3,604
Parent Facility	6,695
Parent Facility	6,414
Parent Facility	3,862
Parent Facility	634
Parent Facility	1,346
Parent Facility	7,896
Parent Facility	12,927
Parent Facility	3,752
Parent Facility	5,197
Parent Facility	12,681
Parent Facility	11,428
Parent Facility	16,155
Parent Facility	31,299
Parent Facility	833
Parent Facility	11,508
Parent Facility	448
Parent Facility	11,972
Parent Facility	14,169
Parent Facility	3,385
Parent Facility	4,803
Parent Facility	20,301
Parent Facility	5,805
Parent Facility	5,014
Parent Facility	324
Parent Facility	22,886
Parent Facility	6,766
Parent Facility	14,166
Parent Facility	39
Parent Facility	14,782
Parent Facility	20,930
Parent Facility	4,280
Parent Facility	2,885
Parent Facility	470
Parent Facility	10,281
Parent Facility	18,299
Parent Facility	20,954
Parent Facility	7,692
Parent Facility	399
Parent Facility	13,710
Parent Facility	3,803

Parent Facility	13,894
Parent Facility	16,079
Parent Facility	1,914
Parent Facility	3,476
Parent Facility	5,550
Parent Facility	5,811
Parent Facility	19,047
Parent Facility	1,197
Parent Facility	2,848
Consolidated Facility	8,428
Parent Facility	5,048
Parent Facility	843
Parent Facility	2,901
Parent Facility	1,077
Parent Facility	10,305
Parent Facility	15,762
Parent Facility	798
Parent Facility	2,618
Parent Facility	20,271
Parent Facility	15,359
Parent Facility	332
Parent Facility	2,118
Parent Facility	2,235
Parent Facility	22,375
Parent Facility	20,868
Distinct Part Facility	1,427
Parent Facility	4,391
Parent Facility	28,952
Parent Facility	6,853
Parent Facility	3,349
Parent Facility	655
Parent Facility	69
Parent Facility	1,097
Parent Facility	978
Parent Facility	5,165
Parent Facility	17,231
Parent Facility	12,912
Parent Facility	2,575
Parent Facility	4,303
Parent Facility	32,177
Parent Facility	2,214
Consolidated Facility	2,666
Parent Facility	19,168
Parent Facility	4,618
Parent Facility	29,469
Parent Facility	37
Parent Facility	11,254
Parent Facility	80
Parent Facility	311
Parent Facility	325
Parent Facility	12,905
Parent Facility	2,408

Parent Facility	10,411
Parent Facility	21,089
Parent Facility	16,638
Parent Facility	16,785
Parent Facility	21,875
Parent Facility	28,971
Consolidated Facility	6,409
Parent Facility	10,247
Parent Facility	17,033
Parent Facility	15,278
Parent Facility	15,671
Consolidated Facility	2,156
Parent Facility	18,811
Parent Facility	14,500
Parent Facility	671
Parent Facility	9,471
Parent Facility	18,264
Consolidated Facility	3,371
Parent Facility	19,769
Consolidated Facility	11,848
Parent Facility	23,014
Parent Facility	29,197
Parent Facility	6,498
Parent Facility	21,087
Parent Facility	10,602
Parent Facility	16,890
Parent Facility	16,732
Parent Facility	6,890
Parent Facility	24,712
Parent Facility	24,101
Parent Facility	12,110
Parent Facility	14,478
Parent Facility	4,505
Parent Facility	23,404
Parent Facility	811
Parent Facility	621
Parent Facility	17,407
Parent Facility	1,154
Parent Facility	2,115
Parent Facility	638
Parent Facility	300
Parent Facility	280
Parent Facility	410
Parent Facility	400
Parent Facility	788
Parent Facility	1,015
Parent Facility	951
Parent Facility	568
Parent Facility	102
Parent Facility	5,683
Parent Facility	2,108
Parent Facility	1,178

