



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Connecticut Orthopaedic Specialists, P.C.

Docket Number: 07-31069-CON

Project Title: Termination of Outpatient Surgical Center in Hamden and Establishment of New Outpatient Surgical Center in North Haven

Statutory Reference: Section 19a-638 of the Connecticut General Statutes

Filing Date: April 14, 2008

Decision Date: May 14, 2008

Default Date: July 13, 2008

Staff Assigned: Alexis G. Fedorjaczenko
Laurie K. Greci

Project Description: Connecticut Orthopaedic Specialists, P.C. (“COS” or “Applicant”) is proposing to terminate its outpatient surgical center in Hamden and to establish a new outpatient surgical center in North Haven, at a total capital expenditure of \$2,188,093.

Nature of Proceedings: On April 14, 2008, the Office of Health Care Access (“OHCA”) received a Certificate of Need (“CON”) application from Connecticut Orthopaedic Specialists, P.C. (“COS” or “Applicant”), proposing to terminate its outpatient surgical center in Hamden and to establish a new outpatient surgical center in North Haven, at a total capital expenditure of \$2,188,093. The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes (“C.G.S.”).

Pursuant to Section 19a-638, C.G.S., a notice to the public concerning OHCA’s receipt of COS’ Letter of Intent was published in the *New Haven Register* on December 17, 2007. OHCA received no responses from the public concerning the proposal. Pursuant to Section 19a-638, C.G.S., three individuals or an individual representing an entity with five or more people had until May 5, 2008, the twenty-first calendar day following the filing of COS’ CON

Application, to request that OHCA hold a public hearing on the proposal. OHCA received no hearing requests from the public.

OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-638, C.G.S. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need

Impact of the Proposal on the Applicant's Current Utilization Statistics Proposal's Contribution to the Quality of Health Care Delivery in the Region Proposal's Contribution to the Accessibility of Health Care Delivery in the Region

1. Connecticut Orthopaedic Specialists, P.C. ("COS" or "Applicant") is a single specialty orthopedic group practice that operates a licensed surgical center located at 2200 Whitney Avenue in Hamden, CT. *(March 18, 2008, Initial CON Application, page 2)*
2. COS proposes to terminate its lease at its outpatient surgical center in Hamden and to establish a new outpatient surgical center at 162 State Street in North Haven. *(March 18, 2008, Initial CON Application, page 2 and April 22, 2008, Completeness Response, page 1)*
3. The current center in Hamden has 2 operating rooms ("ORs"). The new center in North Haven will also have 2 ORs. *(March 18, 2008, Initial CON Application, pages 6 and 8)*
4. The new location of the surgical center will not increase the capacity or total square footage of the clinical space of the existing facility, nor will any new services be offered. The services offered at the proposed new location will be exactly the same as the services currently offered at the surgical center. *(March 18, 2008, Initial CON Application, page 2)*
5. COS indicated that the service area for the new facility will be the same as the service area for the existing facility. The service area includes the towns of Hamden, North Haven, New Haven, West Haven, East Haven, Milford, Orange, Branford, Guilford, Wallingford, Cheshire, Madison, and Meriden. *(March 18, 2008, Initial CON Application, page 3)*
6. COS based the need for the termination of services in Hamden and establishment of services in North Haven on the following factors:
 - COS has been unhappy with the lease at the current location for many reasons including safety, the fact that in order to operate the space needed waivers from the Department of Public Health ("DPH"), and cost;
 - The existing lease is due to expire, and thus COS has the opportunity to relocate before signing a new lease; and
 - COS would like to own the ambulatory surgery center rather than rent.*(March 18, 2008, Initial CON Application, page 4)*

7. COS achieved licensure with DPH in April of 2007. At that time, DPH granted COS several waivers due to the physical restrictions of the existing facility. Waivers were granted for the following reasons:

- Due to space limitations, all patient treatments must be conducted in the operating room, rather than a separate treatment room for minor surgical and cast procedures. If cast procedures are required they are performed in the surgical suite.
- A single station scrub sink is provided outside each operating room, rather than two scrub sinks, as the building is at capacity with regards to plumbing and waste water.
- There is inadequate room to install a hand-wash sink in the clean workroom, as required. Instead, an alcohol run dispenser is located in the room for hand sanitation.
- An anesthesia storage room is used in lieu of an anesthesia workroom, due to space limitations.
- The staff locker rooms do not have one-way traffic, due to spatial limitations of the locker room area including a building structural support system.
- COS does not have a janitor's closet, as required. A janitor's closet is located on the same floor of the building outside of the surgical center. COS has a contract with an outside cleaning company.

