AMBULATORY PATIENT DATA
LIMITED DATA SET FILE LAYOUT
EFFECTIVE January 2005- December 2009

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Type of Service	
5.	Pro Code	
6.	Facility Region	
7.	Facility County	
8.	Facility Number	
9.	Patient Visit Weekday	
10.	Patient Age	
11.	Patient Race or Ethnicity	
12.	Patient Sex (Gender)	
13.	Length of Service (days)	
14.	Patient Zip Code	
15.	Patient County	
16.	Patient State of Residence	
17.	Hour of Arrival	
18.	Patient Status at End of Visit	
19.	Principal Payer	
20.	Patient Reason for Visit	
21.	Principal CPT or HCPCS Procedure Code	
22.	Other CPT or HCPCS Procedure Codes	Occurs up to 9 times
23.	Principal ICD-9-CM Diagnosis Code	
24.	Other ICD-9-CM Diagnosis Code	Occurs up to 9 times
25.	External Cause of Injury Codes	Occurs up to 3 times
26.	Principal ICD-9-CM Procedure Code	
27.	Other ICD-9-CM Procedure Code	Occurs up to 4 times
28.	Attending Physician ID Number	
29.	Operating or Performing Physician ID Number	
30.	Other Physician ID Number	
31.	Revenue Charges	Occurs up to 11 times
32.	Total Gross Charges	

Revised: March 2016

> *Note: This document lists data elements from Chapter 59B-9, Florida Administrative Code (F.A.C.), amended effective January 1, 2005. For more information please visit www.FloridaHealthFinder.gov*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
1 **System Record ID Number** **sys_recid**	A unique numeric system record identification (ID) number. (NOTE: The number is not unique to a patient.)
2 **Report Year** **year**	The four-digit year.
3 **Report Quarter** **qtr**	A single-digit representing the quarter: **1 –** January through March **2 –** April through June **3 –** July through September **4 –** October through December
4 **Type of Service Code** **type_serv**	A one digit code indicating type of service: **1 –** Ambulatory surgery, as described in 59B-9.015(2)(a), F.A.C. **2 –** Emergency department visit, as described in 59B-9.015 (2)(b), F.A.C.
5 **Pro Code** **pro_code**	An internal AHCA program code assigned to each facility type. **14 –** Ambulatory Surgery Center **23 –** Hospital **64 –** Cardiac Catheterization **66 –** Lithotripsy
6 **Facility Region** **fac_region**	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district, as defined in 408.032 (5), Florida Statutes *(See attached description of Facility Regions)*
7 **Facility County** **fac_county**	The Facility County is a number assigned to indicate the facility's location by county. *(See attached description of county codes)*
8 **Ambulatory Surgery Center Number** **faclnbr**	A number assigned by AHCA to each facility.
9 **Patient Visit Weekday** **weekday**	One-digit field indicating day of week procedure was performed. **1 –** Monday **5 –** Friday **2 –** Tuesday **6 –** Saturday **3 –** Wednesday **7 –** Sunday **4 –** Thursday
10 **Patient Age in Years** **age**	Calculates number of years between birth date and visit beginning date.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION	
11 Patient Race or Ethnicity **race**	Self designated by the patient or patient's guardian. A single digit code indicating patients race/ethnicity: **1 –** American Indian or Alaska Native **2 –** Asian or Pacific Islander **3 –** Black or African American **4 –** White **5 –** White Hispanic **6 –** Black Hispanic **7 –** Other. Used if self-designated race or ethnicity is not described above. **8 –** No Response. Used if patient refused or failed to disclose.	
12 Patient Sex **Sex**	The sex of the patient, a single digit code: **1 –** Male **2 –** Female **3 –** Unknown, used only if unavailable or unknown due to medical condition.	
13 Length of Service **losdays**	Calculates number of days between visit beginning date and visit ending date. (NOTE: Patients that have a Length of Service of zero (0) received services that began and ended on the same day. Prior to 2005, Length of Service is not available.)	
14 Patient Zip Code **zipcode**	The patient's permanent residence zip code. Zip codes are reported as indicated below for homeless patients, foreign residences, and where efforts to obtain the information were unsuccessful. A required entry. **00000 –** Unknown ZIP Code **00007 –** Homeless **00009 –** Foreign Patient	
15 Patient's County **ptcounty**	County of residence. Florida patient's only. The patients' ZIP code is used to reference the U.S. Postal Services database. When a ZIP code crosses county lines, the county code will contain the code of the county in which the greatest portion of that ZIP code lays. *(See attached description of Florida Counties by Number)*	
16 Patient State **ptstate**	The patient's state of residence. The patients' ZIP code is used to reference the U.S. Postal Service standard state or territory. *(See attached description of state/territory codes)*	
17 Hour of Arrival **hr_arrival**	The hour on a 24-hour clock during which the patient's visit began for ambulatory surgery (type of service=1); or during which registration occurred in the emergency department (type of service=2).	