Parent Facility	7,870
Parent Facility	6,251
Parent Facility	696
Parent Facility	8,284
Parent Facility	20,136
Parent Facility	9,329
Parent Facility	4,362
Parent Facility	33,259
Parent Facility	3,027
Parent Facility	23,815
Parent Facility	10,744
Parent Facility	21,745
Parent Facility	9,827
Parent Facility	35,119
Parent Facility	5,110
Parent Facility	13,921
Parent Facility	9,062
Parent Facility	15,134
Parent Facility	17,599
Parent Facility	3,184
Parent Facility	7,829
Parent Facility	924
Parent Facility	14,038
Parent Facility	547
Parent Facility	12,116
Parent Facility	1,917
Parent Facility	6,923
Parent Facility	637
Parent Facility	2,836
Parent Facility	20,178
Parent Facility	7,134
Parent Facility	1,580
Parent Facility	5,203
Parent Facility	271
Parent Facility	20,831
Parent Facility	18,268
Parent Facility	5,558
Parent Facility	15,263
Parent Facility	13,593
Parent Facility	1,753
Parent Facility	20,698
Parent Facility	9,824
Parent Facility	19,058
Parent Facility	88
Parent Facility	6,307
Parent Facility	19,290
Parent Facility	207
Parent Facility	6,862
Parent Facility	6,850
Parent Facility	8,547
Parent Facility	894
Parent Facility	666

Parent Facility	610
	656
Parent Facility	9,582
Parent Facility	838
Parent Facility	7,286
Consolidated Facility	2,672
Parent Facility	575
Parent Facility	1,119
Parent Facility	1,416
Parent Facility	18,874
Consolidated Facility	2,102
Parent Facility	1,830
Parent Facility	2,466
Parent Facility	718
Parent Facility	18,671
Parent Facility	1,247
Parent Facility	5,551
Parent Facility	13,191
Parent Facility	8,940
Parent Facility	7,996
Parent Facility	7,947
Parent Facility	324
Parent Facility	6,847
Parent Facility	981
Parent Facility	2,064
Parent Facility	26,453
Parent Facility	14,374
Parent Facility	9,758
Parent Facility	322
Parent Facility	17,263
Parent Facility	4,139
Parent Facility	6,452
Parent Facility	4,085
Parent Facility	766
Parent Facility	8,438
Parent Facility	30,333
Parent Facility	21,207
Parent Facility	1,246
Parent Facility	2,119
Parent Facility	17,647
Parent Facility	22,765
Parent Facility	9,265
Parent Facility	138
Parent Facility	1,891
Parent Facility	15,278
Parent Facility	2,017
Parent Facility	13,107
Parent Facility	614
Parent Facility	1,880
Parent Facility	6,436
Parent Facility	3,051
Parent Facility	1,046

Parent Facility	22,437
Parent Facility	23,416
Parent Facility	2,654
Parent Facility	18,984
Consolidated Facility	2,525
Parent Facility	15,824
Parent Facility	16,360
Parent Facility	1,114
Parent Facility	926
Parent Facility	5,002
Parent Facility	17,384
Parent Facility	10,474
Parent Facility	4,392
Parent Facility	11,759
Parent Facility	1,337
Parent Facility	12,261
Parent Facility	1,238
Consolidated Facility	4,957
Parent Facility	1,103
Parent Facility	4,355
Parent Facility	6,202
Parent Facility	20,757
Parent Facility	537
Parent Facility	29,748
Parent Facility	12,011
Parent Facility	15,536
Parent Facility	312
Parent Facility	10,951
Parent Facility	9,499
Parent Facility	21,947
Parent Facility	21,836
Consolidated Facility	11,598
Parent Facility	453
Parent Facility	281
Parent Facility	9,948
Parent Facility	10,453
Consolidated Facility	107
Consolidated Facility	1,028
Parent Facility	17,564
Parent Facility	2,569
Parent Facility	18,399
Parent Facility	15,587
Parent Facility	5,094
Parent Facility	234
Parent Facility	7,961
Parent Facility	5,236
Parent Facility	1,488
Parent Facility	1,194
Parent Facility	4,385
Parent Facility	7,299
Parent Facility	10,507
Parent Facility	2,878