(March 18, 2008, Initial CON Application, page 5 and April 14, 2008, Completeness Response, pages 645-647)

8. COS indicated that they would have moved within Hamden if an appropriate space had been available. COS reports searching for 2 years for a location in Hamden and surrounding towns that would be appropriate to either renovate or develop new medical space. Due to the complex planning and zoning requirements for medical space, COS indicates that there are few locations that offer the potential for development of this type. *(March 18, 2008, Initial CON Application, pages 4-5)*

9. COS indicated that the proposed North Haven site was considered because North Haven is a contiguous town to Hamden, and because the site is located less than 2 miles from the existing center. COS also stated that the proposed site can be accessed from both Route I-91 and the Merritt Parkway. *(March 18, 2008, Initial CON Application, pages 4-5)*

10. The following table shows the surgical volume for the last three years, by patient town:

Table 1: Surgical Volume by Town for 2005-2007

	Number of Cases			Percent of Total		
	2005	2006	2007	2005	2006	2007
New Haven	191	172	175	12%	11%	10%
Hamden	178	175	190	11%	11%	11%
West Haven	127	122	138	8%	8%	8%
Guilford	102	97	112	6%	6%	7%
Branford	96	97	101	6%	6%	6%
Wallingford	92	86	95	6%	5%	6%
North Haven	84	93	83	5%	6%	5%
East Haven	81	81	89	5%	5%	5%
Milford	75	95	89	5%	6%	5%
Madison	56	57	58	4%	4%	3%
Meriden	48	38	41	3%	2%	2%
Cheshire	44	77	61	3%	5%	4%
Orange	34	47	52	2%	3%	3%
Other	374	384	410	24%	24%	24%
Total	1,582	1,621	1,694	100%	100%	100%

(March 18, 2008, Initial CON Application, exhibit C)

11. The following table shows the surgical volume and OR utilization for the last three years:

Table 2: Surgical Volume and OR Utilization for 2005-2007

	2005	2006	2007
Total number of operative cases performed (1)	1,582	1,621	1,694
Annual increase in cases performed	--	2.5%	4.5%
Average annual number of cases per room (2)	791	811	847
Total number of OR hours (3)	1,808	1,875	1,996
Percent of total hours utilized (4)	66%	69%	73%

(1) Each case is defined as a single operative event.

(2) Based on 2 operating rooms.

(3) The average case takes 1.2 hours.

(4) OR hours available per year calculated based on OR #1 being open 38.4 hours/week and OR #2 being open 16 hours/week. The total of 54.4 hours/week times 50 weeks/year results in 2,720 available OR hours.

(March 18, 2008, Initial CON Application, page 6 and April 14, 2008, Completeness Response, page 647)

12. COS presently operates Monday through Friday from 7 a.m. to 3:30 p.m. with emergency hours available based on staffing availability and medical necessity. There are no proposed or anticipated changes to these hours associated with the proposed relocation. (March 18, 2008, Initial CON Application, page 7)

13. COS indicated that the following providers are located within COS' service area:

- Hamden Surgery Center, Hamden CT (4 ORs);
- Shoreline Surgery Center, LLC, Guilford, CT (3 ORs); and
- Temple Surgical Center, New Haven, CT (5 ORs).

(March 18, 2008, Initial CON Application, page 7)

14. COS stated that they anticipate no effect on existing providers due to the relocation of the surgery center because the outpatient surgical center volume is physician-driven, not location-driven, no new physicians are being added to the practice, and thus the patient population is expected to remain the same in North Haven as it is now in Hamden. (*March 18, 2008, Initial CON Application, pages 5-7*)

15. The following table shows the projected surgical volume for FYs 2008 through 2012. Operations at the proposed center are projected to begin in January 2010; volumes until that date are projected for the existing center.

