

**Emergency Department and  
Ambulatory Surgery Data  
File Documentation**

**Complete File  
January – June 2008**

**SAS Version 9.1**

# Emergency Department and Ambulatory Surgery Data

January-June 2008

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## INTRODUCTION

### **General Information:**

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of data collected from licensed Emergency Departments and Ambulatory Surgery facilities in California. Each record within the dataset consists of one outpatient encounter, also known as a service visit, for each time a patient is treated. Data collected for these encounters include demographic, clinical, payer, and facility information.

Ambulatory Surgery (AS) data include encounters from general acute care hospitals and licensed freestanding ambulatory surgery clinics, during which at least one ambulatory surgery procedure is performed. While not all freestanding ambulatory surgery centers are required to be licensed by the Department of Public Health, the freestanding ambulatory surgery centers that are licensed by Department of Public Health as surgical clinics are required to report. The recent Capen decision affects these licensed entities and is discussed in more detail below under the heading The Capen vs. Shewry Decision.

An ambulatory surgery procedure is defined as those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic. If the procedure was done elsewhere such as radiology, OSHPD cannot mandate collection from those areas not specified in the law. If a hospital based AS encounter resulted in a same-hospital admission, the hospital-based AS encounter would be combined with the inpatient record. A separate AS record would not be reported for that scenario. When analyzing hospital-based AS records, you may want to include the AS direct admission using the inpatient's source of admission's site for Ambulatory Surgery and licensure for "Admitting Hospital".

Emergency Department (ED) data includes encounters from hospitals licensed to provide emergency medical services. ED services include basic, standby, or comprehensive. Urgent care should not be automatically considered an ED. Urgent care centers or clinics are licensed by the California Medical Board, and can be owned and operated by a physician or contracted out by a hospital, or acts as a drop-in for the ambulatory care clinic. Urgent care is not intended to be a replacement for ED. The ED encounter includes those patients who had a face-to-face contact with the provider. In the event of elopement or left without being seen, the patient did not have a face-to-face encounter with the provider and therefore, the ED record was not reported. The provider is a person with primary responsibility for assessing and treating the condition of a patient at a given contact and exercises independent judgment in the care of the patient. This includes medical doctor, doctor of osteopathy, doctor of dental surgery, or a doctor of podiatric medicine. If the ED encounter resulted in a same-hospital admission, the ED encounter would be combined with the inpatient record. A separate ED record would not be reported for that scenario. When analyzing ED records, you may want to include the ED direct admissions by the inpatient's source of admission's route for ER.

For more details on the definitions of the data reported and reporting requirements, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at [www.oshpd.ca.gov/HID/MIRCal/EDASManual.html](http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html).

### **Disclosure Policy:**

It is the policy of the Office of Statewide Health Planning and Development (OSHPD) to respect

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the privacy of individuals by protecting the confidentiality of all patient-level healthcare data and information that it collects, uses, and disseminates. Accordingly, OSHPD will carefully evaluate all requests for disclosure of patient-level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

OSHPD may disclose patient-level healthcare data and information to the general public only if OSHPD has determined that they have been de-identified. All other patient-level healthcare data and information will be considered non-public. OSHPD will disclose non-public patient-level healthcare data and information ONLY when certain conditions have been met. For a copy of OSHPD's policy on the release of patient-level data please see Appendix A (Policy on the Disclosure of Patient-Level Healthcare Data and Information Policy # 05 - 18).

#### **Modifications and Variant Action Reports:**

Some facilities have applied for and been granted "modifications" to standard inpatient data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix B (Data Exceptions and Modifications) for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

#### **Changes to Reporting of Disposition:**

The National Uniform Billing Committee has made changes to the reporting of Patient Discharge Status Codes (reported to OSHPD as "Disposition") beginning on 04/01/08. Although these changes are not yet reflected in regulation, OSHPD is accommodating the reporting of these new definitions. Only two codes are affected, a new code, 70, has been added and an existing code, 05, has changed definition. Beginning with the second quarter encounter data, Code 05 is defined as "discharged or transferred to a designated cancer center of children's hospital". The old definition "discharged or transferred to another type of health care institution not elsewhere coded" is now represented by a new code, 70.

#### **The Capen vs. Shewry Decision:**

In the case Capen vs. Shewry, dated 09/19/2007, it was the opinion of the court that the Department of Public Health (CDPH) Licensing and Certification does not have the authority to issue licenses to physician owned surgical clinics.

In an opinion filed on February 8, 2007, the California Court of Appeals, Third Appellate District, interpreted California clinic licensing law pursuant to Section 1200, et seq. of the California Health and Safety Code, that certain types of clinics and surgical clinics are eligible for licensure by CDPH. The Statute defines "Surgical Clinics" to exclude clinics that are owned and operated by one or more physicians, but expressly provides that physicians or dentists may, at their option, apply for licensure. CDPH had interpreted the Statute as excluding from mandatory licensure only clinics in which all of the physicians are owners, and requiring licensure of physician-owned clinics in which non-owner physicians practice. CDPH had also licensed physician owned clinics that voluntarily requested it.

However, on September 19, 2007, the Third District Court of Appeals issued its decision in the Capen vs. Shewry lawsuit holding that all clinics that are owned by a physician or group of physicians are excluded from licensure by CDPH. According to the decision, physician-owned clinics are subject to licensure by the Medical Board of California, which licenses certain "Outpatient Surgery settings" that use anesthesia.

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CDPH has interpreted the decision as stripping it of the authority to license or regulate any physician owned surgical clinic, including the authority to issue licenses that physicians request voluntarily.

#### **Importing Notes:**

There are several fields that although they appear to contain numeric data, should be treated as text. This is particularly important when working with diagnosis and procedure codes. These fields are comprised of ICD-9-CM (diagnosis) and CPT (procedure) codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is “003.0” (implied decimal following the third digit from the left). If it is not formatted as text, the leading zeros may be dropped and the code will appear as an invalid diagnosis code of “30”.

#### **File Format:**

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited, patient-level datasets, a header row identifying each data element is provided in the position of the first record. The SAS dataset was created using SAS version 9.1 for Windows.

The attributes for each data field is provided on the following pages.

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## File Documentation

### Facility Identification Number

Field Name: Fac\_ID

Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names and number of encounters are provided in Appendices C (Emergency Department) and D (Ambulatory Surgery).

Variable Type: Character

Variable Length: 6

### Facility County

Field Name: Fac\_Co

Definition: The county where the reporting facility is located.

