#	SAS INPUT	Variable	Format	Type	Length	DESCRIPTION	Start Position	End Position
1	@1	AGE	8.	NUM	8	PATIENT AGE	1	8
2	@9	COVDAYS	8.	NUM	8	COVERED LENGTH OF STAY	9	16
3	@17	DPTCHRG	8.	NUM	8	TOTAL DEPARTMENT CHARGES	17	24
4	@25	OTHCHG	8.	NUM	8	OTHER CHARGE	25	32
5	@33	RXCHG	8.	NUM	8	CHARGE FOR DRUGS	33	40
6	@41	SUPCHG	8.	NUM	8	CHARGE FOR SUPPLIES	41	48
7	@49	DMENEW	8.	NUM	8	NEW DME CHARGES	49	56
8	@57	DMEUSED	8.	NUM	8	USED DME CHARGES	57	64
9	@65	PTCHG	8.	NUM	8	CHARGE FOR THERAPIES	65	72
10	@73	OTCHG	8.	NUM	8	CHARGE FOR THERAPIES	73	80
11	@81	STCHG	8.	NUM	8	CHARGE FOR THERAPIES	81	88
12	@89	INHLCHG	8.	NUM	8	CHARGE FOR INHALATION THERAPY	89	96
13	@97	BLDCHG	8.	NUM	8	CHARGES FOR BLOOD	97	104
14	@105	ORCHG	8.	NUM	8	CHARGE FOR OP ROOM	105	112
15	@113	LITHCHG	8.	NUM	8	CHARGES FOR LITHOTRIPSY	113	120
16	@121	CARDCHG	8.	NUM	8	CHARGE FOR ELECTROCARD	121	128
17	@129	ANESCHG	8.	NUM	8	CHARGE FOR ANESTHESIA	129	136
18	@137	LABCHG	8.	NUM	8	CHARGE FOR LAB	137	144
19	@145	RADCHG	8.	NUM	8	CHARGE FOR RADIOLOGY	145	152
20	@153	MRICHG	8.	NUM	8	CHARGE FOR MRI	153	160
21	@161	OUPTCHG	8.	NUM	8	CHARGES FOR OUTPATIENT	161	168
22	@169	ERCHG	8.	NUM	8	CHARGE FOR EMERGENCY	169	176
23	@177	AMBCHG	8.	NUM	8	CHARGE FOR AMBULANCE	177	184
24	@185	DRG	8.	NUM	8	DRG CODE	185	192
25	@193	DCHDEST	8.	NUM	8	DISCHARGE DESTINATION	193	200
26	@201	NUMSTAY	8.	NUM	8	TOTAL NUMBER OF PROVIDER STAYS	201	208
27	@209	INTERNS	8.	NUM	8	FACILITY INTERNS AND RESIDENT COUNTS	209	216
28	@217	TYPE	8.	NUM	8	1 = HOSP, 2 = DPU, 3 = DPU	217	224
29	@225	PSYHOS	8.	NUM	8	FACILITY TYPE,(1=DPU,0=HOSP)	225	232
30	@233	RES	8.	NUM	8	DPU SPECIFIC INTERNS AND RESIDENTS	233	240
31	@241	WAGEINDX	8.4	NUM	8	FACILITY WAGE INDEX, 1999	241	248
32	@249	RCC_OR	8.4	NUM	8	RATIO OF COST-CHARGE FOR OP ROOM	249	256
33	@257	RCC_ANS	8.4	NUM	8	RATIO OF COST-CHARGE FOR ANESTHESIA	257	264
34	@265	RCC_RX	8.4	NUM	8	RATIO OF COST-CHARGE FOR DRUGS	265	272
35	@273	RCC_SUP	8.4	NUM	8	RATIO OF COST-CHARGE FOR SUPPLIES	273	280
36	@281	RCC_TPP	8.4	NUM	8	RATIO OF COST-CHARGE FOR THERAPIES	281	288
37	@289	RCC_TPO	8.4	NUM	8	RATIO OF COST-CHARGE FOR THERAPIES	289	296
38	@297	RCC_TPS	8.4	NUM	8	RATIO OF COST-CHARGE FOR THERAPIES	297	304
39	@305	RCC_ELE	8.4	NUM	8	RATIO OF COST-CHARGE FOR ELECTROCARD	305	312
40	@313	RCC_LAB	8.4	NUM	8	RATIO OF COST-CHARGE FOR LAB	313	320