Table 3: Projected Surgical Volume for 2008-2012

	2008	2009	2010	2011	2012
Total number of operative cases performed (1)	1,762	1,832	1,906	1,982	2,061
Annual increase in cases performed	4%	4%	4%	4%	4%
Average annual number of cases per room (2)	881	916	953	991	1,031
Total number of OR hours (3)	2,114	2,199	2,287	2,378	2,473
Percent of total hours utilized (4)	78%	80%	84%	87%	91%

(1) Each case is defined as a single operative event.

(2) Based on 2 operating rooms.

(3) The average case takes 1.2 hours.

(4) OR hours available per year calculated based on OR #1 being open 38.4 hours/week and OR #2 being open 16 hours/week. The total of 54.4 hours/week times 50 weeks/year results in 2,720 available OR hours. (*March 18, 2008, Initial CON Application, page 8 and April 14, 2008, Completeness Response, page 647*)

16. COS presently is accredited by the Accreditation Association for Ambulatory Health Care, Inc. (“AAAHC”). The facility will continue to meet AAAHC standards of excellence and will maintain the policies and procedures in its Quality Assurance Plan. COS also maintains the services of a consultant for quality control. (*March 18, 2008, Initial CON Application, page 10*)

17. Thirteen physicians own COS, with each physician owning 7.69% of the professional corporation. (*March 18, 2008, Initial CON Application, page 10*)

18. Section 19a-613 of the Connecticut General Statutes authorizes OHCA to collect patient-level outpatient data from health care facilities or institutions, as defined in Section 19a-630.

**Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the
Applicant's Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care Services and the
Payers for Such Services
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines**

19. COS anticipates the total capital expenditure for this project, financed with a conventional 20-year loan, will be as follows:

Table 4: Total Proposed Capital Expenditure

Land/Building Purchase (1)	\$1,463,903
Construction/Renovation	\$650,000
Other (2)	\$75,000
Total Capital Expenditure	\$2,188,093

(1) COS, as a professional corporation, is precluded from owning property. Cost of the condominium space for the surgery center will be paid for by Connecticut Orthopaedic Specialists Real Estate Holding, LLC, an affiliate of COS. The space will be leased to COS at fair market value.

(2) COS has set aside \$75,000 for the replacement of any non-imaging equipment that will need to be replaced due to end of useful life by the time the relocation takes place in two years.

(March 18, 2008, Initial CON Application, pages 10 and 17)

20. COS projects incremental losses from operations related to the proposal of \$157,200 for FY 2010, \$147,000 for FY 2011 and \$135,600 for FY 2012. The center still projects a profit for each of these years, yet profit is not as large as it would be without the CON due to the cost of paying off the bank loan for construction. *(March 18, 2008, Initial CON Application, page 612a)*
21. COS proposes to move into 8,000 square feet of newly constructed space in a medical office building being constructed on State Street in North Haven, CT. The surgical center will occupy approximately 6,500 square feet of that space, and the additional 1,500 square feet will house the existing MRI. Although the overall space for the surgical center is larger than the existing facility to comply with requirements of the CT Public Health Code, the clinical space in the existing and new facility are virtually the same. *(March 18, 2008, Initial CON Application, pages 14-15)*
22. COS proposes to complete construction by December 2009, and to complete DPH licensure by the end of December 2009. Commencement of operations is projected for January 2010. *(March 18, 2008, Initial CON Application, page 15)*
23. COS' policy is to provide services to all patients regardless of their ability to pay. Physician's professional services can be provided at reduced rates in accordance with the patient's ability to pay, and are negotiated with the patient prior to surgery. *(April 14, 2008, Completeness Response, page 651)*
24. There is no State Health Plan in existence at this time. *(March 18, 2008, Initial CON Application, page 3)*
25. COS states that the proposal is consistent with its long-range plan. *(March 18, 2008, Initial CON Application, page 3)*