Parent Facility	7,534
Parent Facility	5,609
Parent Facility	2,299
Parent Facility	4,726
Parent Facility	5,585
Parent Facility	61
Parent Facility	20,512
Parent Facility	27,947
Parent Facility	17,252
Parent Facility	4,621
Parent Facility	26,953
Parent Facility	6,600
Parent Facility	4,434
Parent Facility	2,046
Parent Facility	15,208
Parent Facility	3,821
Parent Facility	13,336
Parent Facility	6,698
Parent Facility	26,922
Parent Facility	1,605
Parent Facility	20,316
Parent Facility	17,615
Parent Facility	4,470
Parent Facility	6,611
Parent Facility	15,193
Parent Facility	15,422
Parent Facility	6,602
Parent Facility	8,316
Parent Facility	9,796
Parent Facility	22,860
Consolidated Facility	3,280
Parent Facility	1,384
Parent Facility	63
Parent Facility	730
Parent Facility	69
Parent Facility	2,813
Parent Facility	5,007
Parent Facility	2,161
Parent Facility	2,805
Parent Facility	4,893
Parent Facility	7,948
Parent Facility	11,733
Parent Facility	2,974
Parent Facility	2,804
Parent Facility	9,165
Consolidated Facility	23,775
Parent Facility	16,700
Parent Facility	7,258
Parent Facility	4,859
Parent Facility	344
Parent Facility	2,474
Parent Facility	2,083

Parent Facility	132
Parent Facility	986
Parent Facility	451
Parent Facility	607
Parent Facility	2,432
Parent Facility	768
Parent Facility	231
Parent Facility	655
Parent Facility	27,270
Parent Facility	21,397
Parent Facility	3,052
Parent Facility	471
Parent Facility	6,412
Parent Facility	1,972
Parent Facility	1,853
Parent Facility	5,653
Parent Facility	28,350
Parent Facility	29,618
Parent Facility	4,582
Consolidated Facility	9,589
Parent Facility	30,043
Parent Facility	18,089
Parent Facility	23,246
Parent Facility	2,468
Parent Facility	7,875
Parent Facility	10,043
Parent Facility	18,986
Parent Facility	14,003
Parent Facility	7,510
Parent Facility	6,663
Parent Facility	324
Parent Facility	564
Parent Facility	17,639
Parent Facility	7,532
Parent Facility	6,654
Parent Facility	9,203
Parent Facility	16,117
Parent Facility	10,077
Parent Facility	20,593
Parent Facility	10,669
Parent Facility	4,944

ded in the OSHPD hospital database are

ility," "Parent Facility," and "Satellite Facility"
" and "Satellites" also reported their sets of

s included on one license. This allows sets of free-

n as Consolidated Licensure. To qualify for
aving common medical staff and being within 15
one set as a consolidated entity. Also, they can

OSHPD **ALIRTS** system on the internet:
dialogue box and click "search." At the next screen,
will be displayed.

name	datatype	length	starting	ending	label
oshpd_id	Text	6	1	6	6-digit Hospital ID
typ_care	Text	1	7	7	Type of Care
age_yrs	Number	3	8	10	Age in Years at Admission
agecat20	Text	2	11	12	Age Categories 20
agecat5	Text	1	13	13	Age Categories 5
sex	Text	1	14	14	Patient Sex
ethncty	Text	1	15	15	Ethnicity
race	Text	1	16	16	Race
patzip	Text	5	17	21	Patient Zip Code
patcnty	Text	2	22	23	Patient County of Residence
los	Number	5	24	28	Length of Stay
adm_qtr	Text	1	29	29	Quarter of Admission
adm_yr	Text	4	30	33	Year of Admission
adm_src	Text	3	34	36	Admission Source
adm_type	Text	1	37	37	Type of Admission
disp	Text	2	38	39	Disposition of Patient
dnr	Text	1	40	40	Do Not Resuscitate
pay_cat	Text	2	41	42	Payer Category
pay_type	Text	1	43	43	Payer Type
pay_plan	Text	4	44	47	Payer Plan
charge	Number	7	48	54	Total Charges
ecode_p	Text	5	55	59	Principal E-code
ecode1	Text	5	60	64	Other E-code 1
ecode2	Text	5	65	69	Other E-code 2
ecode3	Text	5	70	74	Other E-code 3
ecode4	Text	5	75	79	Other E-code 4
mdc	Text	2	80	81	Major Diagnostic Category
drg	Text	3	82	84	Diagnosis Related Group
diag_p	Text	5	85	89	Principal Diagnosis
cpoa_p	Text	1	90	90	Principal Diagnosis Present at A
proc_p	Text	4	91	94	Principal Procedure
proc_pdy	Number	4	95	98	Days from Admission to Principal
odiag1	Text	5	99	103	Other Diagnosis 1
cpoa1	Text	1	104	104	Other Dx1 Present at Admission
odiag2	Text	5	105	109	Other Diagnosis 2
cpoa2	Text	1	110	110	Other Dx2 Present at Admission
odiag3	Text	5	111	115	Other Diagnosis 3
cpoa3	Text	1	116	116	Other Dx3 Present at Admission
odiag4	Text	5	117	121	Other Diagnosis 4
cpoa4	Text	1	122	122	Other Dx4 Present at Admission
odiag5	Text	5	123	127	Other Diagnosis 5
cpoa5	Text	1	128	128	Other Dx5 Present at Admission
odiag6	Text	5	129	133	Other Diagnosis 6
cpoa6	Text	1	134	134	Other Dx6 Present at Admission
odiag7	Text	5	135	139	Other Diagnosis 7
cpoa7	Text	1	140	140	Other Dx7 Present at Admission
odiag8	Text	5	141	145	Other Diagnosis 8
cpoa8	Text	1	146	146	Other Dx8 Present at Admission
odiag9	Text	5	147	151	Other Diagnosis 9
cpoa9	Text	1	152	152	Other Dx9 Present at Admission
odiag10	Text	5	153	157	Other Diagnosis 10

