



**HOSPITAL INPATIENT DATA FILE
(INCLUDES SHORT-TERM/ LONG-TERM
PSYCHIATRIC AND COMP REHAB HOSPITALS)
LIMITED DATA SET FILE LAYOUT
EFFECTIVE January 2018**

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.	Facility Medicare Number	MCARE_NBR	
6.	Pro Code	PRO_CODE	
7.	Mod Code	MOD_CODE	
8.	Facility Region	FAC_REGION	
9.	Facility County	FAC_COUNTY	
10.	Patient Sex	SEX	
11.	Patient Ethnicity	ETHNICITY	
12.	Patient Race	RACE	
13.	Patient Age (calculated)	AGE	New age indicators
14.	Type of Service Code	TYPE_SERV	
15.	Patient Discharge Status	DISCHSTAT	
16.	Length of Stay (LOS) (calculated)	LOSDAYS	
17.	Priority of Admission	ADM_PRIOR	
18.	Source or Point of Origin for Admission	ADMSRC	
19.	Condition Code	CONDTN	
20.	Emergency Department (ED) Hour of Arrival	EDHR_ARR	
21.	Inpatient Admission Time	ADM_TIME	
22.	Discharge Time	DIS_TIME	
23.	Principal Payer	PAYER	
24.	Patient Zip Code	ZIPCODE	
25.	Patient County	PTCOUNTY	
26.	Patient State of Residence	PTSTATE	
27.	Patient Country	PTCOUNTRY	
28.	MS – DRG Code	MSDRG	
29.	Admitting Diagnosis (revised)	ADMITDIAG	
30.	Principal Diagnosis Code (revised)	PRINDIAG	
31.	Other Diagnosis Code (revised)	OTHDIAG1–OTHDIAG30	Occurs up to 30 times
32.	Present on Admission Indicator for Principal Diagnosis Code	POA_PRIN_DIAG	
33.	Present on Admission Indicator for Other Diagnosis Code	POA1 – POA30	Occurs up to 30 times
34.	External Cause of Morbidity (revised/new name)	ECMORB1–ECMORB3	Occurs up to 3 times

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35.	Present on Admission Indicator for External Cause of Injury Code	POA_ECMORB1 - POA_ECMORB3	Occurs up to 3 times
36.	Principal Procedure Code (revised)	PRINPROC	
37.	Other Procedure Code (revised)	OTHPROC1-OTHPROC30	Occurs up to 30 times
38.	Day of Week Admitted (calculated)	WEEKDAY	
39.	Days to Procedure (calculated)	DAYSPROC	
40.	Days to Other Procedures (calculated)	DAYS_PROC1-DAYS_PROC30	Occurs up to 30 times
41.	Room and Board Charges	ROOMCHGS	
42.	Nursery Level I Charges	NUR1CHGS	
43.	Nursery Level II Charges	NUR2CHGS	
44.	Nursery Level III Charges	NUR3CHGS	
45.	Intensive Care Charges	ICUCHGS	
46.	Coronary Care Charges	CCUCHGS	
47.	Pharmacy Charges	PHARMCHGS	
48.	Medical and Surgical Supply Charges	MEDCHGS	
49.	Oncology Charges	ONCOCHGS	
50.	Laboratory Charges	LABCHGS	
51.	Radiology or Other Imaging Charges	RADCHGS	
52.	Operating Room Charges	OPRMCHGS	
53.	Anesthesia Charges	ANESCHGS	
54.	Respiratory Services or Pulmonary Function Charges	RESPCHGS	
55.	Physical Therapy Charges	PHYTHCHGS	
56.	Occupational Therapy Charges	OCCUPCHGS	
57.	Speech Therapy Charges	SPEECHGS	
58.	Comprehensive Rehabilitation Charges	COMPREHABCHGS	New data element
59.	Emergency Room Charges	ERCHGS	
60.	Cardiology Charges	CARDIOCHGS	
61.	Trauma Response Charges	TRAUMACHGS	
62.	Recovery Room Charges	RECOVCHGS	
63.	Labor Room Charges	LABORCHGS	
64.	Treatment or Observation Room Charges	OBSECHGS	
65.	Behavioral Health Charges	BEHAVCHGS	
66.	Other Charges	OTHERCHGS	
67.	Total Gross Charges	TCHGS	
68.	Attending Practitioner Identification Number	ATTEN_PHYID	
69.	Attending Practitioner National Provider Identification	ATTEN_PHYNPI	
70.	Operating or Performing Practitioner Identification Number	OPER_PHYID	
71.	Operating or Performing Practitioner National Provider Identification	OPER_PHYNPI	
72.	Other Operating or Performing Practitioner Identification Number	OTHOPER_PHYID	
73.	Other Operating or Performing Practitioner National Provider Identification	OTHOPER_PHYNPI	

Revised: April 2018



HOSPITAL INPATIENT DATA FILE (INCLUDES SHORT-TERM/ LONG-TERM PSYCHIATRIC AND COMP REHAB HOSPITALS) LIMITED DATA SET FILE LAYOUT EFFECTIVE January 2018

*Note: This document lists data elements from Chapter 59E-7.