26. COS has utilized group purchasing and the application of technology to improve productivity and contain costs. *(March 18, 2008, Initial CON Application, page 10)*
27. The proposal will not result in any change to COS' teaching and research responsibilities. *(March 18, 2008, Initial CON Application, page 12)*
28. There are no characteristics of COS' patient/physician mix that make the proposal unique. *(March 18, 2008, Initial CON Application, page 12)*
29. COS' current and projected payer mix for the surgical center are as follows:

Table 5: Current and Projected Payer Mix

Payer Mix	Current	Year 1	Year 2	Year 3
Medicare	4%	6%	8%	10%
Medicaid	<1%	<1%	<1%	<1%
CHAMPUS	0%	0%	0%	0%
Total Government	4%	6%	8%	10%
Commercial Insurers	71%	70%	68%	66%
Self or Uninsured	1%	3%	5%	6%
Workers Compensation	24%	21%	19%	18%
Total Non-Government	96%	94%	92%	90%
Total Payer Mix	100%	100%	100%	100%

Note: The growth in Medicare is based on an aging population. An increasing number of patients are expected to opt for self-insurance or high deductibles, leading to a growth in self or uninsured patients. A declining trend in work-related injuries will result in fewer orthopedic surgeries paid for by Worker's Compensation.

(April 14, 2008, Completeness Response, page 648 and April 22, 2008, Completeness Response, page 1)

30. COS has sufficient technical and managerial competence and expertise to provide efficient and adequate service to the public. *(March 18, 2008, Initial CON Application, exhibit I)*

Rationale

The Office of Health Care Access (“OHCA”) approaches community and regional need for Certificate of Need (“CON”) proposals on a case-by-case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g., the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Connecticut Orthopaedic Specialists, P.C. (“COS” or “Applicant”) is a single-specialty orthopedic group practice that operates a licensed surgical center at 2200 Whitney Avenue in Hamden, CT. COS proposes to terminate its lease at the current outpatient surgical center in Hamden and to establish a new outpatient surgical center at 162 State Street in North Haven, CT. COS proposes to offer the same services at the new location as are currently offered at the existing surgical center, and anticipates that the patient population will remain the same for the North Haven location as it is now in Hamden.

COS based the need for the termination of services in Hamden and establishment of services in North Haven on the limitations of the current physical space in Hamden. When COS achieved licensure with the Department of Public Health in 2007, COS was granted several waivers due to the physical restrictions of the Hamden facility. With the existing lease due to expire, COS has the opportunity to relocate the surgery center. COS indicated that the proposed site was selected because North Haven is a contiguous town to Hamden, the site is less than 2 miles from the existing center, and the site can be accessed from both Route I-91 and the Merritt Parkway. Furthermore, the Applicant indicated that site is one of the few locations in the area that offers the potential for development that meets the planning and zoning requirements for medical space. Based on the above, OHCA finds that the Applicant has demonstrated a need to terminate services in Hamden and establish services in North Haven. The proposal will preserve access to and improve the quality of orthopedic surgery services for COS’ current patient population.

The project’s total capital expenditure of \$2,188,093 will be financed with a conventional loan. With the proposal, COS projects incremental losses from operations related to the proposal of \$157,200 for FY 2010, \$147,000 for FY 2011 and \$135,600 for FY 2012. The center still projects an overall profit for each of these years, yet is not as large as it would be without the CON due to the cost of paying off the bank loan for construction. The Applicant’s financial projections, and volumes upon which they are based, appear to be reasonable and achievable. Therefore, OHCA concludes that the CON proposal is financially feasible and will improve the quality of orthopedic surgery services.

