

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N		32. UNDERLYING CAUSE OF DEATH / SEP		33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1								35. CAUSE OF INJURY					
123	124	125	126		127		128	129	130	131	132	133	134	135	136	137	138	139	140	141	142		
36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190
42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS															
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206								
44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230
47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254
50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE															
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270								
52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES								53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES								54. PRIMARY PROVIDER SPECIALTY CODE				55. BLOOD USAGE Y / N			
271	272							273	274							275	276	277			278		
0	0							0	0														

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REPORTING MTF					REGISTER NUMBER																						
A																											
56. TOTAL SICK DAYS <i>(All Facilities)</i>					57. BED DAYS THIS MTF							58. BED DAYS OTHER FED MTFS				59. BED DAYS CIV. HOSPITALS				60. BASSINET DAYS <i>(Neonatal)</i>							
279	280	281	282	283	284	285	286	287		288	289	290	291		292	293	294	295		296	297	298	299				
61. QUARTER DAYS					62. MEDICAL HOLDING DAYS							63. COOPERATIVE CARE DAYS				64. CONVALESCENT LEAVE DAYS				65. SUPPLEMENTAL CARE DAYS							
300	301	302	303		304	305	306	307		308	309	310	311		312	313	314	315		316	317	318	319				
66. OTHER DAYS					67. TOTAL SICK DAYS - THIS MTF							68. BED DAYS - ICU				69. BED DAYS - ADMITTING				70. CLINIC SERVICE <i>(Second)</i>							
320	321	322	323		324	325	326	327	328		329	330	331	332		333	334	335	336	CLINIC SERVICE	337	338	339	340			
71. BED DAYS SECOND CLINIC SERVICE					72. CLINIC SERVICE <i>(Third)</i>							73. BED DAYS THIRD CLINIC SERVICE				74. CLINIC SERVICE DISPOSITION				75. BED DAYS DISPOSITION CLINIC SERVICE							
341	342	343	344		345	346	347	348		349	350	351	352		353	354	355	356		357	358	359	360				
76. CONVALESCENT LEAVE RECOMMENDED					77. PATIENT ACUITY - DAYS I							78. PATIENT ACUITY - DAYS II				79. PATIENT ACUITY - DAYS III				80. PATIENT ACUITY - DAYS IV							
361	362	363			364	365	366	367		368	369	370	371		372	373	374	375		376	377	378	379				
81. PATIENT ACUITY - DAYS V					82. PATIENT ACUITY - DAYS VI							83. DO NOT USE THIS SPACE				84. TYPE RECORD											
380	381	382	383		384	385	386	387		388	389	390	391	392	393	394	395	396	397	398	399						

FOR LOCAL USE