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. <i>(NOTE: The number is not unique to a patient.)</i>
2.	Report Year year	A four digit number identifying the year in which the discharges occurred. A required entry.
3.	Report Quarter qtr	A single digit number identifying the calendar quarter in which the discharges occurred. A required entry. 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4.	AHCA Facility Number facInbr	An eight to ten digit hospital identification number assigned by the Agency for reporting purposes. A required entry.
5.	Facility Medicare Number mcare_nbr	The facility's self reported Medicare number that should reflect the assigned number by the Centers for Medicare and Medicaid Services. <i>(NOTE: The data element is effective first quarter 2010.)</i>
6.	Procode pro_code	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
7.	Mod Code mod_code	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility- (See 59A-3.252, FS. for more information). CL01 – Class 1 Hospital – general acute care hospital with an average length of stay of 25 days or less for all beds. CL02 – Class 2 Hospital – specialty hospital offering a range of medical services offered by general hospitals, but restricted to a defined age or gender group of the population which includes specialty hospitals for children or women. CL03 – Class 3 Hospital Psychiatric – specialty psychiatric hospital offering a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of psychiatric illnesses or disorders. CL04 – Class 4 Hospital Intermediate Residential Treatment Facility (IRTF) – specialty hospital which provides 24-hour care that is restricted to offering Intensive Residential Treatment Programs for children and adolescents with psychiatric disorders. CL06 – Class 1 Hospital Long Term Care – long term care hospital with an average length of inpatient stay greater than 25 days for all hospital beds. CL07 – Class 1 Hospital Rural – rural acute care hospital having 100 or fewer licensed beds and an emergency room, pursuant to s. 395.602(2). CL09 – Class 3 Hospital Rehabilitation – specialty rehabilitation hospital offering a restricted range of services appropriate to the diagnoses, care, and treatment of patients with specific categories of medical illnesses or disorders. CL10 – Class 3 Hospital Special Medical – specialty medical hospital offering a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical illnesses or disorders.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
8.	Facility Region 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).
9.	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).
10.	Patient Sex sex	An alpha character code identifying the gender of the patient at admission. A required entry. M – Male F – Female U – Unknown <i>(NOTE: Prior to first quarter 2010, this field was titled "Patient Gender" with a single digit code 1, 2 or 3.)</i> <i>(NOTE: Patient Gender, Unknown, is an acceptable reportable code effective with first quarter 1997 data)</i>
11.	Patient Ethnicity ethnicity	The patient's ethnicity 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>
12.	Patient Race race	A single digit code identifying the patient's racial background. A required entry. 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other 7 – Unknown <i>(NOTE: 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> <i>(NOTE: Patient Race data is available beginning with first quarter 1992 data. The patient race field for quarters prior to first quarter 1992 is zero filled.)</i>
13.	Patient Age age	The patient's age on the admission date. <i>(a calculated field)</i> <i>(NOTE: The age data element effective first quarter 2018 includes age indicators for patients less than one and 100 years or older.)</i> Age 0 = 0 to 28 days Age 777 = 29 to 364 days Age 888 = 100 years and older Age 999 = Unknown
14.	Type of Service Code type_serv	A single digit code designating the type of discharges as either acute inpatient, long term care, short term and long term psychiatric, or comprehensive rehabilitation. A required entry. 1 – Inpatient/Long Term Care/Short and Long Term Psychiatric 2 – Comprehensive Rehabilitation <i>(NOTE: Please note verification of Type of Service "2" officially began with 2010 quarter 3 data.)</i> <i>(NOTE: The data element is effective first quarter 2010.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
15.	Patient Discharge Status dischstat	A two digit code representing the patient's disposition at discharge. A required entry. 01 – Discharged to home or self-care (routine discharge) 02 – Discharged or transferred to a short-term general hospital for inpatient care 03 – Discharged or transferred to a skilled nursing facility with Medicare certification in anticipation of skilled care 04 – Discharged or transferred to an intermediate care facility 05 – Discharged or transferred to a designated cancer center or Children's Hospital. 06 – Discharged or transferred to home under care of home health care organization service in anticipation of skilled care 07 – Left the hospital against medical advice (AMA) or discontinued care 20 – Expired 21 – Discharged or transferred to court/law enforcement 50 – Hospice - Home 51 – Hospice Medical Facility (Certified) providing hospice level of care 62 – Discharged or transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital 63 – Discharged or transferred to a Medicare certified long term care hospital. 64 – Discharged or transferred to a Nursing Facility certified under Medicaid but not certified under Medicare 65 – Discharged or transferred to a psychiatric hospital including psychiatric distinct part units of a hospital 66 – Discharged or transferred to a Critical Access hospital. 70 – Discharged or transferred to another type of health care institution not defined elsewhere in this code list. <i>(NOTE: Discharge 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>