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	
20 = Madera	40 = San Luis Obispo	

Variable Type: Character

Variable Length: 2

### Facility ZIP Code

Field Name: FacZip

Definition: The ZIP Code where the reporting facility is located.

Variable Type: Character

Variable Length: 5

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#### **Dataset Identification Number**

Field Name: Data\_ID  
Definition: A unique ten-digit identifier assigned to each record within a specific group of data submitted by a facility for a given report period.  
Variable Type: Character  
Variable Length: 10

#### **License Type**

Field Name: Lic\_type  
Definition: The license type of the reporting facility. For Ambulatory Surgery data, this variable can be used to distinguished between freestanding ambulatory surgery centers and hospital-based ambulatory surgery.  
C = Clinic  
H = Hospital  
Variable Type: Character  
Variable Length: 1

#### **Patient Identification Number**

Field Name: Pat\_ID  
Definition: Identification number assigned to each record within a specific group of data submitted by a facility for a given report period. The patient identification number is a sequential value generated as the record is entered into the system, but there may be gaps due to the deletion of some records prior to approval or during standardization. This identifier is also called Sequence Number and this is different from the Record Linkage Sequence Number. This variable is only available to OSHPD staff.  
Variable Type: Character  
Variable Length: 12

#### **Abstract Record Number**

Field Name: Absrec  
Definition: A unique code consisting of not more than 12 alphanumeric characters (may include hyphens, slashes or other special characters) that identifies a particular patient's record within a reporting facility. This field is only available to OSHPD staff.  
Variable Type: Character  
Variable Length: 12

#### **Social Security Number**

Field Name: SSN  
Definition: The patient's Social Security Number (SSN). If the SSN is not recorded in the

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patient's medical record, the SSN was reported as "000000001". The SSN should not be reported as SSN of some other person, such as the mother of a newborn or the insurance beneficiary under whose account the facility's bill was submitted. For more information on OSHPD's instructions for non-US numbers and Medicare numbers, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at [www.oshpd.ca.gov/HID/MIRCal/EDASManual.html](http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html). This variable is only available to OSHPD staff approved to access it.

Variable Type: Character

Variable Length: 9

#### **Record Linkage Number**

Field Name: RLN

Definition: A unique 9-digit alphanumeric value that results from the encryption of the patient's Social Security Number. If the Social Security Number is invalid, blank or unknown, then the RLN is assigned a value of 9-dashes "-----"

Variable Type: Character

Variable Length: 9

#### **Date of Birth**

Field Name: Brthdate

Definition: Patient's modified date of birth. The modified date of birth reflects defaults applied to invalid values reported by facilities. If the reported month or day is invalid, they are defaulted to "01". If the year is invalid, then the date of birth is set to null.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10)

#### **Date of Birth – Raw**

Field Name: Dob\_raw

Definition: Patient's date of birth as originally reported by the facility.

Variable Type: Character

Variable Length: 8 (YYYYMMDD)

#### **Age in Days (at time of service)**

Field Name: Agdyserv

Definition: Age of the patient (in days) at time of service. This is based on the reported service date and patient's date of birth and only available for patients who are less than 365 days old. When the date of admission and the date of birth are the same, age in days is set to "1". If the date of birth is unknown or invalid or the patient is greater than 364 days old, the age in days is set to "0".

Variable Type: Numeric

Variable Length: 8

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#### **Age in Years (at time of service)**

Field Name: Agyrserv  
Definition: Age of the patient (in years) at time of service. This is based on the reported service date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0".  
Variable Type: Numeric  
Variable Length: 8

#### **Age Range – Children (8 categories)**

Field Name: Child  
Definition: Age range (with a focus on pediatrics) of the patient at time of service.  
1 = 1–28 days                      5 = 10–14 years  
2 = 29–365 days                  6 = 15–17 years  
3 = 1–4 years                        7 = 18–20 years  
4 = 5–9 years                        0 = Not a Child / Unknown age  
Variable Type: Character  
Variable Length: 1

#### **Age Range – Female High-Risk Group**

Field Name(s): Hrd  
Definition: Age range category based upon a female patient's age at the time of admission. This age category is used to report high-risk deliveries. If the age of the female patient is unknown, a value of "00" is assigned. If the patient is not female, the variable is defaulted to null.  
0 = unknown age  
1 = 0-15 years  
2 = 16-34 years  
3 = 35+ years  
Variable Type: Character  
Variable Length: 1

#### **Age Range – Pivot Table**

Field Name(s): Pivot  
Definition: Age category based on the patient's age at time of service in 10 year increments.  
00 = Unknown age                      06 = 40-49 years  
01 = Under 1 year                      07 = 50-59 years  
02 = 1-9 years                          08 = 60-69 years  
03 = 10-19 years                        09 = 70-79 years  
04 = 20-29 years                        10 = 80 + years  
05 = 30-39 years  
Variable Type: Character  
Variable Length: 2

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#### **Age Range – Perspectives 65**

Field Name(s): Pers65

Definition: Age range category based on the patient's age at time of service, used for producing age-adjusted rates and used to create tables in the California Perspectives for Healthcare publication:  
[www.oshpd.ca.gov/HID/Perspectives/index.html](http://www.oshpd.ca.gov/HID/Perspectives/index.html) .

00 = Unknown age

01 = 0-4 years

02 = 5-14 years

03 = 15-44 years

04 = 45-64 years

05 = 65+ years

Variable Type: Character

Variable Length: 1

#### **Age Range – Perspectives 60**

Field Name(s): Pers60

Definition: Age range category based on the patient's age at time of service, used to create tables in the California Perspectives for Healthcare publication:  
[www.oshpd.ca.gov/HID/Perspectives/index.html](http://www.oshpd.ca.gov/HID/Perspectives/index.html) .

0 = Unknown age

1 = 0-14 years

2 = 15-29 years

3 = 30-44 years

4 = 45-59 years

5 = 60+ years

Variable Type: Character

Variable Length: 1

#### **Gender**

Field Name: Sex

Definition: Gender of the patient at time of service. "Unknown" includes undetermined sex, congenital abnormalities that obscure sex identification, and sex change operations, including any procedure related to a sex change operation (e.g., hysterectomy, mastectomy, etc.) and that the patient's gender was not available from the medical record. Reported invalid and missing values for sex were defaulted to "I".

