

Section C: HOSPITALIZATION

Section Intent: Describes data fields that relate to a source of payment, length of stay and level of care provided for each patient admission.

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
220	Hospital Name	Indicate the full name of the facility where the procedure was performed.	Values should be full, official hospital names with no abbreviations or variations in spelling for a single hospital. Values should also be in mixed-case. User maintains list of valid values. New values are made available through a utility that is separate from entering a data record.	Demographic sheet Face sheet Hospital admission form
230	Hospital ZIP Code	Indicate the ZIP Code of the hospital. Outside the USA, these data may be known by other names such as Postal Code (needing 6 characters).	Software should allow sites to collect up to 10 characters to allow for Zip+4 values. This field should be collected in compliance with state/local privacy laws.	Demographic sheet Face sheet Hospital admission form
240	Hospital State	Indicate the abbreviation of the state or province in which the hospital is located.		Demographic sheet Face sheet Hospital admission form
241	Hospital National Provider Identifier	Indicate the hospital's National Provider Identifier (NPI).	This number, assigned by the Center for Medicare and Medicaid Services (CMS), is used to uniquely identify facilities for Medicare billing purposes.	Hospital billing department Quality assurance department

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247	Payor-Government Health Insurance	Indicate whether government insurance was used by the patient to pay for part or all of this admission.	Government insurance refers to patients who are covered by government-reimbursed care. This includes Medicare, Medicaid, Military Health Care (e.g. TriCare), State-Specific Plan, and Indian Health Service.	Demographic sheet Face sheet Hospital admission form
248	Payor-Government Health Insurance-Medicare	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicare.		Demographic sheet Face sheet Hospital admission form
249	Payor-Government Health Insurance-Medicaid	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicaid.		Demographic sheet Face sheet Hospital admission form
250	Payor-Government Health Insurance-Military Health Care	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Military Health Care.	Examples of payors for Military Health Care would be TriCare, Champus, Department of Defense or Department of Veterans Affairs.	Demographic sheet Face sheet Hospital admission form
251	Payor-Government Health Insurance-State-Specific Plan	Indicate whether the government insurance used by the patient to pay for part or all of this admission included State-Specific Plan.		Demographic sheet Face sheet Hospital admission form
252	Payor-Government Health Insurance-Indian Health Service	Indicate whether the government insurance used by the patient to pay for part or all of this admission included Indian Health Service.		Demographic sheet Face sheet Hospital admission form

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254	Payor-Commercial Health Insurance	Indicate whether commercial insurance was used by the patient to pay for part or all of this admission.	Commercial insurance refers to all indemnity (fee-for-service) carriers and Preferred Provider Organizations (PPOs), (e.g., Blue Cross and Blue Shield).	Demographic sheet Face sheet Hospital admission form
255	Payor-Health Maintenance Organization	Indicate whether a Health Maintenance Organization (HMO) insurance was used by the patient to pay for part or all of this admission.	HMO refers to a Health Maintenance Organization characterized by coverage that provides health care services for members on a pre-paid basis.	Demographic sheet Face sheet Hospital admission form
256	Payor-Non-U.S. Insurance	Indicate whether any non-U.S. insurance was used by the patient to pay for part or all of this admission.		Demographic sheet Face sheet Hospital admission form
257	Payor-None/Self	Indicate whether no insurance was used by the patient to pay for this admission.	None refers to individuals with no or limited health insurance; thus, the individual is the payor regardless of ability to pay. Only mark "None" when "self" or "none" is denoted as the first insurance in the medical record.	Demographic sheet Face sheet Hospital admission form
260	Date of Admission	Indicate the Date of Admission.	For those patients who originally enter the hospital in an out-patient capacity (i.e., catheterization), the admit date is the date the patient's status changes to in-patient.	Demographic sheet Face sheet Hospital admission form
270	Date of Surgery	Indicate the date of surgery.	The date the patient enters the operating room.	Hospital admission form Operative report
280	Date of Discharge	Indicate the date the patient was discharged from the hospital (acute care). If the patient died in the hospital, the discharge date is the date of death.	The date the patient leaves the acute care facility.	Discharge Summary Face sheet Hospital admission form Nurses notes
300	ICU Visit	Indicate whether the patient received ICU level of care immediately following the initial surgery. Include ICU unit, and other similar critical care environments.		Critical care notes

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
310	Initial ICU hours	Indicate the number of hours the patient received ICU level of care immediately following the initial surgery until the time of physical transfer out of ICU. Include ICU unit, and other similar critical care environments.	For those sites who provide postop ICU level of care in one single stay unit (admission to ICU to hospital discharge), document the number of hours immediately following the initial surgery until a physician order is written to change the level of care provided. ICU hours begin when the patient arrives in the ICU or your institutions equivalent to an ICU.	Critical care notes
320	Readmission to ICU	Indicate whether the patient spent time in an ICU after having been transferred to a step-down unit (lower level care).	Specific situations are described below: OR - > ICU - > OR - > ICU = No OR - > ICU - > STEP DOWN - > ICU = Yes OR - > STEP DOWN - > ICU = Yes Single care unit: Code ICU readmission when the level of care increases and is noted in the physician order.	Critical care notes
330	Additional ICU Hours	Indicate the number of additional hours spent in the ICU, or at the equivalent higher level of care in single stay units.		Critical care notes
340	Total Hrs ICU	Indicate the total number of hours post operation for which the patient was in the ICU.	Leave blank if the patient expired in the OR during the initial surgery. Enter zero (0) if patient was never in post-anesthesia recovery or other similar critical care environment. This is intended to capture the total number of hours the patient actually remains in "Acute Care," "Critical Care," or "ICU Care." Count the hours from when the patient enters the ICU until the patient is discharged from the ICU.	Critical care notes