16.	Length of Stay (LOS) 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). <i>(a calculated field)</i>
17.	Priority of Admission adm_prior	A single digit code. A required entry. 1 – Emergency – The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. 2 – Urgent – The patient requires attention for the care and treatment of a physical or mental disorder. 3 – Elective – The patient's condition permits adequate time to schedule the services. 4 – Newborn – A baby born within the facility or the initial admission of an extramural birth infant to an acute care facility within 24 hours of birth, as described in subsection 59E-7.021(7), F.A.C. Use of this code requires the use of a special Point of Origin for Admission Code. 5 – Trauma – A patient treated as a trauma patient with or without trauma activation at a State of Florida designated trauma center. <i>(NOTE: Titled "Type of Admission" prior to 2010.)</i> <i>(NOTE: Type of Admission 5, was previously designated as "Other" for quarters prior to first quarter 2006. Type of Admission, "Other", was defined as type of admission is unknown or cannot be determined.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
18.	<p>Source or Point of Origin for Admission</p> <p>admsrc</p>	<p>A two digit numeric code or one character alpha code indicating the direct source of patient origin for the admission or visit. A required entry.</p> <p>01 – Non-Health Care Facility Point of Origin – The patient was admitted to this facility. Includes a patient coming from home or workplace</p> <p>02 – Clinic or Physician’s Office – The patient was admitted to this facility from a clinic or physician’s office</p> <p>04 – Transfer from a Hospital – The patient was admitted to this facility as a transfer from an acute care facility where the patient was an inpatient. Transfer must be from a different hospital. Excludes transfers from hospital inpatients in the same facility.</p> <p>05 – Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) – The patient was admitted to this facility from a SNF or ICF where the patient was a resident.</p> <p>06 – Transfer from another health care facility – The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.</p> <p>08 – Court/Law Enforcement The patient was admitted upon the direction of a court of law, or upon the request of a law enforcement Agency representative. Includes transfers from incarceration facilities.</p> <p>09 – Information Not Available The means by which the patient was admitted to this hospital is not known.</p> <p>D – Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim – The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer. For purposes of this code, “Distinct Unit” is defined as a unique unit or level of care at the hospital requiring the issuance of a separate claim to the payer.</p> <p>E – Transfer from an Ambulatory Surgery Center</p> <p>F – Transfer from a hospice facility and under a hospice plan of care or enrolled in a hospice program</p> <p>Codes Required for Newborn Admissions (Priority of Admission = 4):</p> <p>10 – Born inside this hospital</p> <p>13 – Born outside this hospital</p> <p><i>(NOTE: This data element was previously titled “Source of Admission”. Admission Source 03, HMO Referral, is no longer used beginning first quarter 2010. Admission Source 01 was previously defined as “Physician Referral”. Admission Source 05 was previously defined as “Transfer from a Skilled Nursing Facility”.)</i></p> <p><i>(NOTE: Admission Source 09 was previously designated as “Other” for quarters prior to first quarter 2006. Admission Source “Other” was defined as means by which the patient was admitted to the hospital is not available or is unknown. Prior to first quarter 2010, newborn codes were: 10 Normal Delivery; 11 Premature Delivery, 12 Sick Baby, 13 Extramural Birth (outside this hospital) and 14 Other)</i></p>
19.	<p>Condition Code</p> <p>condtn</p>	<p>A two-character code that describes patients admitted to the inpatient facility after receiving treatment in the facility’s emergency department.</p> <p>P7 – Patient received treatment in this facility’s emergency department.</p> <p>00 – Not admitted through this facility’s emergency department.</p> <p>NR – Not reported</p> <p><i>(NOTE: The data element is effective first quarter 2011. It is optional for reporting in 2011 first and second quarters and mandatory in third quarter 2011.)</i></p>