M = Male

F = Female

U = Unknown

I = Invalid

Variable Type: Character

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Variable Length: 1

#### **Ethnicity**

Field Name: Eth

Definition: Ethnicity (self reported) of the patient. If the patient's ethnicity is not recorded in the patient's medical record, or the patient could not or would not declare ethnicity, it was reported as "Unknown" (code 99). Reported invalid and missing values for ethnicity were defaulted to "00". Detailed definitions of Race and Ethnicity are provided in Appendix G.

E1 = Hispanic

E2 = Non-Hispanic

99 = Unknown

00 = Invalid / Blank

Variable Type: Character

Variable Length: 2

#### **Race**

Field Name: Race

Definition: Patient's racial background (self reported). If the patient's race is not recorded in the patient's medical record, or the patient could not or would not declare race, it was reported as "Unknown" (code 99). Reported invalid and missing values for race were defaulted to "00". Detailed definitions of Race and Ethnicity are provided in Appendix G.

R1 = American Indian/Alaskan Native

R2 = Asian

R3 = Black/African American

R4 = Native Hawaiian/Other Pacific Islander

R5 = White

R9 = Other Race

99 = Unknown

00 = Invalid/Blank

Variable Type: Character

Variable Length: 2

#### **Race Group – Normalized**

Field Name: Race\_grp

Definition: The normalized race group for a patient based on a combination (merged) of their reported race and ethnicity. If a patient's ethnicity is "Hispanic" then the race group is coded as "3 – Hispanic". For example, White/Hispanic is assigned to code "3 – Hispanic". For all other values of ethnicity race group is assigned the same category (White, Black etc.) as the reported race. For example, White/Non-Hispanic is assigned to code "1 – White". Reported unknown and invalid values are defaulted to "0".

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1 = White  
2 = Black  
3 = Hispanic  
4 = Asian/Pacific Islander  
5 = Native American/Eskimo/Aleut  
6 = Other  
0 = Unknown/Invalid/Blank

Variable Type: Character

Variable Length: 1

#### **Patient ZIP Code**

Field Name: Patzip

Definition: The patient's 5-digit ZIP Code of residence. If the reported ZIP Code is invalid or if the ZIP Code is unknown, it is assigned a value of 99999.

Variable Type: Character

Variable Length: 5

#### **Patient County**

Field Name: Patco

Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP Codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP Codes and patients residing outside of California are assigned a county code value of 00.

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	00 = Not a California county
20 = Madera	40 = San Luis Obispo	

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Variable Type: Character

Variable Length: 2

#### **Service Date**

Field Name: Serv\_dt

Definition: The service date is the start of care provided to the patient in the emergency department or ambulatory surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record was deleted in accordance with Health and Safety Code Section 97248.

Variable Type: Number

Variable Length: 8 (MMDDYY10)

#### **Service Day of the Week**

Field Name: Serv\_D

Definition: The day of the week service was provided to the patient in the Emergency Department or Ambulatory Surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record was deleted in accordance with Health and Safety Code Section 97248.

1 = Sunday	5 = Thursday
2 = Monday	6 = Friday
3 = Tuesday	7 = Saturday
4 = Wednesday	

Variable Type: Character

Variable Length: 1

#### **Service Month**

Field Name: Serv\_M

Definition: The month service was provided to the patient in the Emergency Department or Ambulatory Surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record was deleted in accordance with Health and Safety Code Section 97248.

1 = January	7 = July
2 = February	8 = August
3 = March	9 = September
4 = April	10 = October
5 = May	11 = November
6 = June	12 = December

Variable Type: Character

Variable Length: 2

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#### **Service Quarter**

Field Name: Serv\_Q

Definition: The calendar quarter when service was provided to the patient. This was based on the service date. The service date is the start of care date provided in the Emergency Department or Ambulatory Surgery, whichever occurred first.

1 = January – March

2 = April – May

3 = June – August

4 = September – December

Variable Type: Character

Variable Length: 1

#### **Service Year**

Field Name: Serv\_Y

Definition: The year service was provided to the patient.

Variable Type: Character

Variable Length: 4

#### **Patient Type**

Field Name: Pat\_Type

Definition: The type of facility where a particular patient encounter occurred.

A = Ambulatory Surgery

E = Emergency Department.

Variable Type: Character

Variable Length: 1

#### **Disposition**

Field Name: Disp

Definition: The consequent arrangement or event ending a patient's encounter in the reporting facility. Beginning on 4/1/2008, The National Uniform Billing Committee has made changes to the reporting of this element. Although these changes are not yet reflected in regulation, OSHPD is accommodating the reporting of these new definitions. Only two codes are affected, a new code, 70, has been added and an existing code, 05, has changed definition. For detailed definitions, see Appendix F "Disposition Definitions". For various scenarios, facilities are instructed to refer to the National Uniform Billing Committee's (NUBC) Web site or manual on Frequently Asked Questions for this data element. Reported invalid and missing values for disposition were defaulted to "99".

01 = Discharged to home of self care (routine discharge)

02 = Discharged/Transferred to a short-term general care hospital for inpatient care

03 = Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care

04 = Discharged/Transferred to an intermediate care facility (ICF)

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- 05 = **Before 4/1/08** - Discharged/Transferred to another type of institution not defined elsewhere on this code list
- 05 = **On and After 4/1/08** - Discharged/Transferred to a designated cancer center of children's hospital
- 06 = Discharged/Transferred home under the care of organized home health service organization in anticipation of covered skilled care
- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 43 = Discharged/Transferred to a federal healthcare facility
- 50 = Discharged home with hospice care
- 51 = Discharged to a medical facility with hospice care
- 61 = Discharged/Transferred to a hospital-based Medicare approved swing bed
- 62 = Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 = Discharged/Transferred to a Medicare certified long-term care hospital (LTCH)
- 64 = Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 = Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 = Discharged/Transferred to a critical access hospital (CAH)
- 70 = **On and After 4/1/08** - Discharged/Transferred to another type of institution not defined elsewhere on this code list
- 00 = Other
- 99 = Invalid/Blank

Variable Type: Character

Variable Length: 2

### Expected Source of Payment

Field Name: Payer

Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payers, see Appendix E "Expected Source of Payment Definitions". Reported invalid and missing values for expected source of payment were defaulted to "99".

