



**AMBULATORY and EMERGENCY DEPARTMENT  
PATIENT DATA  
LIMITED DATA SET FILE LAYOUT  
EFFECTIVE August 2023**

ITEM	DATA ELEMENTS	FILE COLUMN HEADING	COMMENTS
1.	System Record ID Number	SYS_RECID	
2.	Report Year	YEAR	
3.	Report Quarter	QTR	
4.	AHCA Facility Number	FACLNBR	
5.	AHCA Facility Name	FAC_NAME	New data element
6.	Facility Medicare Number	MCARE_NBR	
7.	Type of Service Code	TYPE_SERV	
8.	Service Location	SERV_LOC	Modified
9.	Pro Code	PRO_CODE	
10.	Facility Region	FAC_REGION	
11.	Facility County	FAC_COUNTY	
12.	Facility County Name	FAC_COUNTY_NAME	New data element
13.	Patient Ethnicity	ETHNICITY	
14.	Patient Race	RACE	
15.	Patient Sex	SEX	
16.	Patient Age (calculated)	AGE	New age indicators
17.	Length of Service (days) (calculated)	LOSDAYS	
18.	Patient Visit Weekday	WEEKDAY	
19.	Patient Zip Code	ZIPCODE	
20.	Patient County	PTCOUNTY	
21.	Patient County Name	PT_COUNTY_NAME	New data element
22.	Patient State of Residence	PTSTATE	
23.	Patient Country	PTCOUNTRY	
24.	Source or Point of Origin of Admission	ADMSRC	
25.	Hour of Arrival	HR_ARRIVAL	
26.	Emergency Department (ED) Hour of Discharge	EDHR_DISCH	
27.	Patient Status at End of Visit	PT_STATUS	
28.	Principal Payer	PAYER	
29.	Principal Payer Name	PAYER_NAME	New data element
30.	Patient's Reason for Visit ICD-CM Code (admitting diagnosis) (revised codes)	REASON_CDE	
31.	Evaluation and Management Code	EVALCODE1 – EVALCODE5	Occurs up to 5 times
32.	Other CPT or HCPCS Procedure Codes	OTHCPT1 – OTHCPT30	Occurs up to 30 times
33.	Principal ICD-CM Diagnosis Code (revised codes)	PRINDIAG	
34.	Other ICD-CM Diagnosis Code (revised codes)	OTHDIAG1 – OTHDIAG9	Occurs up to 9 times
35.	External Cause of Morbidity Code (revised codes/new name)	ECMORB1 – ECMORB3	Occurs up to 3 times
36.	Attending Practitioner Identification Number	ATTEN_PHYID	
37.	Attending Practitioner National Provider Identification (NPI)	ATTEN_PHYNPI	

ITEM	DATA ELEMENTS	FILE COLUMN HEADING	COMMENTS
38.	Operating or Performing Practitioner Identification Number	OPER_PHYID	
39.	Operating or Performing Practitioner National Provider Identification (NPI)	OPER_PHYNPI	
40.	Other Operating or Performing Practitioner Identification Number	OTHOPER_PHYID	
41.	Other Operating or Performing Practitioner National Provider Identification (NPI)	OTHOPER_PHYNPI	
42.	Pharmacy Charges	PHARMCHGS	
43.	Medical and Surgical Supply Charges	MEDCHGS	
44.	Laboratory Charges	LABCHGS	
45.	Radiology and Other Imaging Charges	RADCHGS	
46.	Cardiology Charges (Cardiac Cath)	CARDIOCHGS	
47.	Operating Room Charges	OPRMCHGS	
48.	Anesthesia Charges	ANESCHGS	
49.	Recovery Room Charges	RECOVCHGS	
50.	Emergency Room Charges	ERCHGS	
51.	Trauma Response Charges	TRAUMACHGS	
52.	Treatment or Observation Room Charges	OBSERCHGS	
53.	Gastro-Intestinal (GI) Services	GASTROCHGS	
54.	Extra-Corporeal Shock Wave Therapy (Lithotripsy)	LITHOCHGS	
55.	Other Charges	OTHCHGS	
56.	Total Gross Charges	TCHGS	
57.	Certification Date	CERT_DATE	New data element