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20.	Emergency Department Hour of Arrival edhr_arr	<p>A two digit code identifying the hour on a 24-hour clock during which the patient's registration in the emergency department occurred. A required entry. 99 – used when patient is not admitted through the emergency department.</p> <table border="1"> <thead> <tr> <th>AM HOURS</th> <th>PM HOURS</th> </tr> </thead> <tbody> <tr><td>00 – 12:00 midnight to 12:59:59</td><td>12 – 12:00 noon to 12:59:59</td></tr> <tr><td>01 – 01:00 to 01:59:59</td><td>13 – 01:00 to 01:59:59</td></tr> <tr><td>02 – 02:00 to 02:59:59</td><td>14 – 02:00 to 02:59:59</td></tr> <tr><td>03 – 03:00 to 03:59:59</td><td>15 – 03:00 to 03:59:59</td></tr> <tr><td>04 – 04:00 to 04:59:59</td><td>16 – 04:00 to 04:59:59</td></tr> <tr><td>05 – 05:00 to 05:59:59</td><td>17 – 05:00 to 05:59:59</td></tr> <tr><td>06 – 06:00 to 06:59:59</td><td>18 – 06:00 to 06:59:59</td></tr> <tr><td>07 – 07:00 to 07:59:59</td><td>19 – 07:00 to 07:59:59</td></tr> <tr><td>08 – 08:00 to 08:59:59</td><td>20 – 08:00 to 08:59:59</td></tr> <tr><td>09 – 09:00 to 09:59:59</td><td>21 – 09:00 to 09:59:59</td></tr> <tr><td>10 – 10:00 to 10:59:59</td><td>22 – 10:00 to 10:59:59</td></tr> <tr><td>11 – 11:00 to 11:59:59</td><td>23 – 11:00 to 11:59:59</td></tr> <tr><td></td><td>99 – Unknown</td></tr> </tbody> </table>	AM HOURS	PM HOURS	00 – 12:00 midnight to 12:59:59	12 – 12:00 noon to 12:59:59	01 – 01:00 to 01:59:59	13 – 01:00 to 01:59:59	02 – 02:00 to 02:59:59	14 – 02:00 to 02:59:59	03 – 03:00 to 03:59:59	15 – 03:00 to 03:59:59	04 – 04:00 to 04:59:59	16 – 04:00 to 04:59:59	05 – 05:00 to 05:59:59	17 – 05:00 to 05:59:59	06 – 06:00 to 06:59:59	18 – 06:00 to 06:59:59	07 – 07:00 to 07:59:59	19 – 07:00 to 07:59:59	08 – 08:00 to 08:59:59	20 – 08:00 to 08:59:59	09 – 09:00 to 09:59:59	21 – 09:00 to 09:59:59	10 – 10:00 to 10:59:59	22 – 10:00 to 10:59:59	11 – 11:00 to 11:59:59	23 – 11:00 to 11:59:59		99 – Unknown
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21.	Inpatient Admission Time adm_time	<p>A two digit code identifying the hour on a 24-hour clock during which the patient's initial admission to the hospital occurred. A required entry. <i>(NOTE: The data element is effective first quarter 2010.)</i></p> <table border="1"> <thead> <tr> <th>AM HOURS</th> <th>PM HOURS</th> </tr> </thead> <tbody> <tr><td>00 – 12:00 midnight to 12:59:59</td><td>12 – 12:00 noon to 12:59:59</td></tr> <tr><td>01 – 01:00 to 01:59:59</td><td>13 – 01:00 to 01:59:59</td></tr> <tr><td>02 – 02:00 to 02:59:59</td><td>14 – 02:00 to 02:59:59</td></tr> <tr><td>03 – 03:00 to 03:59:59</td><td>15 – 03:00 to 03:59:59</td></tr> <tr><td>04 – 04:00 to 04:59:59</td><td>16 – 04:00 to 04:59:59</td></tr> <tr><td>05 – 05:00 to 05:59:59</td><td>17 – 05:00 to 05:59:59</td></tr> <tr><td>06 – 06:00 to 06:59:59</td><td>18 – 06:00 to 06:59:59</td></tr> <tr><td>07 – 07:00 to 07:59:59</td><td>19 – 07:00 to 07:59:59</td></tr> <tr><td>08 – 08:00 to 08:59:59</td><td>20 – 08:00 to 08:59:59</td></tr> <tr><td>09 – 09:00 to 09:59:59</td><td>21 – 09:00 to 09:59:59</td></tr> <tr><td>10 – 10:00 to 10:59:59</td><td>22 – 10:00 to 10:59:59</td></tr> <tr><td>11 – 11:00 to 11:59:59</td><td>23 – 11:00 to 11:59:59</td></tr> <tr><td></td><td>99 – Unknown</td></tr> </tbody> </table>	AM HOURS	PM HOURS	00 – 12:00 midnight to 12:59:59	12 – 12:00 noon to 12:59:59	01 – 01:00 to 01:59:59	13 – 01:00 to 01:59:59	02 – 02:00 to 02:59:59	14 – 02:00 to 02:59:59	03 – 03:00 to 03:59:59	15 – 03:00 to 03:59:59	04 – 04:00 to 04:59:59	16 – 04:00 to 04:59:59	05 – 05:00 to 05:59:59	17 – 05:00 to 05:59:59	06 – 06:00 to 06:59:59	18 – 06:00 to 06:59:59	07 – 07:00 to 07:59:59	19 – 07:00 to 07:59:59	08 – 08:00 to 08:59:59	20 – 08:00 to 08:59:59	09 – 09:00 to 09:59:59	21 – 09:00 to 09:59:59	10 – 10:00 to 10:59:59	22 – 10:00 to 10:59:59	11 – 11:00 to 11:59:59	23 – 11:00 to 11:59:59		99 – Unknown
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22.	Discharge Time dis_time	<p>A two digit code identifying the hour on a 24-hour clock during which the patient was discharged from the discharging hospital. A required entry. <i>(NOTE: The data element is effective first quarter 2010.)</i></p> <table border="1"> <thead> <tr> <th>AM HOURS</th> <th>PM HOURS</th> </tr> </thead> <tbody> <tr> <td>00 – 12:00 midnight to 12:59:59</td> <td>12 – 12:00 noon to 12:59:59</td> </tr> <tr> <td>01 – 01:00 to 01:59:59</td> <td>13 – 01:00 to 01:59:59</td> </tr> <tr> <td>02 – 02:00 to 02:59:59</td> <td>14 – 02:00 to 02:59:59</td> </tr> <tr> <td>03 – 03:00 to 03:59:59</td> <td>15 – 03:00 to 03:59:59</td> </tr> <tr> <td>04 – 04:00 to 04:59:59</td> <td>16 – 04:00 to 04:59:59</td> </tr> <tr> <td>05 – 05:00 to 05:59:59</td> <td>17 – 05:00 to 05:59:59</td> </tr> <tr> <td>06 – 06:00 to 06:59:59</td> <td>18 – 06:00 to 06:59:59</td> </tr> <tr> <td>07 – 07:00 to 07:59:59</td> <td>19 – 07:00 to 07:59:59</td> </tr> <tr> <td>08 – 08:00 to 08:59:59</td> <td>20 – 08:00 to 08:59:59</td> </tr> <tr> <td>09 – 09:00 to 09:59:59</td> <td>21 – 09:00 to 09:59:59</td> </tr> <tr> <td>10 – 10:00 to 10:59:59</td> <td>22 – 10:00 to 10:59:59</td> </tr> <tr> <td>11 – 11:00 to 11:59:59</td> <td>23 – 11:00 to 11:59:59</td> </tr> <tr> <td></td> <td>99 – Unknown</td> </tr> </tbody> </table>	AM HOURS	PM HOURS	00 – 12:00 midnight to 12:59:59	12 – 12:00 noon to 12:59:59	01 – 01:00 to 01:59:59	13 – 01:00 to 01:59:59	02 – 02:00 to 02:59:59	14 – 02:00 to 02:59:59	03 – 03:00 to 03:59:59	15 – 03:00 to 03:59:59	04 – 04:00 to 04:59:59	16 – 04:00 to 04:59:59	05 – 05:00 to 05:59:59	17 – 05:00 to 05:59:59	06 – 06:00 to 06:59:59	18 – 06:00 to 06:59:59	07 – 07:00 to 07:59:59	19 – 07:00 to 07:59:59	08 – 08:00 to 08:59:59	20 – 08:00 to 08:59:59	09 – 09:00 to 09:59:59	21 – 09:00 to 09:59:59	10 – 10:00 to 10:59:59	22 – 10:00 to 10:59:59	11 – 11:00 to 11:59:59	23 – 11:00 to 11:59:59		99 – Unknown
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11 – 11:00 to 11:59:59	23 – 11:00 to 11:59:59																													
	99 – Unknown																													