00 – 12:00 midnight to 12:59	**13** – 01:00 to 01:59
01 – 01:00 to 01:59	**14** – 02:00 to 02:59
02 – 02:00 to 02:59	**15** – 03:00 to 03:59
03 – 03:00 to 03:39	**16** – 04:00 to 04:59
04 – 04:00 to 04:59	**17** – 05:00 to 05:59
05 – 05:00 to 05:59	**18** – 06:00 to 06:59
06 – 06:00 to 06:59	**19** – 07:00 to 07:59
07 – 07:00 to 07:59	**20** – 08:00 to 08:59
08 – 08:00 to 08:59	**21** – 09:00 to 09:59
09 – 09:00 to 09:59	**22** – 10:00 to 10:59
10 – 10:00 to 10:59	**23** – 11:00 to 11:59
11 – 11:00 to 11:59	**99** – Unknown
12 – 12:00 noon to 12:59	

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
18	**Patient Status** **pt_status**	Patient disposition at the end of the visit. Must be two digit code: **01 –** Discharged to home or self care (with or without planned outpatient medical care) **02 –** Transferred to a short-term general hospital **03 –** Transferred to a skilled nursing facility **04 –** Transferred to an intermediate care facility **05 –** Transferred to another type of institution (psychiatric, cancer or children's hospital or distinct part unit) **06 –** Discharged to home under the care of home health care organization **07 –** Left against medical advice or discontinued care **08 –** Discharged to home under care of home IV provider **20 –** Expired **50 –** Discharged to hospice-home **51 –** Transferred to hospice-medical facility **62 –** Transferred to an inpatient rehabilitation facility including distinct units of a hospital
19	**Principal Payer Code** **payer**	Primary source of expected reimbursement, one digit code: **A –** Medicare **B –** Medicare HMO **C –** Medicaid **D –** Medicaid HMO **E –** Commercial Insurance **F –** Commercial HMO **G –** Commercial PPO **H –** Workers' Compensation **I –** CHAMPUS **J –** VA **K –** Other State/Local Government **L –** Self pay. No third party coverage **M –** Other **N –** Charity **O –** Kidcare. Includes Healthy Kids, MediKids and CMS **P –** Unknown. Reported only if payer information is not available, and type of service is "2" and patient status is "07"
20	**Patient's Reason for Visit ICD-CM Code (Admitting Diagnosis)** **reason_cde**	The code representing the patient's chief complaint or stated reason for seeking care. **If type of service =1 –** Space Filled **If type of service =2 –** ICD-9-CM code or blank if patient fails to disclose or the information is not available consistent with records of reporting entity. Includes decimal point.
21	**Principal CPT or HCPCS Procedure Code** **princpt**	A code representative of the services provided or procedures performed. **If type of service =1 –** CPT code between 10000-69999, inclusive, or 93500-93599 inclusive**. If type of service =2 –** and patient status is not "07" contains HCPCS or CPT evaluation and management code. May be a blank field consistent with records of the reporting entity.
22	**(1 of 9) Other CPT or HCPCS Codes** **othcpt1 – othcpt9**	Up to 9 secondary CPT or HCPCS procedure codes may be reported.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
23	Principal Diagnosis Code prindiag	**If type of service=1 –** The ICD-9-CM diagnosis code representing the diagnosis chiefly responsible for the services performed during the visit. Includes decimal point. **If type of service =2 –** The ICD-9-CM diagnosis code including decimal point or blank if patient status is "07" consistent with the records of the reporting entity.
24	(1 of 9) Other Diagnosis (ICD-CM) Code othdiag1 – othdiag9	Up to 9 secondary ICD-9-CM codes representing a diagnosis related to the services provided during the visit. Less than nine or space filled permitted consistent with the records of the reporting entity. Includes decimal point.
25	(1 of 3) External Cause of Injury Code ecode1 – ecode3	Up to 3 ICD-9-CM cause of injury codes representing circumstances or conditions as the cause of injury, poisoning, or other adverse effects recorded as a diagnosis. Less than three or space filled consistent with the records of the reporting entity. Includes decimal point.
26	Principal ICD-9-CM Procedure Code prinproc	The ICD-9-CM procedure code representing the procedure or service most related to the principal diagnosis. May be space filled consistent with the records of the reporting entity or ICD-9-CM procedure code. Includes decimal point.
27	(1 of 4) Other ICD-9-CM Procedure Code othproc1 – othproc4	Up to 4 secondary ICD-9-CM procedure codes representing a procedure or service provided during the visit. Less than four or space filled permitted consistent with the records of the reporting entity. Includes decimal point.
28	Attending Physician ID Number attenphyid	The Florida license number of the attending physician, an alpha-numeric field of up to eleven characters. **US –** Military physicians not licensed in Florida **NA –** Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or ARNP.
29	Operating or Performing Physician ID Number operphyid	The Florida license number of the operating or performing physician, an alpha-numeric field of up to eleven characters. **US –** Military physicians not licensed in Florida
30	Other Physician ID Number otherphyid	The Florida license number of another physician, other than the attending or operating. May be blank or no entry consistent with the records of the reporting entity. **US –** Military physicians not licensed in Florida
31	Revenue Charges (itemized charges 1-11)	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
	Pharmacy Charges (1) pharmchgs	Charges for medication. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Medical and Surgical Supply Charges (2) medchgs	Charges for supply items required for patient care. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Laboratory Charges (3) labchgs	Charges for the performance of diagnostic and routine clinical lab tests. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Radiology and Other Imaging Charges (4) radchgs	Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Cardiology Charges (5) cardiochgs	Facility charges for cardiac procedures rendered such as catheterization. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Operating Room Charges (6) oprmchgs	Charges for the use of the operating room. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Anesthesia Charges (7) aneschgs	Charges for anesthesia services by the facility. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Recovery Room Charges (8) recovchgs	Charges for the use of the recovery room. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Emergency Room Charges (9) erchgs	Charges for medical examinations and emergency treatment. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Treatment or Observation Room Charges (10) obserchgs	Charges for use of a treatment room or for the room charge associated with observation services. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	Other Charges (11) othchgs	Other facility charges not included in categories above. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
32	Total Gross Charges tchgs	The total of undiscounted charges for services rendered by the reporting entity. Sum of all charges must equal total charges, plus or minus 10. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa and Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
5	Pasco and Pinellas
6	Hardee, Highlands, Hillsborough, Manatee and Polk
7	Brevard, Orange, Osceola and Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
10	Broward
11	Miami-Dade and Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_