41	@321	RCC_RAD	8.4	NUM	8	RATIO OF COST-CHARGE FOR RADIOLOGY	321	328
42	@329	RCC_EMR	8.4	NUM	8	RATIO OF COST-CHARGE FOR EMERGENCY	329	336
43	@337	RCC_ROO	8.4	NUM	8	RATIO OF COST-CHARGE FOR ROOM	337	344
44	@345	RCC_ANC	8.4	NUM	8	RATIO OF COST-CHARGE FOR ANCILLARIES	345	352
45	@353	URBAN_X	8.	NUM	8	URB/RUR COMB PSF AND OSCAR(1=URBAN)	353	360
46	@361	ADC	8.	NUM	8	AVG DAILY CENSUS OF PSYCH SERVICES	361	368
47	@369	TADC	8.	NUM	8	TOTAL HOSPITAL AVG DAILY	369	376

					CENSUS		
48 @377	BEDSDAY1	8.	NUM	8	AVG BEDS/DAY AVAIL USING (CRMNTHS*30)	377	384
49 @385	TOTBEDS	8.	NUM	8	TOTAL BEDS FROM THE COST REPORT FILE	385	392
50 @393	OCC_RATE	8.4	NUM	8	OCCUPANCY RATE	393	400
51 @401	IRBBEDS	8.	NUM	8	IRB TO AVAILABLE BEDS	401	408
52 @409	IRBADC	8.	NUM	8	IRB TO PSCYCH FACILITY ADC	409	416
53 @417	IRBTADC	8.	NUM	8	IRB TO HOSPITAL ADC	417	424
54 @425	MRPERC	8.	NUM	8	MEDICARE PERCENTAGE OF PATIENT DAYS	425	432
55 @433	SAL_PC	8.4	NUM	8	SALARY PCT WKST A, BEFORE STEPDOWN	433	440
56 @441	MDPERC	8.4	NUM	8	MEDICAID PERCENTAGE OF PATIENT DAYS	441	448
57 @449	MR_DAYS	8.	NUM	8	MEDICARE DAYS	449	456
58 @457	MR_LOS	8.	NUM	8	MEDICARE LOS	457	464
59 @465	MR_DSCH	8.	NUM	8	MEDICARE DISCHARGES	465	472
60 @473	NMR_DAYS	8.	NUM	8	NON-MEDICARE DAYS	473	480
61 @481	NMR_DSCH	8.	NUM	8	NON-MEDICARE DISCHARGES	481	488
62 @489	NMR_LOS	8.	NUM	8	NON-MEDICARE LOS	489	496
63 @497	WSBCDAY	8.	NUM	8	WKST B ROUTINE COSTS PER DAY	497	504
64 @505	CSTDAYPT	8.	NUM	8	COST/DAY,INC ANC& PT, SUM ANC+RTN	505	512
65 @513	CAPDAY	8.	NUM	8	CAPITAL COST/DAY	513	520
66 @521	TEF_DSCH	8.	NUM	8	TEFRA LIMIT PER DISCHARGE	521	528
67 @529	RTNDAYF1	8.	NUM	8	FACILITY RTN COSTS(TOTAL COST/DAY LESS ANCILLARY COSTS)	529	536
68 @537	EXC_DAY	8.	NUM	8	EXCLUDED COSTS PER DAY	537	544
69 @545	CSTDAYWO	8.	NUM	8	TOTAL COST/DAY SUBJ TEFRA LIMITS	545	552
70 @553	PAYDAY	8.	NUM	8	PAYMENT/DAY SUBJECT TO TEFRA LIMITS	553	560
71 @561	MC_MARG	8.	NUM	8	MEDICARE MARGIN	561	568
72 @569	TEF_PAY	8.	NUM	8	TOTAL PAYMENT SUBJECT TO TEFRA LIMIT	569	576
73 @577	TEF_CST	8.	NUM	8	TOTAL COSTS SUBJECT TO TEFRA	577	584
74 @585	TOT_CST	8.	NUM	8	TOTAL COSTS INCLUDING PASS THRU AMTS	585	592
75 @593	EXC_CST	8.	NUM	8	TOTAL EXCLUDED COSTS FROM TEFRA	593	600
76 @601	RTNDAYF2	8.	NUM	8	FACILITY RTN COSTS, AS REPORTED ON CR	601	608
77 @609	ANCDAYF	8.	NUM	8	FACILITY ANCILLARY COSTS PER DAY	609	616