23.	Principal Payer payer	<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.</p> <p>A – Medicare 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.) (NOTE: Prior to first quarter 2006, Payer B was defined as Medicare HMO.)</i></p> <p>C – Medicaid D – Medicaid Managed Care – Patients covered by Medicaid funded capitated plans. This would include any program where the patient is enrolled in the Medicaid program 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></p> <p>E – 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></p> <p>H – Workers' Compensation I – TriCare or Other Federal Government <i>(NOTE: Payer I was defined as "CHAMPUS" prior to first quarter 2010.)</i></p> <p>J – VA K – Other State/Local Government L – Self Pay – Patients with no insurance coverage <i>(NOTE: Payer L was defined as Self Pay/Under-insured prior to first quarter 2010.)</i></p> <p>M – Other N – 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></p> <p>O – Kidcare – Includes Healthy Kids, Medikids, and Children's Medical Services Q – 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> <i>(NOTE: Payer N, Charity, was an acceptable reportable code effective with first quarter 1997 data and Payer O, Kidcare, was an acceptable reportable code effective with first quarter 2003 data. In addition, Payer L, Self Pay, was defined as Self Pay/Charity/Underinsured prior to charity receiving a separate code.)</i></p>																												

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
24.	Patient Zip Code zipcode	The numeric five digit United States Postal Service zip code of .the patient's address. 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 Residence 00009 – Foreign Residence
25.	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. <i>(a calculated field)</i> 99 – Unknown or non-Florida patient <i>(See attached description of county codes)</i>
26.	Patient State of Residence ptstate	The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. <i>(a calculated field)</i> XX – Unknown state of residence or not applicable. <i>(See attached description of state/territory codes)</i>
27.	Patient Country ptcountry	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: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm 99 – Unknown <i>(NOTE: The data element is effective first quarter 2010.)</i>
28.	MS-DRG Code msdrg	A three digit number representing the assigned Medicare Severity Diagnosis Related Group (MS-DRG). <i>(a calculated field)</i> <i>(NOTE: Effective first quarter 2010, MS - DRG is used instead of DRG.)</i> <i>(NOTE: Effective fourth quarter 2007, the Medicare Severity-Diagnosis Related Group (MS-DRG), a refinement of the Diagnosis Related Group, is reported in the DRG field. Data for 2007 quarters one through three, as well as, prior reported years are grouped using the applicable Diagnosis Related Group (DRG).)</i>
29.	Admitting Diagnosis admitdiag	The diagnosis provided by the admitting physician at the time of admission which describes the patient's condition upon admission or purpose of admission. Must contain a valid ICD-10-CM 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. <i>(NOTE: Prior to October 2015, the admitting diagnosis code was reported as ICD-9-CM. Admitting diagnosis data is available beginning first quarter 2006.)</i>
30.	Principal Diagnosis Code prinddiag	A valid ICD-10-CM diagnosis code. The principal diagnosis is the code representing the diagnosis established, after study, to be chiefly responsible for occasioning the admission. The code must be entered with 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. Alpha characters must be in uppercase. A required entry. <i>(NOTE: Prior to October 2015, the diagnosis code was reported as ICD-9-CM.)</i> <i>(NOTE: Prior to first quarter 2006, principal diagnosis codes did not include decimal points between the third and fourth digit.)</i>
31.	Other Diagnosis Code othdiag1 - othdiag30	A code representing a condition that is related to the services provided during the hospitalization. A valid ICD-10-CM diagnosis code excluding external cause of morbidity codes. The code must be entered with 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. Alpha characters must be in upper case. <i>(NOTE: Prior to October 2015, the diagnosis code was reported as ICD-9-CM.)</i> <i>(NOTE: The numbers of fields for other diagnosis codes were expanded from four to nine beginning with first quarter 1992 data. Effective first quarter 2006, the number of fields for other diagnosis codes expanded from nine to thirty fields. Prior to first quarter 2006, secondary diagnosis codes did not include decimal points.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
32.	Present on Admission Indicator for Principal Diagnosis Code poa_prin_diag	A character alpha-numeric code differentiating whether the condition represented by the corresponding Principal Diagnosis code was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of condition. A required entry. Y – Yes – Present at time that order for inpatient admission occurs. N – No – Not present at the time that the order for inpatient admission occurs. U – Unknown – Documentation is insufficient to determine if condition is present on admission. W – Clinically Undetermined – Provider is unable to clinically determine whether the condition was present on admission or not. E – Exempt – The condition is exempt from POA reporting. <i>(NOTE: The code for “Exempt” prior to first quarter 2010 was “E” or the field was left blank.)</i> <i>(NOTE: Present on Admission data for the principal diagnosis was voluntarily reported beginning first quarter 2007. Beginning second quarter 2007, Present on Admission Indicator became a required entry.)</i>