- 09 = Self Pay
- 11 = Other Non-federal Programs
- 12 = Preferred Provider Organization (PPO)
- 13 = Point of Service (POS)
- 14 = Exclusive Provider Organization (EPO)
- 16 = Health Maintenance Organization (HMO) Medicare Risk
- AM= Automobile Medical
- BL = Blue Cross / Blue Shield
- CH = CHAMPUS (TRICARE)
- CI = Commercial Insurance Company
- DS = Disability
- HM= Health Maintenance Organization
- MA= Medicare Part A

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MB= Medicare Part B  
MC= Medicaid (California's Medi-Cal program)  
OF = Other Federal Program  
TV = Title V  
VA = Veterans Affairs Plan  
WC= Workers' Compensation Health Claim  
00 = Other  
99 = Invalid / Unknown

Variable Type: Character

Variable Length: 2

#### **External Cause of Injury – Principal E-Code**

Field Name: Ec\_prin

Definition: The external cause of injury, poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning or adverse effect related to the admission. An E-code is to be reported on the record for the first episode of care reportable to OSHPD during which the injury, poisoning and/or adverse effect was diagnosed and/or treated. If a patient was first diagnosed in a doctor's office and then sent to an ED or AS facility, the E-code was reported on the ED or AS record. If the E-code has been previously reported on a discharge or encounter, the E-code will not be reported again on the encounter record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4<sup>th</sup> character from the left)

Variable Length: 7

#### **External Cause of Injury – Other E-Code (up to 4)**

Field Name(s): EC1 – EC4

Definition: The additional external cause of injury, poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning or adverse effect. Up to 4 other E-codes should be included for the first reportable episode of care during which the injury, poisoning or adverse effect was diagnosed and/or treated only. If a patient was diagnosed in a doctor's office and then sent to an ED or AS facility, the E-code was reported on the ED or AS record. If the E-code has been previously reported on a discharge or encounter, the E-code will not be reported again on the encounter record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4<sup>th</sup> character from the left)

Variable Length: 7

#### **Principal Diagnosis**

Field Name(s): Dx\_Prin

Definition: The condition, problem or other reason established to be the chief cause of the encounter. Diagnoses are coded according to the ICD-9-CM. If the reported

## Emergency Department and Ambulatory Surgery Data

January-June 2008

### File Documentation – Complete File

principal diagnosis code is blank or invalid and is not corrected by the reporting facility after it is identified by OSHPD as an error, the principal diagnosis was defaulted to 799.9, in accordance with Health and Safety Code Section 97248.

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left)  
Variable Length: 7

#### **Other Diagnoses (up to 24)**

Field Name(s): Odx1-Odx24

Definition: All conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left)  
Variable Length: 7

#### **Principal Procedure**

Field Name(s): Pr\_prin

Definition: The procedure that is surgical in nature, carries a procedural risk or carries an anesthetic risk and is most closely related to the principal diagnosis, as the chief reason for the encounter. Procedures are coded according to the Current Procedural Terminology (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. If no principal procedure is reported then an asterisk (\*) is assigned. Invalid codes are defaulted to a dash (-). For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual (<http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>). The procedure date is assumed to be the same as the service date.

Variable Type: Character  
Variable Length: 5

#### **Other Procedures (up to 20)**

Field Name(s): Opr1-opr20

Definition: All other procedures, related to the encounter, which are surgical in nature, carry a procedural risk or carry an anesthetic risk. Procedures are coded according to the Current Procedural Terminology (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual (<http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>). The procedure date is assumed to be the same as the service date.

Variable Type: Character  
Variable Length: 5

**To :** All Interested Parties

**Date :** Revised  
December 11, 2008

**From :** David M. Carlisle, M.D., Ph.D.  
Director, OSHPD



**Subject:** Policy on the Disclosure of Patient Level Healthcare Data and Information  
Policy # 05 - 18

### Policy

It is the policy of the Office of Statewide Health Planning and Development (Office) to respect the privacy of individuals by protecting the confidentiality of all patient level healthcare data and information that it collects, uses, and disseminates. Accordingly, the Office will carefully evaluate all requests for disclosure of patient level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

The Office may disclose patient level healthcare data and information to the general public only if the Office has determined that they have been de-identified. All other patient level healthcare data and information will be considered non-public. The Office may restrict the use of patient level healthcare data and information disclosed to the general public and may prohibit the re-release of the data and information at the patient level.

Unless specifically provided for by law, the Office will not disclose patient level healthcare data and information for the purpose of identifying or contacting individuals or to obtain medical information about specific individuals.

The Office will not disclose non-public patient level healthcare data and information unless the following conditions have been met:

- The Office has analyzed the risks of identification or linkage of the data and information to individuals.
- Disclosure of the data and information is limited to only those data and information that are the least confidential and most relevant and necessary to accomplish the objectives for which they are requested.
- Use of the data and information will be limited to that described in the request.

- The data and information will be protected from unauthorized use or disclosure.
- The disclosure is permitted under current laws and regulations, including the Information Practices Act of 1977, and the policies of the California Health and Human Services Agency.
- The California Health and Human Services Agency's Committee for the Protection of Human Subjects has approved the project for which the data and information are requested. If the data and information have been requested pursuant to Health and Safety Code §128766, approval of the Committee will only be required if the data and information are requested for research.
- The Office's Deputy Director, Healthcare Information Division approves the disclosure.
- The Office's Privacy Officer approves the disclosure.

The Office reserves the right to withhold disclosure of any data or information or recover any data and information previously disclosed.

**Appendix B**  
**Data Exceptions and Modifications**  
**Emergency Department and Ambulatory Surgery Center**

Facility Number	Emergency Department Name	Data Element	Notes
331152	Corona Regional Medical Center - Main	Race and Ethnicity	Facility not reporting Ethnicity and Race accurately. No compliance date given.
270777	George L. Mee Memorial Hospital	Race and Ethnicity	Facility not reporting Ethnicity and Race accurately. No compliance date given.
301132	Kaiser Fdn Hosp - Anaheim	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
074097	Kaiser Fdn Hosp - Antioch	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
074097	Kaiser Fdn Hosp - Antioch	Principal Procedure	Modification request to turn off rule 6305 on Principal Procedure, S128 flag, is approved with the understanding that all data will be in full compliance as of July 1, 2008.
196035	Kaiser Fdn Hosp - Baldwin Park	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190430	Kaiser Fdn Hosp - Bellflower	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
361223	Kaiser Fdn Hosp - Fontana	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
014132	Kaiser Fdn Hosp - Fremont	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Emergency Department Name	Data Element	Notes
014132	Kaiser Fdn Hosp - Fremont	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Diagnosis for the entire year except S060.
014132	Kaiser Fdn Hosp - Fremont	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Diagnosis for the entire year except S060.
014132	Kaiser Fdn Hosp - Fremont	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Diagnosis for the entire year except S060.
014133	Kaiser Fdn Hosp - Fremont	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other E-Codes.
014134	Kaiser Fdn Hosp - Fremont	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.

