



COMPREHESIVE REHAB HOSPITAL DATA LIMITED DATA SET FILE LAYOUT Effective July 1993 – December 2009

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Data Type	
5.	Pro Code	
6.	Mod Code	
7.	Facility Region	
8.	Facility County	
9.	Facility Number	
10.	Patient Zip Code	
11.	Patient Age at Admission	
12.	Patient Race	
13.	Patient Sex (Gender)	
14.	Length of Stay	
15.	Primary Condition	
16.	Source of Admission	
17.	Discharge Status	
18.	Principal Payer	
19.	Day of Week Admitted	
20.	Patient County (Florida Only)	
21.	Patient State of Residence	
22.	Attending Physician ID	
23.	Total Gross Charges	

Revised: March 2016



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Note: The public data file contains data elements from Chapter 59E-7, Florida Administrative Code (F.A.C.), as well as additional calculated fields. For more information please visit www.FloridaHealthFinder.gov.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
1.	System Record ID SYS_RECID	A unique numeric system record identification (ID) number. (NOTE: The number is not unique to a patient.)
2.	Reporting Year YEAR	A four digit number identifying the year in which the discharges occurred.
3.	Reporting Quarter QTR	A single digit number identifying the calendar quarter in which the data pertains to. 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4.	Data Type DATA_TYPE	This field is blank.
5.	Pro Code PROCEDURE	The Procode is a two digit number that is assigned to the reporting facility to indicate the facility's type of license for patient services. 23 – Hospital
6.	Mod Code MOD_CODE	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility. CL09 – Class 3 Hospital Rehabilitation
7.	Facility Region FAC_REGION	A two digit code representing the facility 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).
8.	Facility County FAC_COUNTY	A two digit code representing the facility county. The Facility County is a number assigned to indicate the facility's location by county. (See attached description of Facility Regions)
9.	Facility Number FACLNBR	A hospital identification number assigned by the agency for reporting purposes.
10.	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

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
11.	Patient Age at Admission AGE	The patient's age on the admission date.
12.	Patient Race RACE	A Single Digit Code Identifying The Patient's Racial/Ethnic Background. 1 – American Indian/Eskimo/Aleut 2 – Asian Or Pacific Islander 3 – Black 4 – White 5 – White Hispanic 6 – Black Hispanic 7 – Other (If None Of The Above) 8 – No Response (Data Not Available)
13.	Patient Sex SEX	A Single Digit Code. 1 – Male 2 – Female
14.	Length of Stay LOSDAYS	Represents the number of days elapsed from the admission date to the discharge date. A patient discharged on the same day admitted will have a length of stay of zero (0).
15.	Primary Condition Code PRIMCOND	A two digit code representing the primary condition requiring treatment. Primary condition, established after study is found to be chiefly responsible for occasioning the admission of the patient to the hospital for inpatient rehabilitation services. 01 – Stroke 02 – Spinal Cord Injury 03 – Congenital Deformity 04 – Amputation 05 – Major Multiple Trauma 06 – Fracture of the femur (hip fracture) 07 – Brain Injury 08 – Poly-arthritis, including Rheumatoid arthritis 09 – Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy and Parkinson's disease. 10 – Burns 11 – All conditions requiring intensive rehabilitation services not assigned to categories 01 – 10.
16.	Source Of Admission ADMSRC	A one digit code. 1 – Physician Referral – The patient was admitted upon the recommendation of his or her personal physician. 2 – Clinic Referral – The patient was admitted upon the recommendation of a clinic physician from this hospital. 3 – HMO Referral – The patient was admitted upon the recommendation of a health maintenance organization physician. 4 – Hospital Transfer – The patient was admitted as a transfer from an acute care facility where he/she was an inpatient. 5 – Skilled Nursing Home Facility Transfer – The patient was admitted as a transfer from a skilled nursing home facility where he/she was an inpatient. 6 – Transfer –Other Facility – The patient was admitted as a transfer from a health Care facility other than an acute care facility or a skilled nursing facility. 7 – Emergency Room – The patient was admitted upon the recommendation of this facility's emergency room physician. 8 – Court/Law Enforcement – The patient was admitted at the direction of a court of law, or upon the request of a law enforcement agency representative. 9 – Other – Information not available or unknown.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
17.	Discharge Status DISCHSTAT	A two digit code representing the patient's discharge status (from the hospital). 01 – Discharged Home 02 – Discharged To A Short-Term General Hospital 03 – Discharged To A Skilled Nursing Facility 04 – Discharged To An Intermediate Care Facility 05 – Discharged To Another Type Of Institution 06 – Discharged To Home Care Under Supervision Of A Home Healthcare Organization 07 – Left This Facility Against Medical Advice 08 – Discharged Home On IV Medications 20 – Expired
18.	Principal Payer PAYER	A Single Character Alpha Code Identifying The Primary Source Of Expected Reimbursement To The Hospital For Service. 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/Underinsured (No Third Party Coverage Or Less Than 30% Estimated Coverage) M –Other
19.	Day of Week Admitted WEEKDAY	A single digit code representing the day of the week the patient was admitted to the hospital. 1 – Monday 2 – Tuesday 3 – Wednesday 4 – Thursday 5 – Friday 6 – Saturday 7 – Sunday
20.	Patient County (Florida Only) PTCOUNTY	The county of residence for Florida patients only. The patient's zip code is used to reference the U.S. Postal Service database. If 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 lies. 99 Unknown or non-Florida patient
21.	Patient State Of Residence PTSTATE	A two character alpha code. The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. XX Unknown state of residence <i>(See attached description of state/territory codes)</i>
22.	Attending Physician ID ATTEN_PHYID	An 11 character alpha-numeric field. The Florida license number of the physician having primary responsibility for the patient's care and treatment, or who certifies the comprehensive rehabilitation treatment. <i>(Some license ID numbers reflect an added "FL" in the front.)</i>
23.	Total Gross Charges TCHGS	Total dollars charged to the patient (before any discounts). Rounded to the nearest dollar. No negative numbers.

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		

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_