33.	Present on Admission Indicator for Other Diagnosis Code poa1 - poa30	A character alpha code differentiating whether the condition represented by the corresponding Other Diagnosis code (1) through (30) was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of condition. Y – Yes – Present at time that order for inpatient admission occurs. N – No – Not present at the time that the order for inpatient admission occurs. U – Unknown – Documentation is insufficient to determine if condition is present on admission. W – Clinically Undetermined – Provider is unable to clinically determine whether the condition was present on admission or not. E or 1 – Exempt – The condition is exempt from POA reporting. <i>(NOTE: The code for “Exempt” prior to first quarter 2010 was “E” or the field was left blank.)</i> <i>(NOTE: Beginning first quarter 2006, Present on Admission (POA) for secondary diagnoses was reported voluntarily. The POA was reported as a single digit or character alpha code as 1 or Y, 2 or N, 3 or U, W, or E or blank. As of first quarter 2007, the POA became a required reported field.)</i>
34.	External Cause of Morbidity ecmorb1 - ecmorb3	Up to 3 ICD-10-CM 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.	Present on Admission Indicator for External Cause of Morbidity poa_ecmorb1, poa_ecmorb2, poa_ecmorb3	A character alpha code differentiating whether the condition represented by the corresponding External Cause of Morbidity Code (1) through (3) was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of condition. Y – Yes – Present at time that order for inpatient admission occurs. N – No – Not present at the time that the order for inpatient admission occurs. U – Unknown – Documentation is insufficient to determine if condition is present on admission. W – Clinically Undetermined – Provider is unable to clinically determine whether the condition was present on admission or not. E or 1 – Exempt – The condition is exempt from POA reporting. <i>(NOTE: Titled “Present on Admission Indicator for External Cause of Injury” prior to October 2015.)</i>
36.	Principal Procedure Code prinproc	A valid ICD-10-PCS code representing the procedure most related to the principal diagnosis. <i>(NOTE: Prior to October 2015, the procedure code was reported as ICD-9-CM.)</i> <i>(NOTE: First quarter 2006 to third quarter 2015 the principal procedure code includes decimal points.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
37.	Other Procedure Code othproc1 - othproc30	A code representing a procedure provided during the hospitalization. A valid ICD-10-PCS code. <i>(NOTE: Prior to October 2015, the procedure code was reported as ICD-9-CM.)</i> <i>(NOTE: The number of fields for other procedure codes was expanded from two to nine beginning with first quarter 1992 data. Effective first quarter 2006, the number of fields for other procedure codes expanded from nine to thirty fields.)</i> <i>(NOTE: First quarter 2006 to third quarter 2015 the procedure code includes decimal points.)</i>
38.	Day of Week Admitted weekday	A single digit code representing the day of the week the patient was admitted to the hospital. <i>(a calculated field)</i> 1 – Monday 2 – Tuesday 3 – Wednesday 4 – Thursday 5 – Friday 6 – Saturday 7 – Sunday
39.	Days To Procedure daysproc	Represents the number of days elapsed from the admission date to the principal procedure date. A procedure can take place prior to the admission date. Thus, this number can be negative (leading sign). The field will contain zeros if the procedure is performed on the admission date. <i>(a calculated field)</i> 998 – The number of days to procedure is equal to or greater than 998 days. <i>(NOTE: Prior to first quarter 2006, the field was coded with 999 to indicate when no procedure is performed or unable to compute days to procedure. A blank (null value) is reported when no procedure is performed or when unable to compute days.)</i>
40.	Days To Other Procedures daysproc1- daysproc30	Represents the number of days elapsed from the admission date to the other procedure(s) date (s) (not the principal procedure date). A procedure can take place prior to the admission date. Thus, this number can be negative (leading sign). The field will contain zeros if the procedure is performed on the admission date. <i>(a calculated field)</i> 998 – The number of days to procedure is equal to or greater than 998 days. <i>(NOTE: Beginning first quarter 2006, the Days To Other Procedure was collected. A blank (null value) is reported when no procedure is performed or when unable to compute days.)</i>
	REVENUE CHARGES (Listed below)	Indicates total charges by specific revenue code groups. A required entry. Revenue charges are reported in dollars to the nearest whole dollar numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. Negative amounts are not permitted unless verified separately by the reporting entity. <i>(NOTE: Effective first quarter 2010, the UB-04 is the revenue reference instead of the UB-92)</i> <i>(NOTE: Revenue charges data is available beginning with first quarter 1992. The revenue charge fields are zero filled prior to first quarter 1992.)</i>
41.	Room and Board Charges roomchgs	Routine service charges incurred for accommodations. Includes Revenue Codes 110 through 169 as used in the UB-04.