Revised: December 2023



# AMBULATORY and EMERGENCY DEPARTMENT PATIENT DATA

## LIMITED DATA SET FILE LAYOUT

**EFFECTIVE August 2023**

**Note: This document lists data elements from Chapter 59B-9, F.A.C.**

**For more information please visit [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).**

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
1. <b>System Record Number</b> sys_recid	A unique numeric system record identification (ID) number. (NOTE: <a href="#">The number is not unique to a patient.</a> )
2. <b>Report Year</b> year	The four-digit year in which the visit occurred.
3. <b>Report Quarter</b> qtr	A single-digit representing the quarter: 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4. <b>AHCA Facility Number</b> facInbr	An eight to ten digit identification number assigned to the facility by the AHCA for reporting purposes. A required entry.
5. <b>AHCA Facility Name</b> fac_name	The name of the AHCA facility.
6. <b>Facility Medicare Number</b> mcare_nbr	The facility's self reported Medicare number that should reflect the assigned number by the Centers for Medicare and Medicaid Services. (NOTE: <a href="#">The data element is effective first quarter 2010.</a> )
7. <b>Type of Service Code</b> type_serv	A one digit code indicating type of service: 1 – Ambulatory surgery, as described in 59B-9.034 (1)(a), F.A.C. 2 – Emergency department visit, as described in 59B-9.034 (2)(b), F.A.C.
8. <b>Service Location</b> serv_loc	A code designating services performed at an offsite emergency department location at facilities whose license includes a "offsite" emergency department location. For type of service "2" indicating emergency department, an upper case "A through Z" is used for services performed at each offsite emergency department location. Facilities with a single off-site location will use service location code "A". The Agency assigns an alpha service code to identify each location if a facility has more than one location. No entry is permitted if type of service is "1" or for hospitals without an offsite emergency department location. (NOTE: <a href="#">The data element is effective first quarter 2010 and modified first quarter 2018.</a> )
9. <b>Pro Code</b> pro_code	An internal AHCA program code assigned to each facility type: <b>Valid for Type of Service Code "1" indicating ambulatory surgery:</b> 14 – Ambulatory Surgery Center 23 – Hospital 64 – Cardiac Catheterization 66 – Lithotripsy <b>Valid for Type of Service Code "2" indicating emergency department:</b> 23 – Hospital
10. <b>Facility Region</b> fac_region	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district (Florida Local Health Council Districts), as defined in 408.032 (5), Florida Statutes. (See attached description of Facility Regions)