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Facility Number	Emergency Department Name	Data Element	Notes
014135	Kaiser Fdn Hosp - Fremont	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal Diagnosis entire year except S060.
014136	Kaiser Fdn Hosp - Fremont	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other E-Codes.
014137	Kaiser Fdn Hosp - Fremont	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.
104062	Kaiser Fdn Hosp - Fresno	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
104062	Kaiser Fdn Hosp - Fresno	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
104062	Kaiser Fdn Hosp - Fresno	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.

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Facility Number	Emergency Department Name	Data Element	Notes
104062	Kaiser Fdn Hosp - Fresno	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
104062	Kaiser Fdn Hosp - Fresno	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
104062	Kaiser Fdn Hosp - Fresno	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
104062	Kaiser Fdn Hosp - Fresno	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.

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Facility Number	Emergency Department Name	Data Element	Notes
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
190431	Kaiser Fdn Hosp - Harbor City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Emergency Department Name	Data Element	Notes
010858	Kaiser Fdn Hosp - Hayward	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
010859	Kaiser Fdn Hosp - Hayward	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal Diagnosis except S060.
010860	Kaiser Fdn Hosp - Hayward	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other E-Codes.
010861	Kaiser Fdn Hosp - Hayward	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.
010862	Kaiser Fdn Hosp - Hayward	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal Diagnosis except S060.
010863	Kaiser Fdn Hosp - Hayward	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other E-Codes.

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Facility Number	Emergency Department Name	Data Element	Notes
010864	Kaiser Fdn Hosp - Hayward	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected October 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.
394009	Kaiser Fdn Hosp - Manteca	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
394009	Kaiser Fdn Hosp - Manteca	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
394009	Kaiser Fdn Hosp - Manteca	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
394009	Kaiser Fdn Hosp - Manteca	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
394009	Kaiser Fdn Hosp - Manteca	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.

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Facility Number	Emergency Department Name	Data Element	Notes
394009	Kaiser Fdn Hosp - Manteca	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
394009	Kaiser Fdn Hosp - Manteca	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
010856	Kaiser Fdn Hosp - Oakland Campus	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
010857	Kaiser Fdn Hosp - Oakland Campus	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
010858	Kaiser Fdn Hosp - Oakland Campus	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
010859	Kaiser Fdn Hosp - Oakland Campus	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.

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Facility Number	Emergency Department Name	Data Element	Notes
010860	Kaiser Fdn Hosp - Oakland Campus	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
010861	Kaiser Fdn Hosp - Oakland Campus	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
010862	Kaiser Fdn Hosp - Oakland Campus	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
190432	Kaiser Fdn Hosp - Panorama City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
410804	Kaiser Fdn Hosp - Redwood City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
410804	Kaiser Fdn Hosp - Redwood City	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.

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Facility Number	Emergency Department Name	Data Element	Notes
410804	Kaiser Fdn Hosp - Redwood City	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
410804	Kaiser Fdn Hosp - Redwood City	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
410804	Kaiser Fdn Hosp - Redwood City	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
410804	Kaiser Fdn Hosp - Redwood City	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
410804	Kaiser Fdn Hosp - Redwood City	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
480989	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Emergency Department Name	Data Element	Notes
480989	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
480989	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
480989	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
074093	Kaiser Fdn Hosp - Richmond Campus	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
074094	Kaiser Fdn Hosp - Richmond Campus	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
074095	Kaiser Fdn Hosp - Richmond Campus	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.

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Facility Number	Emergency Department Name	Data Element	Notes
074096	Kaiser Fdn Hosp - Richmond Campus	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
334025	Kaiser Fdn Hosp - Riverside	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
340913	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
340913	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
340913	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
340913	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.

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Facility Number	Emergency Department Name	Data Element	Notes
370730	Kaiser Fdn Hosp - San Diego	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
431506	Kaiser Fdn Hosp - San Jose	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
431506	Kaiser Fdn Hosp - San Jose	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
431506	Kaiser Fdn Hosp - San Jose	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
431506	Kaiser Fdn Hosp - San Jose	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
431506	Kaiser Fdn Hosp - San Jose	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.

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Facility Number	Emergency Department Name	Data Element	Notes
431506	Kaiser Fdn Hosp - San Jose	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
431506	Kaiser Fdn Hosp - San Jose	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
210992	Kaiser Fdn Hosp - San Rafael	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
210992	Kaiser Fdn Hosp - San Rafael	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
210992	Kaiser Fdn Hosp - San Rafael	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
210992	Kaiser Fdn Hosp - San Rafael	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.

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Facility Number	Emergency Department Name	Data Element	Notes
434153	Kaiser Fdn Hosp - Santa Clara	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
434153	Kaiser Fdn Hosp - Santa Clara	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
434153	Kaiser Fdn Hosp - Santa Clara	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
434153	Kaiser Fdn Hosp - Santa Clara	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
494019	Kaiser Fdn Hosp - Santa Rosa	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
494019	Kaiser Fdn Hosp - Santa Rosa	Principal Procedure	Modification request to turn off rule 6305 on Principal Procedure, S128 flag, is approved with the understanding that all data will be in full compliance as of July 1, 2008.
342344	Kaiser Fdn Hosp - South Sacramento	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
342344	Kaiser Fdn Hosp - South Sacramento	Principal Procedure	Modification request to turn off rule 6305 on Principal Procedure, S128 flag, is approved with the understanding that all data will be in full compliance as of July 1, 2008.

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Facility Number	Emergency Department Name	Data Element	Notes
410806	Kaiser Fdn Hosp - South San Francisco	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
410806	Kaiser Fdn Hosp - South San Francisco	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal Diagnosis except S060.
410806	Kaiser Fdn Hosp - South San Francisco	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other E-Codes.
410806	Kaiser Fdn Hosp - South San Francisco	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected January 1, 2009. Turned off all edit rules for Principal and Other Procedures except S119.
190429	Kaiser Fdn Hosp - Sunset	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190429	Kaiser Fdn Hosp - Sunset	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
070990	Kaiser Fdn Hosp - Walnut Creek	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Emergency Department Name	Data Element	Notes
070991	Kaiser Fdn Hosp - Walnut Creek	Other Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal Diagnosis except S060.
070992	Kaiser Fdn Hosp - Walnut Creek	Other External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal and Other E-Codes.
070993	Kaiser Fdn Hosp - Walnut Creek	Other Procedure(s)	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.
070994	Kaiser Fdn Hosp - Walnut Creek	Principal Diagnosis	Request for a modification to report 1st Other Diagnoses as Principal and the use of 799.9 as Principal Diagnosis when no Other Diagnoses is available. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other Diagnosis data elements and requested error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal Diagnosis except S060.
070995	Kaiser Fdn Hosp - Walnut Creek	Principal External Cause of Injury	Request for a modification to report 1st Other E-Code as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit data, corrections may not be possible to the Principal and Other E-Code data elements and requested that error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal and Other E-Codes.