Order

Based on the foregoing Findings and Rationale, the Certificate of Need Application of Connecticut Orthopaedic Specialists, P.C. ("Applicant") to terminate its outpatient surgical center in Hamden and to establish a new outpatient surgical center at 162 State Street, North Haven, at a total capital expenditure of \$2,188,093 is hereby GRANTED, subject to the following conditions:

1. This authorization shall expire on May 14, 2010. Should the Applicant's proposal not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.
2. The Applicant shall not exceed the approved total capital expenditure of \$2,188,093. In the event that the Applicant learns of potential cost increases or expects that final project costs will exceed those approved, the Applicant shall notify OHCA immediately.
3. The Applicant must report the following within two months of the commencement date:
 - a. Date of the commencement of operations at the center in North Haven;
 - b. A copy its license from the State of Connecticut Department of Public Health; and
 - c. Documentation of termination of the lease at the center in Hamden.
4. The Applicant shall provide OHCA with utilization reports for the new center in North Haven on a quarterly basis. The data elements and the format and submission requirements are described in Attachment 1. Each quarterly report shall include the name and telephone number of the person that OHCA may contact for data inquiries. In addition to basic data analyses, OHCA will use the submitted data to assure that residents of Hamden and the surrounding towns have appropriate access to the facility.
5. Should the Applicant intend or plan any change in the scope of services provided, expand the existing services beyond the two operating room and two procedure rooms, terminate any services, or change the location of the outpatient surgical facility at 162 State Street, North Haven, Connecticut, the Applicant shall file with OHCA a Certificate of Need, Determination Request, or Letter of Intent regarding the intended or planned service change, termination, or location.

Should the Applicant fail to comply with any of the aforementioned conditions, OHCA reserves the right to take additional action as authorized by law.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

Signed by Commissioner Vogel on May 14, 2008

Date

Cristine A. Vogel
Commissioner

CAV: agf

Attachment 1

Connecticut Orthopaedic Specialists, P.C. shall submit patient-specific data as listed and defined below for those patients that receive service, care, diagnosis, or treatment at its new outpatient surgical center located at 162 State Street in North Haven, Connecticut.

This information may be extracted from either the medical abstract or billing records or both and submitted to the Office of Health Care Access (OHCA) in accordance with this Attachment.

- I. The data are to be submitted in **comma delimited files (*.csv)** or **Excel file (*.xls)** on a computer disk or electronically.
- II. Column headers to be used are listed below in parentheses after the name of each data element.
- III. Data formats to be followed are listed for each data element.
- IV. The disk or file should be clearly marked with the applicant's/facility's name, file name, docket number and its contents.
- V. Accompanying the data submission, the applicant/facility must submit a full written description of the data submitted and its record layout.
- VI. Initial data shall be submitted at the end of the first quarter in which the facility begins to provide the service it is licensed for. Subsequent data for a calendar quarter shall be filed before the end of the calendar quarter following the calendar quarter in which the encounter was recorded. This data set shall contain the data records for each individual encounter from that facility during the preceding calendar quarter. For example, the data set to be filed before June 31, 2002, shall contain the data records for each individual encounter at that facility from January 1, 2002 until March 31, 2002.
- VII. All data collected by OHCA will be subject to the laws and regulations of the State of Connecticut and the Office of Health Care Access regarding its collection, use, and confidentiality.

**Outpatient Facility Encounter Data Layout
 (For Professionals)**

#	Description	Field Name	Data Type	Start	Stop
1	Facility ID -CMS assigned National Provider Identifier (effective May 23, 2005) or OHCA assigned SID # or the last four digits of the Medicare Provider Number for the unit from which the patient was discharged for the encounter being recorded. (Format string :zero filled to left if fewer than 10 characters and left justify)	facid	Char(10)	1	10
2	Fiscal Year – Hospital fiscal year runs from October 1 of a calendar year to September 30 of the following calendar year and is the year of discharge.	fy	Char(4)	11	14
3	Quarter – The quarter of discharge. January 1 – March 31 - 2 April 1 – June 30 - 3 July 1 - September 30 - 4 October 1 – December 31 - 1	quart	Char(1)	15	15
4	Medical Record Number – unique patient identification number assigned to each patient for whom services are provided by a facility that distinguishes by itself the encounter of an individual patient from the encounter of all other patients for that facility. Format: string (20, zero filled to left if fewer than 20 characters)	mrn	Char(20)	16	35
5	Patient Control Number – unique number assigned by the facility to each patient’s individual encounter that distinguishes the medical and billing records of the encounter. Format: string (20, zero filled to left if fewer than 20 characters)	patcont	Char(20)	36	55
6	Social Security Number – patient’s SSN Format: string (9, exclude hyphens)	ssn	Char(9)	56	64
7	Date of birth – the month, day, and year of birth of the patient whose encounter is being recorded. Format: date (8, mmddyyyy)	dob	Date	65	72
8	Sex – patient’s sex, to be numerically coded as follows: 1. Male = 1 2. Female = 2 3. Not determined = 3	sex	Char(1)	73	73
9	Race – patient-identified designation of a category from the following list, and coded as follows: A. White = 1	race	Char(1)	74	74