78 @617	CSTDAYWI	8.	NUM	8	COST/DAY (ROUTINE AND ANCILLARY) WAGE ADJUSTED	617	624
79 @625	ANC_OR	8.	NUM	8	COSTS FOR OP ROOM	625	632
80 @633	ANC_RX	8.	NUM	8	COSTS FOR DRUGS	633	640
81 @641	ANC_SUP	8.	NUM	8	COSTS FOR SUPPLIES	641	648
82 @649	ANC_TPY	8.	NUM	8	COSTS FOR THERAPY	649	656
83 @657	ANC_ELE	8.	NUM	8	COSTS FOR ELECTROCARD	657	664
84 @665	ANC_LAB	8.	NUM	8	COSTS FOR LAB	665	672
85 @673	ANC_RAD	8.	NUM	8	COSTS FOR RADIOLOGY	673	680
86 @681	ANC_EMR	8.	NUM	8	COSTS FOR EMERGENCY	681	688
87 @689	TOT_ANC	8.	NUM	8	TOTAL ANCILLARY COSTS FOR THE STAY	689	696
88 @697	COST_STY	8.	NUM	8	ROUTINE AND ANCILLARY COST/STAY	697	704
89 @705	ANC_DAY	8.	NUM	8	AVERAGE ANCILLARY COSTS/DAY FOR THE STAY	705	712
90 @713	TOT_COST	8.	NUM	8	AVERAGE RTN AND ANC COST/DAY FOR THE STAY	713	720
91 @721	SEX	$1.	CHAR	1	SEX(1=MALE,2=FEMALE)	721	721
92 @722	MSCODE	$2.	CHAR	2	MEDICARE STATUS CODE	722	723
93 @724	PROVIDER	$6.	CHAR	6	PROVIDER NUMBER INCLINCLUDING SUB PROVIDER	724	729

94 @730	DIAGCD1	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	730	735
95 @736	DIAGCD2	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	736	741
96 @742	DIAGCD3	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	742	747
97 @748	DIAGCD4	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	748	753
98 @754	DIAGCD5	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	754	759
99 @760	DIAGCD6	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	760	765
100 @766	DIAGCD7	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	766	771
101 @772	DIAGCD8	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	772	777
102 @778	DIAGCD9	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	778	783
103 @784	DIAGCD10	$6.	CHAR	6	DIAGNOSIS ICD-9-CM CODE 1-10	784	789
104 @790	SURGIND	$1.	CHAR	1	SURGERY INDICATOR	790	790
105 @791	SURGCD1	$7.	CHAR	7	SURGICAL PROCEDURE CODE	791	797
106 @798	SURGCD2	$7.	CHAR	7	SURGICAL PROCEDURE CODE	798	804
107 @805	SURGCD3	$7.	CHAR	7	SURGICAL PROCEDURE CODE	805	811
108 @812	CRMNTHS	$2.	CHAR	2	NUMBER OF MONTHS IN COST REPORT YR	812	813
109 @814	TYPEA	$7.	CHAR	7	TYPE OF PSYCH FACILITY	814	820
110 @821	MSA	$4.	CHAR	4	URBAN MSA DESIGNATIONS	821	824
111 @825	CONTROLA	$9.	CHAR	9	TYPE OF OWNERSHIP, FP OR NFP OR GOVT	825	833
112 @834	PSYPROV	$6.	CHAR	6	PROVIDER NUMBER INCL. SUB PROVIDER	834	839