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Facility Number	Emergency Department Name	Data Element	Notes
070996	Kaiser Fdn Hosp - Walnut Creek	Principal Procedure	Request for a modification to report 1st Other Procedure as Principal. Request also noted that due to the temporary infrastructure that Kaiser will have in place to submit Emergency Department data, corrections may not be possible to the Principal and Other Procedure data elements and requested that error flags be turned off. Full compliance is expected July 1, 2008. Turned off all edit rules for Principal and Other Procedures except S119.
190434	Kaiser Fdn Hosp - West LA	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
191450	Kaiser Fdn Hosp - Woodland Hills	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
150736	Kern Medical Center	ZIP Code	Facility had some admitting dept problems that caused some errors which created over reporting of unknown ZIP Codes. The issue will be corrected by 8/26/08.

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Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
014174	Bay Surgery Center	Race and Ethnicity	Facility has not been capturing Race or Ethnicity data but they will begin to do so by May 2008.
194999	Brentwood Ambulatory Surgical Medical Center	Race and Ethnicity	Facility has not been capturing Race or Ethnicity information from their patients but will begin in May 2008.
105017	Comprehensive Pain Management Center	ZIP Code	Facility has been reporting 100% Unknown ZIP Code since they first started submitting data to OSHPD. Valid ZIP Codes will be reported effective with the Apr-Jun 2008 Report Period.
374276	Del Mar Surgery Center	Race and Ethnicity	Facility has not been capturing Race or Ethnicity data but they will begin to do so by July 2008.
044018	Eye Life Institute	Race and Ethnicity	Facility does not request race and ethnicity of patients and therefore this information is not available. This facility informed DHS that they would not be providing services for MediCal patients and therefore would be discontinuing their license when it expired on 01/20/2008.
270777	George L. Mee Memorial Hospital	Race and Ethnicity	Facility not reporting Ethnicity and Race accurately. No compliance date given.
214039	Greenbrae Surgery Center	Race and Ethnicity	Facility not reporting Ethnicity and Race accurately. No compliance date given.
301132	Kaiser Fdn Hosp - Anaheim	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
74097	Kaiser Fdn Hosp - Antioch	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
196035	Kaiser Fdn Hosp - Baldwin Park	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
190430	Kaiser Fdn Hosp - Bellflower	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
361223	Kaiser Fdn Hosp - Fontana	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
14132	Kaiser Fdn Hosp - Fremont	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
104062	Kaiser Fdn Hosp - Fresno	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
380857	Kaiser Fdn Hosp - GEARY (S.F.)	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190431	Kaiser Fdn Hosp - Harbor City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
10858	Kaiser Fdn Hosp - Hayward	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
394009	Kaiser Fdn Hosp - Manteca	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
10856	Kaiser Fdn Hosp - Oakland Campus	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190432	Kaiser Fdn Hosp - Panorama City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
410804	Kaiser Fdn Hosp - Redwood City	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
480989	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
74093	Kaiser Fdn Hosp - Richmond Campus	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
334025	Kaiser Fdn Hosp - Riverside	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
340913	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
370730	Kaiser Fdn Hosp - San Diego	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
431506	Kaiser Fdn Hosp - San Jose	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
210992	Kaiser Fdn Hosp - San Rafael	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
434153	Kaiser Fdn Hosp - Santa Clara	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
494019	Kaiser Fdn Hosp - Santa Rosa	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
342344	Kaiser Fdn Hosp - South Sacramento	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.

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Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
410806	Kaiser Fdn Hosp - South San Francisco	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190429	Kaiser Fdn Hosp - Sunset	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
70990	Kaiser Fdn Hosp - Walnut Creek	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
190434	Kaiser Fdn Hosp - West LA	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
191450	Kaiser Fdn Hosp - Woodland Hills	Expected Source of Payment	Request for a modification to report Expected Source of Payment in selected categories is approved. The categories that will be reported are: 00, 09, 11, 12, 16, MA, MC, WC, HM, CI, TV, and OF. Full compliance for reporting encounters in according to OSHPD requirements is expected January 1, 2009.
274050	Monterey Doctors Surgery Center	Race and Ethnicity	Facility has not been capturing Race or Ethnicity but will begin to do so beginning in May 2008.
404045	Oak Park Surgery Center	Ethnicity	Facility has not been capturing Race or Ethnicity but will begin to do so beginning in May 2008.
404045	Oak Park Surgery Center	Principal and Other External Cause of Injury	Facility has not captured E-code information and has no place in their file creation system for entering E-Codes. They will correct this in the future.
404045	Oak Park Surgery Center	Race	Facility has not been capturing Race but will begin to do so in the future.
014080	Optima Ophthalmic Medical Associates, Inc.	Race and Ethnicity	Facility has not been capturing Race or Ethnicity but will begin to do so beginning in June 2008.