#	Description	Field Name	Data Type	Start	Stop
	B. Black/African American = 2 C. American Indian/Alaska Native = 3 D. Native Hawaiian/Other Pacific Island = 4 (e.g., Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander.) E. Asian (e.g., Asian Indian, Chinese, Filipino, = 5 Japanese, Korean, Vietnamese, other Asian) = 6 F. Two or more races = 7 G. Some other race = 8 H. Unknown				
10	Ethnicity – patient-identified ethnic origin from categories listed and coded as follows: A. Hispanic/Latino = 1 (i.e., Mexican, Puerto Rican, Cuban or other Hispanic or Latino) B. Non-Hispanic/Latino = 2	pat_eth	Char(1)	75	75
11	Patient’s State – patient indicated state of primary residence.	patstate	Char(2)	76	77
12	Town – patient indicated town of primary residence.	town_cty	Char(3)	78	80
13	Zip Code – zip code of the patient’s primary residence	patzip	Char(5)	81	85
14	Relationship to Insured1 – means the categories of patient’s relationship to the identified insured or sponsor as listed below: 1. Self = 1 2. Spouse = 2 3. Child = 3 4. Other = 4	r_insured1	Char(3)	86	88
15	Employment status (e_stat) – means the categories of patient’s employment status as listed below: 1. Employed = 1 2. Full-time student = 2 3. Part-time student = 3 4. Retired = 4 5. Other = 5	e_stat	Char(1)	89	89

#	Description	Field Name	Data Type	Start	Stop
16	Insured1's employer – means the name of the insured's employer.	employ1	Char(50)	90	139
17	Insured1's state of residence – means the insured's state of primary residence.	i1_state	Char (2)	140	141
18	Insured2's employer – means the name of the insured's employer.	employ2	Char (50)	142	191
19	Insured2's state of residence – means the insured's state of primary residence.	i2_state	Char (2)	192	193
20	Insured3's employer – means the name of the insured's employer.	employ3	Char (50)	194	243
21	Insured3's state of residence – means the insured's state of primary residence.	i3_state	Char (2)	244	245
22	Principal Diagnosis – the ICD-9-CM code for the condition which is established after the study to be chiefly responsible for the encounter being recorded. Format: String (5, do not include decimal place -- decimal place is implied)	dx1	Char(5)	246	250
23	Secondary Diagnoses (dx2 through dx10) – the ICD-9-CM codes for the conditions, exclusive to the principal diagnosis, which exist at the time the patient was treated or which developed subsequently to the treatment and which affect the patient's treatment for the encounter being recorded. Diagnoses which are associated with an earlier encounter and which have no bearing on the current encounter shall not be recorded as secondary diagnoses. Format: String (5, do not include decimal place -- decimal place is implied)	dx2	Char(5)	251	255
24	As defined in (23)	dx3	Char(5)	256	260
25	As defined in (23)	dx4	Char(5)	261	265
26	As defined in (23)	dx5	Char(5)	266	270
27	As defined in (23)	dx6	Char(5)	271	275
28	As defined in (23)	dx7	Char(5)	276	280
29	As defined in (23)	dx8	Char(5)	281	285
30	As defined in (23)	dx9	Char(5)	286	290
31	As defined in (23)	dx10	Char(5)	291	295
32	E-code (ecode1 to ecode3) – The ICD-9-CM codes for external cause of injury, poisoning or adverse effect. Format: string (5, do not include decimal place -- decimal place is implied)	ecode1	Char(5)	296	300
33	As defined in (32)	ecode2	Char(5)	301	305
34	As defined in (32)	ecode3	Char(5)	306	310