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
11. Facility County fac_county	The facility county within the State of Florida. (See attached description of county codes).
12. Facility County Name fac_county	The name of the facility county within the State of Florida. (See attached description of county codes names).
13. Patient Ethnicity ethnicity	Self designated by the patient or patient's parent or guardian. The patient's ethnic background shall be reported as one choice from the following list of alternatives. A required entry. E1 – Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. E2 – Non-Hispanic or Latino. A person not of any Spanish culture or origin. E7 – Unknown <i>(NOTE: The data element is effective first quarter 2010.)</i>
14. Patient Race race	Self designated by the patient or patient's parent or guardian. A single digit code identifying the patient's racial background. A required entry. 1 – American Indian or Alaskan Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other 7 – Unknown <i>(NOTE: Previously titled "Patient Race and Ethnicity". Prior to first quarter 2010, some codes were reflected differently. The acceptable codes which have new descriptions were: 4 – White; 5 – White Hispanic; 6 – Black Hispanic; 7 – Other. Patient Race Code of 8 – No Response is no longer reported as of first quarter 2010.)</i>
15. Patient Sex sex	The sex of the patient at the time of admission. A single alpha character: M – Male F – Female U – Unknown <i>(NOTE: Prior to first quarter 2010, this field utilized a single digit code 1-male, 2-female or 3 unknown.)</i>
16. Patient Age in Years age	Calculated number of years between birth date and visit date. (a calculated field) <i>NOTE: The age data element effective first quarter 2018 includes age indicators for patients less than one and 100 years and older.)</i> Age 0 = 0 to 28 days Age 777 = 29 to 364 days Age 888 = 100 years and older Age 999 = Unknown
17. Length of Service losdays	Calculated number of days between visit beginning date and visit ending date. (a calculated field)
18. 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
19. 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
20. <b>Patient County ptcounty</b>	County of residence. Florida patients only. The patient's 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.(a calculated field) <i>(See attached description of Florida Counties by Number)</i> <b>99</b> – Unknown or non-Florida patient
21. <b>Patient State ptstate</b>	The patient's state of residence. The patient's ZIP code is used to reference the U.S. Postal Service standard state or territory. <b>XX</b> – Unknown state of residence or not applicable.(a calculated field) <i>(See attached description of state/territory codes)</i>
22. <b>Patient Country ptcountry</b>	The country code of residence. A two digit upper case alpha code from the International Standard for Organization country code list, ISO 3166 or latest release. A required entry. <i>(See attached description of country codes)</i> Web link: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a> <b>99</b> – Unknown or efforts to obtain information were unsuccessful <b>99</b> – Also used for type of service code "1" indicating ambulatory surgery data <i>(NOTE: The data element is effective first quarter 2010. This field is optional for ambulatory surgery centers.)</i>
23. <b>Source or Point of Origin of Admission admsrc</b>	A two digit code or one character alpha code. <b>A required entry for Type of Service Code "2" indicating emergency department.</b> <b>Zero filled for type of service code "1" indicating ambulatory surgery data.</b> <b>01</b> – Non-health care facility point of origin – The patient was presented to this facility. Includes a patient coming from home or workplace <b>02</b> – Clinic or Physician's Office – The patient presented to this facility for outpatient services from a clinic or physician's office <b>04</b> – Transfer from a Hospital – The patient was transferred to this facility as an outpatient from an acute care facility. Transfer must be from a different hospital. <b>05</b> – Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) – The patient was referred to this facility as a transfer from a SNF or ICF where the patient was a resident. <b>06</b> – Transfer from another health care facility – The patient was referred to this facility for services by another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient. <b>08</b> – Court/Law Enforcement – The patient was referenced to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services. Includes transfers from incarceration facilities. <b>09</b> – Information Not Available – The means by which the patient was referred to this hospital's outpatient department is not known. <b>D</b> – Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim – The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer. <b>E</b> – Transfer from Ambulatory Surgery Center – The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center. <b>F</b> – Transfer from hospice and under a hospice plan of care or enrolled in a hospice program – The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice. <i>(NOTE: The data element is effective first quarter 2010.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
24.	Hour of Arrival hr_arrival	The hour on a 24-hour clock during which the patient's visit for ambulatory surgery began or registration occurred in the emergency department. A required entry. Must be two digits as follows:
25.	Emergency Department (ED) Hour of Discharge edhr_disch	The <i>hour</i> on a 24-hour clock during which the patient left the emergency department. A required entry. Must be two digits as follows: <b>99 - Also used for type of service code "1" for ambulatory surgery data</b> <b>indications</b> <i>(NOTE: The data element is effective first quarter 2010.)</i>