42.	Nursery Level I Charges nur1chgs	Accommodation charges for well-baby care services which include sub-ventilation care, intravenous feedings and gavage to neonates. Includes Revenue Codes 170 and 171, or 179 if applicable as used in the UB-04. <i>(NOTE: Prior to first quarter 2010, Level I and Level II Nursery Charges were combined in Nursery Charges. Effective fourth quarter 2010, Nursery Level I Charges include revenue code 179.)</i> <i>(NOTE: The data field includes Nursery revenue charges beginning with first quarter 2006. The data excludes Level III Nursery Charges.)</i>
43.	Nursery Level II Charges nur2chgs	Accommodation charges for services which include provision of ventilator services. Includes Revenue Codes 172, or 179 if applicable as used in the UB-04. <i>(NOTE: Prior to first quarter 2010, Level I and Level II Nursery Charges were combined in Nursery Charges. Effective fourth quarter 2010, Nursery Level II Charges include revenue code 179.)</i> <i>(NOTE: The data field includes Nursery revenue charges beginning with first quarter 2006. The data excludes Level III Nursery Charges.)</i>
44.	Nursery Level III Charges nur3chgs	Accommodation charges for services which include continuous cardiopulmonary support services, complex pediatric surgery, neonatal cardiovascular surgery, pediatric neurology and neurosurgery and pediatric cardiac catheterization. Includes Revenue Code 173, 174, or 179 if applicable as used in the UB-04. <i>(NOTE: Effective fourth quarter 2010, Nursery Level III Charges includes revenue codes 174 and 179.)</i> <i>(NOTE: Level III Nursery Charge data is reported separately from Nursery Charges beginning with first quarter 2006.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
45.	Intensive Care Charges icuchgs	Routine service charges for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit. Exclude neonatal intensive care charges reported as a Level III Nursery Charge. Includes Revenue Codes 200 through 209 as used in the UB-04.
46.	Coronary Care Charges ccuchgs	Routine service charges for medical care provided to patients with coronary illness that require a more intensive level of care than is rendered in the general medical unit. Includes Revenue Codes 210 through 219 as used in the UB-04.
47.	Pharmacy Charges pharmchgs	Charges for medication. Includes Revenue Codes 250 through 259 and Codes 630 through 639 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 only Codes 250 through 259 were included.)</i>
48.	Medical and Surgical Supply Charges medchgs	Charges for supply items required for patient care. Includes Revenue Codes 270 through 279 and Codes 620 through 629 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 only Codes 270 through 279 were included.)</i>
49.	Oncology Charges oncochgs	Charges for treatment of tumors and related diseases. Excludes therapeutic radiology services reported in Radiology or Other Imaging Services. Includes Revenue Codes 280 through 289 as used in the UB-04.
50.	Laboratory Charges labchgs	Charges for the performance of diagnostic and routine clinical laboratory tests and for diagnostic and routine tests in tissues and culture. Includes Revenue Codes 300 through 319 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 300 through 309 and Codes 310 through 319 were reported separately.)</i>
51.	Radiology or Other Imaging Charges radchgs	Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging (MRI), nuclear medicine, and chemotherapy administration of radioactive substances. Includes Revenue Codes 320 through 359 and Codes 400 through 409 and Codes 610 through 619 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 320 through 329, Codes 330 through 339, Codes 340 through 349, Codes 350 through 359, and Codes 610 through 619 were reported separately. Codes 400 through 409 were included in Other Charges.)</i>
52.	Operating Room Charges oprchgs	Charges for the use of the operating room. Includes Revenue Codes 360 through 369 as used in the UB-04.
53.	Anesthesia Charges aneschgs	Charges for anesthesia services by the facility. Includes Revenue Codes 370 through 379 as used in the UB-04.