#	Description	Field Name	Data Type	Start	Stop
35	Date of service– the month, day, and year for each procedure, service or supply. “To (dost) & From (dosf)” are for a series of identical services provider recorded. Format: date (8, mmddyyyy)	dosf	Date	311	318
36	As defined in (35)	dost	Date	319	326
37	Principal Procedure - the HCPCS/CPT code for the procedure most closely related to the principal diagnosis that is performed for the definitive treatment of the patient.	px1	Char(5)	327	331
38	Modifier (mod1 & mod2) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod1	Char(2)	332	333
39	As defined in (38)	mod2	Char(2)	334	335
40	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum1	Char(2)	336	337
41	Units of services – number of days for multiple days or units of supply.	Units1	Num (4)	338	341
42	Charge – charge for the listed service	Charge1	Num (6)	342	347
43	Secondary Procedure (px2 through px10) – the HCPCS/CPT codes for other significant procedures.	Px2	Char(5)	348	352
44	Modifier (mod3 & mod4) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod3	Char(2)	353	354
45	As defined in (38)	mod4	Char(2)	355	356
46	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum2	Char(2)	357	358
47	Units of services – number of days for multiple days or units of supply.	Units2	Num (4)	359	362
48	Charge – charge for the listed service.	Charge2	Num (6)	363	368
49	As defined in (43)	px3	Char(5)	369	374
50	Modifier (mod5 & mod6) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod5	Char(2)	375	376
51	As defined in (38).	mod6	Char(2)	377	378
52	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum3	Char(2)	379	380

#	Description	Field Name	Data Type	Start	Stop
53	Units of services – number of days for multiple days or units of supply.	Units3	Num (4)	381	384
54	Charge – charge for the listed service	Charge3	Num (6)	385	390
55	As defined in (43).	px4	Char(5)	391	395
56	Modifier (mod7 & mod8) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod7	Char(2)	396	397
57	As defined in (38).	mod8	Char(2)	398	399
58	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum4	Char(2)	400	401
59	Units of services – number of days for multiple days or units of supply.	Units4	Num (4)	402	405
60	Charge – charge for the listed service.	Charge4	Num (6)	406	411
61	As defined in (43).	px5	Char(5)	412	416
62	Modifier (mod9 & mod10) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code	mod9	Char(2)	417	418
63	As defined in (38)	mod10	Char(2)	419	420
64	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum5	Char(2)	421	422
65	Units of services – number of days for multiple days or units of supply.	Units5	Num (4)	423	426
66	Charge – charge for the listed service.	Charge5	Num (6)	427	432
67	As defined in (43).	px6	Char(5)	433	437
68	Modifier (mod11 & mod12) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod11	Char(2)	438	439
69	As defined in (38).	mod12	Char(2)	440	441
70	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum6	Char(2)	442	443
71	Units of services – number of days for multiple days or units of supply.	Units6	Num (4)	444	447
72	Charge – charge for the listed service.	Charge6	Num (6)	448	453
73	As defined in (43).	px7	Char(5)	454	458

#	Description	Field Name	Data Type	Start	Stop
74	Modifier (mod13 & mod14) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod13	Char(2)	459	460
75	As defined in (38).	mod14	Char(2)	461	462
76	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum7	Char(2)	463	464
77	Units of services – number of days for multiple days or units of supply.	Units7	Num (4)	465	468
78	Charge – charge for the listed service.	Charge7	Num (6)	469	474
79	As defined in (43).	px8	Char(5)	475	479
80	Modifier (mod15 & mod16) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod15	Char(2)	480	481
81	As defined in (38).	mod16	Char(2)	482	483
82	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum8	Char(2)	484	485
83	Units of services – number of days for multiple days or units of supply.	Units8	Num (4)	486	489
84	Charge – charge for the listed service.	Charge8	Num (6)	490	495
85	As defined in (43).	px9	Char(5)	496	500
86	Modifier (mod17 & mod18) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod17	Char(2)	501	502
87	As defined in (38).	mod18	Char(2)	503	504
88	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum9	Char(2)	505	506
89	Units of services – number of days for multiple days or units of supply.	Units9	Num (4)	507	510
90	Charge – charge for the listed service.	Charge9	Num (6)	511	516
91	As defined in (43).	px10	Char(5)	517	521
92	Modifier (mod19 & mod20) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod19	Char(2)	522	523
93	As defined in (38).	mod20	Char(2)	524	525
94	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum10	Char(2)	526	527