cpoa10	Text	1	158	158	Other Dx10 Present at Admission
odiag11	Text	5	159	163	Other Diagnosis 11
cpoa11	Text	1	164	164	Other Dx11 Present at Admission
odiag12	Text	5	165	169	Other Diagnosis 12
cpoa12	Text	1	170	170	Other Dx12 Present at Admission
odiag13	Text	5	171	175	Other Diagnosis 13
cpoa13	Text	1	176	176	Other Dx13 Present at Admission
odiag14	Text	5	177	181	Other Diagnosis 14
cpoa14	Text	1	182	182	Other Dx14 Present at Admission
odiag15	Text	5	183	187	Other Diagnosis 15
cpoa15	Text	1	188	188	Other Dx15 Present at Admission
odiag16	Text	5	189	193	Other Diagnosis 16
cpoa16	Text	1	194	194	Other Dx16 Present at Admission
odiag17	Text	5	195	199	Other Diagnosis 17
cpoa17	Text	1	200	200	Other Dx17 Present at Admission
odiag18	Text	5	201	205	Other Diagnosis 18
cpoa18	Text	1	206	206	Other Dx18 Present at Admission
odiag19	Text	5	207	211	Other Diagnosis 19
cpoa19	Text	1	212	212	Other Dx19 Present at Admission
odiag20	Text	5	213	217	Other Diagnosis 20
cpoa20	Text	1	218	218	Other Dx20 Present at Admission
odiag21	Text	5	219	223	Other Diagnosis 21
cpoa21	Text	1	224	224	Other Dx21 Present at Admission
odiag22	Text	5	225	229	Other Diagnosis 22
cpoa22	Text	1	230	230	Other Dx22 Present at Admission
odiag23	Text	5	231	235	Other Diagnosis 23
cpoa23	Text	1	236	236	Other Dx23 Present at Admission
odiag24	Text	5	237	241	Other Diagnosis 24
cpoa24	Text	1	242	242	Other Dx24 Present at Admission
oproc1	Text	4	243	246	Other Procedure 1
procdy1	Number	4	247	250	Days from Admission to Proc 1
oproc2	Text	4	251	254	Other Procedure 2
procdy2	Number	4	255	258	Days from Admission to Proc 2
oproc3	Text	4	259	262	Other Procedure 3
procdy3	Number	4	263	266	Days from Admission to Proc 3
oproc4	Text	4	267	270	Other Procedure 4
procdy4	Number	4	271	274	Days from Admission to Proc 4
oproc5	Text	4	275	278	Other Procedure 5
procdy5	Number	4	279	282	Days from Admission to Proc 5
oproc6	Text	4	283	286	Other Procedure 6
procdy6	Number	4	287	290	Days from Admission to Proc 6
oproc7	Text	4	291	294	Other Procedure 7
procdy7	Number	4	295	298	Days from Admission to Proc 7
oproc8	Text	4	299	302	Other Procedure 8
procdy8	Number	4	303	306	Days from Admission to Proc 8
oproc9	Text	4	307	310	Other Procedure 9
procdy9	Number	4	311	314	Days from Admission to Proc 9
oproc10	Text	4	315	318	Other Procedure 10
procdy10	Number	4	319	322	Days from Admission to Proc 10
oproc11	Text	4	323	326	Other Procedure 11
procdy11	Number	4	327	330	Days from Admission to Proc 11
oproc12	Text	4	331	334	Other Procedure 12