**Appendix B**  
**Data Exceptions and Modifications**  
**Emergency Department and Ambulatory Surgery Center**

Facility Number	Ambulatory Surgery Center Name	Data Element	Notes
424065	Premier Surgery Center of Santa Maria	Race and Ethnicity	Facility has not been capturing Race and Ethnicity but they will do so by July 2008.
304412	Reagan Street Surgery Center	Disposition of Patient	Turned off standard rule 6740 (S001). Modification not to report Disposition of Patient due to new software not able to capture the data. Data to be collected correctly 7/1/2008.
304412	Reagan Street Surgery Center	Ethnicity	Turned off comparative rule 8504 (C004). Modification not to report Ethnicity due to new software not able to capture the data. Data to be collected correctly 7/1/2008.
304412	Reagan Street Surgery Center	Expected Source of Payment	Turned off standard rule 6760 (S001). Modification not to report Expected Source of Payment due to new software not able to capture the data. Data to be collected correctly 7/1/2008.
304412	Reagan Street Surgery Center	Race	Turned off comparative rule 8506 (C006). Modification not to report Race due to new software not able to capture the data. Data to be collected correctly 7/1/2008.
374407	Scripps Encinitas Surgery Center	Ethnicity	Turned off Comparative rule 8504 on Ethnicity (100% Unknown) from 2/6/08 thru 6/30/08. Per facility, they have not been collecting Ethnicity data. They promise to correct the issue immediately.
374407	Scripps Encinitas Surgery Center	Race and Ethnicity	Facility has not been capturing Race or Ethnicity but will begin to do so beginning in June 2008.
194960	Solis Surgical Arts Center	ZIP Code	Facility indicates that there is no ZIP Code in the patient's surgery center record. They will begin collecting the ZIP Code data as of April 1, 2008.
394069	Stockton Endoscopy Center, LLC	Race and Ethnicity	Race and Ethnicity data was being collected from patients at his or hers discretion. As of April 23, 2008 form will be included in the admission paperwork for each patient.

**Appendix C**  
**Emergency Department Encounters by Facility**  
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Facility Number	Facility Name	Encounters
106010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	30,964
106010735	ALAMEDA HOSPITAL	7,649
106190017	ALHAMBRA HOSPITAL	3,511
106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	18,165
106010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	15,828
106370652	ALVARADO HOSPITAL	9,350
106301097	ANAHEIM GENERAL HOSPITAL	4,524
106301098	ANAHEIM MEMORIAL MEDICAL CENTER	16,863
106301379	ANAHEIM REGIONAL MEDICAL CENTER	11,446
106190034	ANTELOPE VALLEY HOSPITAL	39,854
106364231	ARROWHEAD REGIONAL MEDICAL CENTER	50,711
106400466	ARROYO GRANDE COMMUNITY HOSPITAL	10,004
106154101	BAKERSFIELD HEART HOSPITAL	2,862
106150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	17,337
106184008	BANNER LASSEN MEDICAL CENTER	4,488
106361105	BARSTOW COMMUNITY HOSPITAL	10,466
106090793	BARTON MEMORIAL HOSPITAL	8,404
106361110	BEAR VALLEY COMMUNITY HOSPITAL	5,011
106190066	BELLFLOWER MEDICAL CENTER	11,011
106190081	BEVERLY HOSPITAL	12,889
106040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	3,984
106190110	BROTMAN MEDICAL CENTER	8,440
106190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	22,922
106380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	19,520
106190045	CATALINA ISLAND MEDICAL CENTER	593
106190555	CEDARS SINAI MEDICAL CENTER	27,205
106190500	CENTINELA FREEMAN REG MED CTR-MARINA CAMPUS	9,515
106190148	CENTINELA HOSPITAL MEDICAL CENTER	22,175
106160787	CENTRAL VALLEY GENERAL HOSPITAL	8,756
106190155	CENTURY CITY DOCTORS HOSPITAL	3,217
106301140	CHAPMAN MEDICAL CENTER	4,984
106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	23,612
106304113	CHILDREN'S HOSPITAL AT MISSION	8,219
106204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	24,935
106190170	CHILDREN'S HOSPITAL OF LOS ANGELES	28,755
106300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	24,113
106382715	CHINESE HOSPITAL	2,273
106361144	CHINO VALLEY MEDICAL CENTER	14,229
106190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	5,740
106190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	17,811
106100697	COALINGA REGIONAL MEDICAL CENTER	4,414
106301258	COASTAL COMMUNITIES HOSPITAL	10,030
106190766	COAST PLAZA DOCTORS HOSPITAL	4,869

**Appendix C**  
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Facility Number	Facility Name	Encounters
106361458	COLORADO RIVER MEDICAL CENTER	4,573
106060870	COLUSA REGIONAL MEDICAL CENTER	2,765
106190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	12,178
106270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	19,758
106190475	COMMUNITY HOSPITAL OF LONG BEACH	9,038
106430743	COMMUNITY HOSPITAL OF LOS GATOS	5,853
106361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	17,523
106100005	COMMUNITY MEDICAL CENTER - CLOVIS	12,845
106560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	15,210
106100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	34,475
106070924	CONTRA COSTA REGIONAL MEDICAL CENTER	24,351
106160702	CORCORAN DISTRICT HOSPITAL	3,242
106331152	CORONA REGIONAL MEDICAL CENTER-MAIN	18,066
106390846	DAMERON HOSPITAL	13,779
106150706	DELANO REGIONAL MEDICAL CENTER	8,880
106331164	DESERT REGIONAL MEDICAL CENTER	24,674
106364144	DESERT VALLEY HOSPITAL	11,974
106392287	DOCTORS HOSPITAL OF MANTECA	11,063
106500852	DOCTORS MEDICAL CENTER	31,187
106070904	DOCTORS MEDICAL CENTER - SAN PABLO	17,403
106440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	17,197
106190243	DOWNEY REGIONAL MEDICAL CENTER	19,779
106320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	1,532
106190256	EAST LOS ANGELES DOCTORS HOSPITAL	7,277
106190328	EAST VALLEY HOSPITAL MEDICAL CENTER	1,912
106010805	EDEN MEDICAL CENTER	12,325
106331168	EISENHOWER MEMORIAL HOSPITAL	16,514
106430763	EL CAMINO HOSPITAL	16,218
106130699	EL CENTRO REGIONAL MEDICAL CENTER	19,723
106500867	EMANUEL MEDICAL CENTER, INC	26,478
106190280	ENCINO HOSPITAL MEDICAL CENTER	4,573
106190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	11,094
106040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	9,066
106474007	FAIRCHILD MEDICAL CENTER	5,847
106370705	FALLBROOK HOSPITAL DISTRICT	4,313
106040875	FEATHER RIVER HOSPITAL	7,793
106190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	9,838
106301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	12,985
106230949	FRANK R HOWARD MEMORIAL HOSPITAL	4,606
106400480	FRENCH HOSPITAL MEDICAL CENTER	7,013
106301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	11,525
106190315	GARFIELD MEDICAL CENTER	7,151
106270777	GEORGE L MEE MEMORIAL HOSPITAL	4,728