**DATA ELEMENT /  
FILE COLUMN HEADING**

**DESCRIPTION**

<p>26.</p>	<p><b>Patient Status pt_status</b></p>	<p>Patient disposition at the end of the visit. A required entry. Must be a two digit code as follows:  <b>01</b> – Discharged to home or self-care (routine discharge)  <b>02</b> – Transferred to a short-term general hospital for inpatient care  <b>03</b> – Transferred to a skilled nursing facility with Medicare certification in anticipation of skilled care <b>04</b> – Transferred to an intermediate care facility  <b>05</b> – Transferred to a designated cancer center or Children’s Hospital.  <b>06</b> – Discharged to home under care of home health care organization service in anticipation of skilled care  <b>07</b> – Left against medical advice or discontinued care <b>20</b> – Expired  <b>21</b> – Discharged or transferred to court/law enforcement  <b>50</b> – Discharge to hospice-home  <b>51</b> – Transferred to hospice. Hospice medical facility (certified) providing hospice level of care  <b>62</b> – Transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital  <b>63</b> – Discharged or transferred to a Medicare certified long term care hospital.  <b>64</b> – Discharged or transferred to a Nursing Facility certified under Medicaid but not certified under Medicare  <b>65</b> – Discharged or transferred to a psychiatric hospital including psychiatric distinct part units of a hospital  <b>66</b> – Discharged or transferred to a Critical Access hospital.  <b>70</b> – Discharged or transferred to another type of health care institution not defined elsewhere in this code list.  <i>(NOTE: Patient status 21 is effective first quarter 2011.)</i>  <i>(NOTE: Discharge status 64, 66 and 70 are acceptable reporting codes effective with first quarter 2010.)</i></p>
<p>27.</p>	<p><b>Principal Payer payer</b></p>	<p>A single character upper case alpha code identifying the expected primary source of reimbursement for services rendered based on the patient’s status at the time of reporting. A required entry.  <b>A</b> – Medicare  <b>B</b> – Medicare Managed Care – Patients covered by Medicare Advantage plans, Medicare HMO, Medicare PPO, Medicare Private Fee for Service or any other type of Medicare plan where CMS is not the direct payer. <i>(NOTE: Payer B was defined as “Medicare HMO and Medicare PPO”, beginning first quarter 2006 through fourth quarter 2009.)</i> <b>C</b> – Medicaid  <b>D</b> – Medicaid Managed Care – Patients covered by Medicaid HMOs, Medicaid provider sponsored networks (PSNs) or other Medicaid funded plans that are licensed in the state of Florida. This would include any program where the patient qualifies for Medicaid but the payment is not directly from the State of Florida Medicaid program. <i>(NOTE: Payer D was defined as “Medicaid HMO” prior to first quarter 2010.)</i> <b>E</b> – Commercial Health Insurance – Patients covered by any type of private coverage, including HMO, PPO, or self-insured plans. <i>(NOTE: Prior to first quarter 2010, Commercial Insurance was reported as Payer E. Commercial HMO was reported as Payer F and Commercial PPO was reported as Payer G.)</i>  <b>H</b> – Workers’ Compensation  <b>I</b> – TriCare or Other Federal Government <i>(NOTE: Payer I was defined as CHAMPUS prior to first quarter 2010.)</i> <b>J</b> – VA  <b>K</b> – Other State/Local Government  <b>L</b> – Self Pay – Patients with no insurance coverage <i>(NOTE: Payer L was defined as Self Pay/ Under-insured prior to first quarter 2010.)</i>  <b>M</b> – Other  <b>N</b> – Non-Payment – Includes charity, professional courtesy, no charge, research/clinical trial, refusal to pay/bad debt, Hill Burton free care, research/donor that is known at the time of reporting. <i>(NOTE: Payer N was defined as Charity prior to first quarter 2010.)</i>  <b>O</b> – Kidcare - Includes Healthy Kids, Medikids, and Children’s Medical Services  <b>P</b> – Unknown – Unknown shall be reported if principal payer information is not available and type of service is “2” and patient status is “07”.  <b>Q</b> – Commercial Liability Coverage – Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business. <i>(NOTE: Payer Q is effective first quarter 2010.)</i></p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