procdy12	Number	4	335	338	Days from Admission to Proc 12
oproc13	Text	4	339	342	Other Procedure 13
procdy13	Number	4	343	346	Days from Admission to Proc 13
oproc14	Text	4	347	350	Other Procedure 14
procdy14	Number	4	351	354	Days from Admission to Proc 14
oproc15	Text	4	355	358	Other Procedure 15
procdy15	Number	4	359	362	Days from Admission to Proc 15
oproc16	Text	4	363	366	Other Procedure 16
procdy16	Number	4	367	370	Days from Admission to Proc 16
oproc17	Text	4	371	374	Other Procedure 17
procdy17	Number	4	375	378	Days from Admission to Proc 17
oproc18	Text	4	379	382	Other Procedure 18
procdy18	Number	4	383	386	Days from Admission to Proc 18
oproc19	Text	4	387	390	Other Procedure 19
procdy19	Number	4	391	394	Days from Admission to Proc 19
oproc20	Text	4	395	398	Other Procedure 20
procdy20	Number	4	399	402	Days from Admission to Proc 20

APPENDIX I

Table 1 - Knox-Keene Licensed Plans and Plan Code Numbers	
Plan Code Numbers	**Plan Code Names**
0000	Plan Code not applicable
0296	AET Health Care Plan Of California
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care
0397	Avante Behavioral Health Plan
0303	Blue Cross of California
0415	Blue Cross of California Partnership Plan
0043	Blue Shield of California
0352	Brown and Toland Medical Group
0394	Caloptima (Orange County)
0326	Care 1st Health Plan
0408	CareMore Insurance Services, Inc.
0401	Central Coast Alliance For Health (Santa Cruz County/Montery County)
0404	Central Health Plan
0278	Chinese Community Health Plan
0298	Cigna Behaviorial Health of California
0152	Cigna HealthCare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0054	Contra Costa Health Plan
0325	Great-West Healthcare of California, Inc.
0292	HAI, Hai-Ca
0300	Health Net of California, Inc.
0126	Health Plan of America (HPA)
0358	Health Plan Of San Mateo
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0231	Holman Professional Counseling Centers
0414	Honored Citizens Choice Health Plan
0346	Inland Empire Health Plan (IEHP)
0151	Inter Valley Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems Inc
0355	LA Care Health Plan
0142	Lifeguard, Inc.
0196	Managed Health Network
0390	Medcore HP
0288	MBC of California
0288	Merit Behaviorial Care of California, Inc. (MBC)
0322	Molina Healthcare of California
0385	On Lok Senior Health Services
0325	One Health Plan of California Inc.
0301	PacifiCare Behaviorial Health of California
0126	PacifiCare of California
0367	Primecare Medical Network, Inc.
0380	ProMed Health Care Administrators
0354	Regents of the University of California

0349	San Francisco Health Plan
0400	Santa Barbara Regional Health Authority
0351	Santa Clara Family Health Plan
0236	Santa Clara Valley Medical Center
0212	SCAN Health Plan
0377	Scripps Clinic Health Plan Services, Inc.
0126	Secure Horizons
0310	Sharp Health Plan
0393	Simnsa Health Care
0393	Sistemas Medicos Nacionales, S.A.De C.V.
0212	Smartcare Health Plan
9048	Solano Partnership Health Plan (Solano County)
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0293	ValueOptions of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behaviorial Health Plan
0348	Western Health Advantage
8000	Other HMO

Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers

Plan Code Numbers	Name of Medi-Cal County Organized Health System
0000	Plan Code not applicable
9030	Cal Optima (Orange County)
9044	Central Coast Alliance for Health (Santa Cruz County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9048	Solano Partnership Health Plan (Solano County)

Related Plans: If the plan code numbers are the same and the plan names are different, it means they belong to same "parent" plan or have changed their name.