54.	Respiratory Services or Pulmonary Function Charges respchgs	Charges for administration of oxygen, other inhalation services, and tests that evaluate the patient's respiratory capacities. Includes Revenue Codes 410 through 419 and Codes 460 through 469 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 410 through 419 was reported separately and Codes 460 through 469 were included in Other Charges.)</i>
55.	Physical Therapy Charges phythchgs	Charges for physical therapy. Includes Revenue Codes 420 through 429 as used in the UB-04. <i>(NOTE: Prior to first quarter 2010, Physical Therapy, Speech Therapy and Occupational Therapy were combined in "Physical and Occupational Therapy Charges".) (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 420 through 439 was reported separately and Codes 440 through 449 was included in Other Charges.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
56.	Occupational Therapy occupchgs	Report charges for physical, occupational or speech therapy. Includes Revenue Codes 430 through 439 as used in the UB-04. <i>(NOTE: Prior to first quarter 2010, Physical Therapy, Speech Therapy and Occupational Therapy were combined in "Physical and Occupational Therapy Charges")</i> <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 420 through 439 was reported separately and Codes 440 through 449 was included in Other Charges.)</i>
57.	Speech Therapy or Language Pathology Charges speechgs	Charges for speech therapy or language pathology therapy for revenue code 440 through 449 as used in the UB-04. <i>(NOTE: Prior to first quarter 2010, Physical Therapy, Speech Therapy and Occupational Therapy were combined in "Physical and Occupational Therapy Charges".)</i>
58.	Comp Rehab Charges comprehabchgs	Charges for comprehensive rehabilitation charges for revenue codes 0118, 0128, 0138, 0148, 0158 as used in UB-04. <i>(NOTE: The data element is effective first quarter 2018.)</i>
59.	Emergency Room Charges erchgs	Charges for medical examinations and emergency treatment. Includes Revenue Codes 450 through 459 as used in the UB-04.
60.	Cardiology Charges cardiochgs	Facility charges for cardiac procedures rendered such as, but not limited to, heart catheterization or coronary angiography. Includes Revenue Codes 480 through 489 as used in the UB-04.
61.	Trauma Response Charges traumachgs	Charges for a trauma team activation at a State of Florida licensed trauma center. Includes Revenue Codes 680 through 689 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 680 through 689 was included in Other Charges.)</i>
62.	Recovery Room Charges recovchgs	Charges for the use of the recovery room. Includes Revenue Codes 710 through 719 as used in the UB-04.
63.	Labor Room Charges laborchgs	Charges for labor and delivery room services. Includes Revenue Codes 720 through 729 as used in the UB-04.
64.	Treatment or Observation Room Charges obserchgs	Charges for use of a treatment room or for the room charge associated with observation services. Includes Revenue Codes 760 through 769 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 760 through 769 was included in Other Charges.)</i>
65.	Behavioral Health Charges behavchgs	Charges for behavioral health treatment and services. Includes Revenue Codes 900 through 919 and Codes 1000 through 1009 as used in the UB-04. <i>(NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 900 through 919 and Codes 1000 through 1009 were included in Other Charges.)</i>
66.	Other Charges otherchgs	Other facility charges not included above. Includes charges that are not reflected in any of the preceding specific revenue accounts in the UB-04. It does not include charges from Revenue Codes 960 through 999 for professional fees and personal convenience items.
67.	Total Gross Charges tchgs	The total of undiscounted charges for services rendered by the hospital excluding professional fees. The sum of all revenue charges reported for above must equal total gross charges plus or minus thirteen (13) dollars. Report in dollars rounded to the nearest whole dollar, without dollar signs or commas. <i>(NOTE: Prior to first quarter 2010, this data field was equal to the sum of all revenue charges plus or minus ten (10) dollars.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
68.	Attending Practitioner Identification Number atten_phyid	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 medical care and treatment or who certified as to the medical necessity of the services rendered. A required entry. US9999999999 – For military physicians, medical residents or individuals not required to obtain a NPI number. <i>(NOTE: Prior to first quarter 2010, this was titled "Attending Physician ID".)</i> <i>(NOTE: Unique physician identification numbers (UPIN) were accepted in this field through fourth quarter 1996. Attending physician ID data is available beginning with first quarter 1992. The attending physician ID field for quarters prior to first quarter 1992 is space filled.)</i>
69.	Attending Practitioner National Provider Identification (NPI) atten_phynpi	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. 9999999999 – 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>
70.	Operating or Performing Practitioner Identification Number oper_phyid	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. The operating or performing physician may be the attending physician. US9999999999 – For military physicians, medical residents or individuals not required to obtain a NPI number. <i>(NOTE: Prior to first quarter 2010, this was titled "Other Operating or Performing Physician ID".)</i> <i>(NOTE: Unique physician identification numbers (UPIN) were accepted in this field through fourth quarter 1996. Operating physician ID data is available beginning with first quarter 1992. The operating physician ID field for quarter's prior to first quarter 1992 is space filled.)</i>
71.	Operating or Performing Practitioner National Provider Identification (NPI) 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. 9999999999 – 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>
72.	Other Operating or Performing Practitioner Identification Number othoper_phyid	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who assisted the operating or performing practitioner or performed a secondary procedure. The other operating or performing practitioner must not be reported as the operating or performing practitioner. The other operating or performing practitioner may be the attending practitioner. US9999999999 – For military physicians, medical residents or individuals not required to obtain an NPI number. <i>(NOTE: Prior to first quarter 2010, this was titled "Other Operating or Performing Physician".)</i> <i>(NOTE: Other Operating or Performing Physician ID data is available beginning first quarter 2006.)</i>
73.	Other Operating or Performing Practitioner National Provider Identification (NPI) othoper_phynpi	A unique ten 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. 9999999999 – 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>

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	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	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

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		