28.	Principal Payer Name payer_name	Name of the identifying the expected primary source of reimbursement for services rendered based on the patient's status at the time of reporting. <b>A</b> – Medicare <b>B</b> – Medicare Managed Care – Patients covered by Medicare Advantage plans, Medicare HMO, Medicare PPO, Medicare Private Fee for Service or any other type of Medicare plan where CMS is not the direct payer. <i>(NOTE: Payer B was defined as “Medicare HMO and Medicare PPO”, beginning first quarter 2006 through fourth quarter 2009.)</i> <b>C</b> – Medicaid <b>D</b> – Medicaid Managed Care – Patients covered by Medicaid HMOs, Medicaid provider sponsored networks (PSNs) or other Medicaid funded plans that are licensed in the state of Florida. This would include any program where the patient qualifies for Medicaid but the payment is not directly from the State of Florida Medicaid program. <i>(NOTE: Payer D was defined as “Medicaid HMO” prior to first quarter 2010.)</i> <b>E</b> – Commercial Health Insurance – Patients covered by any type of private coverage, including HMO, PPO, or self-insured plans. <i>(NOTE: Prior to first quarter 2010, Commercial Insurance was reported as Payer E. Commercial HMO was reported as Payer F and Commercial PPO was reported as Payer G.)</i> <b>H</b> – Workers’ Compensation <b>I</b> – TriCare or Other Federal Government <i>(NOTE: Payer I was defined as CHAMPUS prior to first quarter 2010.)</i> <b>J</b> – VA <b>K</b> – Other State/Local Government <b>L</b> – Self Pay – Patients with no insurance coverage <i>(NOTE: Payer L was defined as Self Pay/ Under-insured prior to first quarter 2010.)</i> <b>M</b> – Other <b>N</b> – Non-Payment – Includes charity, professional courtesy, no charge, research/clinical trial, refusal to pay/bad debt, Hill Burton free care, research/donor that is known at the time of reporting. <i>(NOTE: Payer N was defined as Charity prior to first quarter 2010.)</i> <b>O</b> – Kidcare - Includes Healthy Kids, Medikids, and Children’s Medical Services <b>P</b> – Unknown – Unknown shall be reported if principal payer information is not available and type of service is “2” and patient status is “07”. <b>Q</b> – Commercial Liability Coverage – Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business. <i>(NOTE: Payer Q is effective first quarter 2010.)</i>
29.	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. <b>If type of service is “2” indicating emergency department data</b> – Must contain a valid <b>ICD-10CM</b> code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry. Alpha characters must be in upper case. <b>If type of service is “1” indicating ambulatory surgery data</b> – Space filled <i>(NOTE: Prior to October 2015, the admitting diagnosis code was reported as ICD-9-CM.)</i>
30.	(1 of 5) Evaluation and Management Code evalcode1 – evalcode5	A code representative of the patient acuity level for the services provided. Must contain a valid Evaluation and Management Code range: 99281–99285; 99288; 99291–99292; and G0380–G0384, even if the only service provided to a registered patient is triage or screening. <b>99999 – Use if “patient status” is “07” or where a visit occurs resulting in zero charges</b> <b>Space Filled – Also used for type of service code “1” indicating ambulatory surgery data</b> <i>(NOTE: The data element is effective first quarter 2010.)</i>
31.	(1 of 30) Other CPT or HCPCS Codes othcpt1 – othcpt30	A code representing a procedure or service provided during the patient visit. If not space filled, must be a valid CPT or HCPCS code for the reporting period. Up to 30 secondary CPT or HCPCS procedure codes may be reported. <i>(NOTE: Prior to January 2010, this occurred 9 times.)</i>
32.	Principal ICD-CM Diagnosis Code prindiag	The valid <b>ICD-10-CM</b> code representing the diagnosis chiefly responsible for the services performed during the visit. The code must be entered with a decimal point that is included in the valid code. A blank field is permitted for type of service “2” indicating emergency department if patient status is “07” indicating that the patient left against medical advice or discontinued care. <i>(NOTE: Prior to October 2015, the diagnosis code was reported as ICD-9-CM.)</i>



DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
33.	<b>(1 of 9) Other ICD-CM Diagnosis Code othdiag1 – othdiag9</b>	Up to 9 secondary <b>ICD-10-CM</b> codes representing a diagnosis related to the services provided during the visit. Less than nine entries or space filled is permitted consistent with the records of the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each visit reported. Includes decimal point. <i>(NOTE: Prior to October 2015, the diagnosis code was reported as ICD-9-CM.)</i>
34.	<b>(1 of 3) External Cause of Morbidity Code ecmorb1 – ecmorb3</b>	Up to 3 <b>ICD-10-CM</b> 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 is permitted. Includes decimal point. <i>(NOTE: Titled “External Cause of Injury” prior to October 2015. The data element was reported as ICD-9-CM.)</i>
35.	<b>Attending Practitioner Identification Number atten_phyid</b>	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the patient’s care during the visit. An alpha-numeric field of up to eleven characters, alpha characters must be in upper case. <b>US999999999</b> – Military physicians not licensed in Florida <b>NA</b> – Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner. <i>(NOTE: Titled “Attending Physician ID” prior to 2010.)</i>
36.	<b>Attending Practitioner National Provider Identification (NPI) atten_phynpi</b>	A unique ten (10) character identification number assigned to a provider. A required identification number for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. <b>9999999999</b> – For military physicians, medical residents or individuals not required to obtain a NPI number. <i>(NOTE: The data element is effective first quarter 2010.)</i>
37.	<b>Operating or Performing Practitioner Identification Number oper_phyid</b>	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. An alpha-numeric field of up to eleven characters, alpha characters must be in upper case. A blank or no entry is permitted if a principal procedure is not reported. <b>US999999999</b> – Military physicians not licensed in Florida <b>NA</b> – Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner. <i>(NOTE: Titled “Operating or Performing Physician ID” prior to 2010.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
38.	<b>Operating or Performing Practitioner National Provider Identification (NPI)</b> oper_phynpi	A unique ten (10) character identification number assigned to a provider who had primary responsibility for the Principal Procedure. A required Identification number for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. <b>9999999999</b> – For military physicians, medical residents or individuals not required to obtain a NPI number. <i>(NOTE: The data element is effective first quarter 2010.)</i>
39.	<b>Other Operating or Performing Practitioner Identification Number</b> othoper_phyid	The Florida license number of a different operating or performing practitioner. Report a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who rendered care to the patient other than the practitioners reported above. May be blank or no entry consistent with the records of the reporting entity. <b>US9999999999</b> – Military physicians not licensed in Florida <i>(NOTE: Titled "Other Physician ID Number" prior to 2010.)</i>
40.	<b>Other Operating or Performing Practitioner National Provider Identification (NPI)</b> othoper_phynpi	A unique ten (10) character identification number assigned to a provider. A required entry for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. <b>9999999999</b> – For military physicians, medical residents or individuals not required to obtain an NPI number. <i>(NOTE: The data element is effective first quarter 2010.)</i>
41.	<b>REVENUE CHARGES</b>  (Listed Below)	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. Negative amounts are permitted if verified.
42.	<b>Pharmacy Charges</b> pharmchgs	Charges for medication.
43.	<b>Medical and Surgical Supply Charges</b> medchgs	Charges for supply items required for patient care.
44.	<b>Laboratory Charges</b> labchgs	Charges for the performance of diagnostic and routine clinical laboratory tests.
45.	<b>Radiology and Other Imaging Charges</b> 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.
46.	<b>Cardiology Charges</b> cardiochgs	Charges for cardiac procedures rendered such as heart catheterization.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
47.	<b>Operating Room Charges</b> oprnmchgs	Charges for the use of the operating room.
48.	<b>Anesthesia Charges</b> aneschgs	Charges for anesthesia services by the facility.
49.	<b>Recovery Room Charges</b> recovchgs	Charges for the use of the recovery room.
50.	<b>Emergency Room Charges</b> erchgs	Charges for medical examinations and emergency treatment.
51.	<b>Trauma Response Charges</b> traumachgs	Charges for trauma team activation at a State of Florida licensed Trauma Center. Report charges for revenue code 68X used in the UB-04. <i>(NOTE: The data element is effective first quarter 2010.)</i>
52.	<b>Treatment or Observation Room Charges</b> obserchgs	Charges for use of a treatment room or for the room charge associated with observation services.
53.	<b>Gastro-Intestinal (GI) Services</b> gastrochgs	Charges for gastro-intestinal procedures rendered such as colonoscopy and endoscopy services. <i>(NOTE: The data element is effective first quarter 2010.)</i>
54.	<b>Extra-Corporeal Shock Wave Therapy (lithotripsy)</b> lithochgs	Charges for Extra-Corporeal Shock Wave Therapy (Lithotripsy) procedures. <i>(NOTE: The data element is effective first quarter 2010.)</i>
55.	<b>Other Charges</b> othchgs	Other facility charges not included in categories above.
56.	<b>Total Gross Charges</b> tchgs	The total of undiscounted charges for services rendered by the reporting entity. Sum of all charges must equal total charges, plus or minus 13. <i>(NOTE: Prior to first quarter 2010, the sum of all charges equaled plus or minus 10.)</i>
57.	<b>Certification Date</b> cert_date	The date the file was certified by AHCA. A ten (10) character field in the format YYYY-MM-DD. A required entry.

**FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)**

<b>LOCAL HEALTH COUNCIL</b>	<b>COUNTIES</b>
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**

<b>NUMBER</b>	<b>COUNTY</b>	<b>REGION</b>	<b>NUMBER</b>	<b>COUNTY</b>	<b>REGION</b>
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	99

**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		

**COUNTRY NAMES AND ALPHA CODE ELEMENTS (per ISO 3166-1)**

[http://www.iso.org/iso/country\\_codes/iso\\_3166\\_code\\_lists.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm)

ALPHA CODE	COUNTRY	ALPHA CODE	COUNTRY	ALPHA CODE	COUNTRY
AF	Afghanistan	CV	Cape Verde	GM	Gambia
AX	Aland Islands	KY	Cayman Islands	GE	Georgia
AL	Albania	CF	Central African Republic	DE	Germany
DZ	Algeria	TD	Chad	GH	Ghana
AS	American Samoa	CL	Chile	GI	Gibraltar
AD	Andorra	CN	China	GR	Greece
AO	Angola	CX	Christmas Island	GL	Greenland
AI	Anguilla	CC	Cocos (Keeling) Islands	GD	Grenada
AQ	Antarctica	CO	Colombia	GP	Guadeloupe
AG	Antigua and Barbuda	KM	Comoros	GU	Guam
AR	Argentina	CG	Congo	GT	Guatemala
AM	Armenia	CD	Congo, The Democratic Republic of the	GG	Guernsey
AW	Aruba	CK	Cook Islands	GN	Guinea
AU	Australia	CR	Costa Rica	GW	Guinea-Bissau
AT	Austria	CI	Cote D'ivoire	GY	Guyana
AZ	Azerbaijan	HR	Croatia	HT	Haiti
BS	Bahamas	CU	Cuba	HM	Heard Island and McDonald Islands
BH	Bahrain	CY	Cyprus	VA	Holy See (Vatican City State)
BD	Bangladesh	CZ	Czech Republic	HN	Honduras
BB	Barbados	DK	Denmark	HK	Hong Kong
BY	Belarus	DJ	Djibouti	HU	Hungary
BE	Belgium	DM	Dominica	IS	Iceland
BZ	Belize	DO	Dominican Republic	IN	India
BJ	Benin	EC	Ecuador	ID	Indonesia
BM	Bermuda	EG	Egypt	IR	Iran, Islamic Republic of
BT	Bhutan	SV	El Salvador	IQ	Iraq
BO	Bolivia, Plurinational State of	GQ	Equatorial Guinea	IE	Ireland
BA	Bosnia and Herzegovina	ER	Eritrea	IM	Isle of Man
BW	Botswana	EE	Estonia	IL	Israel
BV	Bouvet Island	ET	Ethiopia	IT	Italy
BR	Brazil	FK	Falkland Islands (Malvinas)	JM	Jamaica
IO	British Indian Ocean Territory	FO	Faroe Islands	JP	Japan
BN	Brunei Darussalam	FJ	Fiji	JE	Jersey
BG	Bulgaria	FI	Finland	JO	Jordan
BF	Burkina Faso	FR	France	KZ	Kazakhstan
BI	Burundi	GF	French Guiana	KE	Kenya
KH	Cambodia	PF	French Polynesia	KI	Kiribati
CM	Cameroon	TF	French Southern Territories	KP	Korea, Democratic People's Republic of
CA	Canada	GA	Gabon	KR	Korea, Republic of