#	Description	Field Name	Data Type	Start	Stop
95	Units of services – number of days for multiple days or units of supply.	Units10	Num (4)	528	531
96	Charge – charge for the listed service.	Charge10	Num (6)	532	537
97	Payment sources (Primary (ppayer), Secondary (spayer) and Tertiary (tpayer)) - the major payment sources that were expected at the time the dataset was completed, from the categories listed below: Self pay = A Worker's Compensation = B Medicare = C Medicaid = D Commercial Insurance Company = E Medicare Managed Care = F Medicaid Managed Care = G Commercial Insurance Managed Care = H CHAMPUS or TRICARE = I Other Government Payment = J Title V = Q No Charge or Free Care = R Other = M	ppayer	Char(1)	538	538
98	As defined in (97).	spayer	Char(1)	539	539
99	As defined in (97).	tpayer	Char(1)	540	540
100	Payer Identification (payer1, payer2, payer3) – the insured’s group number (or National Plan ID) that identifies the payer organization from which the facility expects, at the time of the encounter, some payment for the bill. Up to three payer organizations shall be reported in the order of their expected contributions to the payment of the facility’s bill. Format: string (9, zero filled to left if fewer than 9 characters)	payer1	Char(5)	541	545
101	As defined in (100).	payer2	Char(5)	546	550
102	As defined in (100).	payer3	Char(5)	551	555
103	Encounter type – indicates the priority of the encounter. Emergent = 1 Urgent = 2 Elective = 3	etype	Char(1)	556	556
104	Referring Physician - State license number or NPI of the physician primarily responsible for the patient for this encounter. (Format string :zero filled to left if fewer than 10 characters and left justify)	rphysid	Char(10)	557	566

#	Description	Field Name	Data Type	Start	Stop
105	Attending Physician – State license number or NPI identifying the provider who performed the service/treatment/procedure. (Format string :zero filled to left if fewer than 10 characters and left justify)	pphysdocid	Char(10)	567	576
106	Operating Physician – State license number or NPI identifying the provider who performed the service/treatment/procedure. (Format string :zero filled to left if fewer than 10 characters and left justify)	ophysid	Char(10)	577	586
107	Charges – Sum of all charges for this encounter.	chrg_tot	Num(8)	587	594
108	Disposition – the circumstances of the patient’s discharge, categories of which are defined below: Discharged to home or self care, (routine discharge) 01 Discharged or transferred to another short term general hospital for inpatient care 02 Discharged or transferred to a skilled nursing facility (SNF) 03 Discharged or transferred to an intermediate care facility (ICF) 04 Transferred to another type of institution for inpatient care 05 Discharged or transferred to a home under care of an organized home health service organization 06 Left or discontinued care against medical advice 07 Discharged or transferred to home under the care of a home IV Provider 08 Admitted as an inpatient to this hospital 09 Expired 20 Expired at home 40 Expired in a medical facility (e.g. hospital, SNF, ICF or free-standing hospice) 41 Expired – place unknown 42 Hospice – home 50 Hospice – medical facility 51	pstat	Char(2)	595	596

#	Description	Field Name	Data Type	Start	Stop
	Discharged or transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital 62 Discharged or transferred to Medicare certified long term care hospital (LTCH) 63 Discharged or transferred to a nursing facility certified under Medicaid but not certified under Medicare 64 Discharged or transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 65				

Please provide all new categories of a data element indicate by the external code sources specified in the National Electronic Data Interchange Transaction Set Implementation Guide Section C.