STATE AND TERRITORY NAMES AND ALPHA CODE ELEMENTS (per USPS)

ALPHA CODE	STATE/TERRITORY	ALPHA CODE	STATE/TERRITORY
AL	Alabama	NV	Nevada
AK	Alaska	NH	New Hampshire
AS	American Samoa	NJ	New Jersey
AZ	Arizona	NM	New Mexico
AR	Arkansas	NY	New York
CA	California	NC	North Carolina
CO	Colorado	ND	North Dakota
CT	Connecticut	MP	Northern Mariana Islands
DE	Delaware	OH	Ohio
DC	District of Columbia	OK	Oklahoma
FM	Federated States of Micronesia	OR	Oregon
FL	Florida	PW	Palau
GA	Georgia	PA	Pennsylvania
GU	Guam Gu	PR	Puerto Rico
HI	Hawaii	RI	Rhode Island
ID	Idaho	SC	South Carolina
IL	Illinois	SD	South Dakota
IN	Indiana	TN	Tennessee
IA	Iowa	TX	Texas
KS	Kansas	UT	Utah
KY	Kentucky	VT	Vermont
LA	Louisiana	VI	Virgin Islands
ME	Maine	VA	Virginia
MH	Marshall Islands	WA	Washington
MD	Maryland	WV	West Virginia
MA	Massachusetts	WI	Wisconsin
MI	Michigan	WY	Wyoming
MN	Minnesota	AA	Armed Forces Americas
MS	Mississippi	AE	Armed Forces Africa/ Canada/Europe/ Middle East
MO	Missouri	AP	Armed Forces Pacific
MT	Montana	XX	Unknown
NE	Nebraska		