ALPHA CODE	COUNTRY	ALPHA CODE	COUNTRY	ALPHA CODE	COUNTRY
KW	Kuwait	AN	Netherlands Antilles	ST	Sao Tome and Principe
KG	Kyrgyzstan	NC	New Caledonia	SA	Saudi Arabia
LA	Lao People's Democratic	NZ	New Zealand	SN	Senegal
LV	Latvia			RS	Serbia
LB	Lebanon	NI	Nicaragua	SC	Seychelles
LS	Lesotho	NE	Niger	SL	Sierra Leone
LR	Liberia	NG	Nigeria	SG	Singapore
LY	Libyan Arab Jamahiriya	NU	Niue	SK	Slovakia
LI	Liechtenstein	NF	Norfolk Island	SI	Slovenia
LT	Lithuania	MP	Northern Mariana Islands	SB	Solomon Islands
LU	Luxembourg	NO	Norway	SO	Somalia
MO	Macao	OM	Oman	ZA	South Africa
MK	Macedonia, The Former Yugoslav Republic of	PK	Pakistan	GS	South Georgia and the South Sandwich Islands
MG	Madagascar	PW	Palau	ES	Spain
MW	Malawi	PS	Palestinian Territory, Occupied	LK	Sri Lanka
MY	Malaysia	PA	Panama	SD	Sudan
MV	Maldives	PG	Papua New Guinea	SR	Suriname
ML	Mali	PY	Paraguay	SJ	Svalbard and Jan Mayen
MT	Malta	PE	Peru	SZ	Swaziland
MH	Marshall Islands	PH	Philippines	SE	Sweden
MQ	Martinique	PN	Pitcairn	CH	Switzerland
MR	Mauritania	PL	Poland	SY	Syrian Arab Republic
MU	Mauritius	PT	Portugal	TW	Taiwan, Province of China
YT	Mayotte	PR	Puerto Rico	TJ	Tajikistan
MX	Mexico	QA	Qatar	TZ	Tanzania, United Republic of
FM	Micronesia, Federated States of	RE	Reunion	TH	Thailand
MD	Moldova, Republic of	RO	Romania	TL	Timor-Leste
MC	Monaco	RU	Russian Federation	TG	Togo
MN	Mongolia	RW	Rwanda	TK	Tokelau
ME	Montenegro	BL	Saint Barthelemy	TO	Tonga
MS	Montserrat	SH	Saint Helena	TT	Trinidad and Tobago
MA	Morocco	KN	Saint Kitts and Nevis	TN	Tunisia
MZ	Mozambique	LC	Saint Lucia	TR	Turkey
MM	Myanmar	MF	Saint Martin	TM	Turkmenistan
NA	Namibia	PM	Saint Pierre and PM Miquelon	TC	Turks and Caicos Islands
NR	Nauru	VC	Saint Vincent and the Grenadines	TV	Tuvalu
NP	Nepal	WS	Samoa	UG	Uganda
NL	Netherlands	SM	San Marino	UA	Ukraine

ALPHA CODE	COUNTRY	ALPHA CODE	COUNTRY
AE	United Arab Emirates	ZM	Zambia
GB	United Kingdom	ZW	Zimbabwe
US	United States	99	Unknown
UM	United States Minor Outlying Islands		
UY	Uruguay		
UZ	Uzbekistan		
VU	Vanuatu		
see Holy See	Vatican City State		
VE	Venezuela, Bolivarian Republic of		
VN	Viet Nam		
VG	Virgin Islands, British		
VI	Virgin Islands, U.S.		
WF	Wallis and Futuna		
EH	Western Sahara		
YE	Yemen		