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Facility Number	Facility Name	Encounters
106190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	13,528
106190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	10,975
106110889	GLENN MEDICAL CENTER	2,497
106420483	GOLETA VALLEY COTTAGE HOSPITAL	6,265
106190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	11,125
106430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	17,678
106190352	GREATER EL MONTE COMMUNITY HOSPITAL	6,861
106370714	GROSSMONT HOSPITAL	32,707
106160725	HANFORD COMMUNITY MEDICAL CENTER	26,130
106350784	HAZEL HAWKINS MEMORIAL HOSPITAL	7,127
106490964	HEALDSBURG DISTRICT HOSPITAL	4,017
106331194	HEMET VALLEY MEDICAL CENTER	14,534
106190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	17,407
106362041	HI-DESERT MEDICAL CENTER	8,444
106301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	26,742
106190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	12,644
106301209	HUNTINGTON BEACH HOSPITAL	7,610
106190400	HUNTINGTON MEMORIAL HOSPITAL	22,320
106304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	10,150
106121031	JEROLD PHELPS COMMUNITY HOSPITAL	1,295
106220733	JOHN C FREMONT HEALTHCARE DISTRICT	2,110
106331216	JOHN F KENNEDY MEMORIAL HOSPITAL	22,453
106071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	20,115
106070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	18,411
106301132	KAISER FND HOSP - ANAHEIM	19,857
106196035	KAISER FND HOSP - BALDWIN PARK	28,718
106190430	KAISER FND HOSP - BELLFLOWER	36,855
106361223	KAISER FND HOSP - FONTANA	35,622
106014132	KAISER FND HOSP - FREMONT	9,861
106104062	KAISER FND HOSP - FRESNO	9,617
106380857	KAISER FND HOSP - GEARY S F	11,022
106190431	KAISER FND HOSP - HARBOR CITY	22,351
106010858	KAISER FND HOSP - HAYWARD	13,249
106394009	KAISER FND HOSP-MANTECA	9,420
106010856	KAISER FND HOSP - OAKLAND CAMPUS	16,940
106190432	KAISER FND HOSP - PANORAMA CITY	17,181
106410804	KAISER FND HOSP - REDWOOD CITY	9,504
106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	11,795
106074093	KAISER FND HOSP - RICHMOND CAMPUS	11,826
106334025	KAISER FND HOSP - RIVERSIDE	16,541
106340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	37,620
106370730	KAISER FND HOSP - SAN DIEGO	40,128
106431506	KAISER FND HOSP - SAN JOSE	13,521

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Facility Number	Facility Name	Encounters
106210992	KAISER FND HOSP - SAN RAFAEL	10,115
106434153	KAISER FND HOSP - SANTA CLARA	19,445
106494019	KAISER FND HOSP - SANTA ROSA	12,213
106342344	KAISER FND HOSP - SOUTH SACRAMENTO	31,419
106410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	14,153
106190429	KAISER FND HOSP - SUNSET	28,713
106070990	KAISER FND HOSP - WALNUT CREEK	13,048
106190434	KAISER FND HOSP - WEST LA	26,396
106191450	KAISER FND HOSP - WOODLAND HILLS	15,234
106074097	KAISER FOUND HSP-ANTIOCH	8,617
106540734	KAWEAH DELTA DISTRICT HOSPITAL	30,146
106150736	KERN MEDICAL CENTER	22,111
106150737	KERN VALLEY HEALTHCARE DISTRICT	3,099
106100745	KINGSBURG MEDICAL CENTER	488
106190240	LAKEWOOD REGIONAL MEDICAL CENTER	14,509
106190455	LANCASTER COMMUNITY HOSPITAL	8,548
106301234	LA PALMA INTERCOMMUNITY HOSPITAL	5,995
106190470	LITTLE COMPANY OF MARY HOSPITAL	21,525
106190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	13,639
106390923	LODI MEMORIAL HOSPITAL	8,999
106361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	21,037
106420491	LOMPOC HEALTHCARE DISTRICT	8,068
106190525	LONG BEACH MEMORIAL MEDICAL CENTER	30,031
106301248	LOS ALAMITOS MEDICAL CENTER	11,779
106191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	28,245
106190198	LOS ANGELES COMMUNITY HOSPITAL	3,854
106191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	17,529
106191228	LOS ANGELES CO USC MEDICAL CENTER	43,391
106190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	2,538
106560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	13,230
106201281	MADERA COMMUNITY HOSPITAL	20,500
106121002	MAD RIVER COMMUNITY HOSPITAL	8,169
106260011	MAMMOTH HOSPITAL	4,480
106420493	MARIAN MEDICAL CENTER	22,251
106211006	MARIN GENERAL HOSPITAL	14,768
106050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	4,699
106090933	MARSHALL MEDICAL CENTER (1-RH)	11,242
106450936	MAYERS MEMORIAL HOSPITAL	2,012
106240924	MEMORIAL HOSPITAL LOS BANOS	10,966
106500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	30,233
106190521	MEMORIAL HOSPITAL OF GARDENA	11,859
106231013	MENDOCINO COAST DISTRICT HOSPITAL	4,348
106334018	MENIFEE VALLEY MEDICAL CENTER	7,042

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Facility Number	Facility Name	Encounters
106340947	MERCY GENERAL HOSPITAL	12,302
106150761	MERCY HOSPITAL - BAKERSFIELD	18,968
106344029	MERCY HOSPITAL - FOLSOM	10,760
106450949	MERCY MEDICAL CENTER	21,816
106240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	22,580
106470871	MERCY MEDICAL CENTER MT. SHASTA	3,456
106340950	MERCY SAN JUAN HOSPITAL	23,968
106340951	METHODIST HOSPITAL OF SACRAMENTO	18,182
106190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	14,880
106190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	6,018
106301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	13,798
106250956	MODOC MEDICAL CENTER	1,296
106361166	MONTCLAIR HOSPITAL MEDICAL CENTER	7,224
106190547	MONTEREY PARK HOSPITAL	4,887
106334048	MORENO VALLEY COMMUNITY HOSPITAL	11,404
106361266	MOUNTAINS COMMUNITY HOSPITAL	3,075
106274043	NATIVIDAD MEDICAL CENTER	17,060
106481357	NORTH BAY MEDICAL CENTER	15,702
106484001	NORTH BAY VACAVALLEY HOSPITAL	9,479
106141273	NORTHERN INYO HOSPITAL	3,216
106190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	15,504
106190570	NORWALK COMMUNITY HOSPITAL	3,092
106214034	NOVATO COMMUNITY HOSPITAL	7,519
106500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	8,226
106430837	O'CONNOR HOSPITAL - SAN JOSE	21,061
106560501	OJAI VALLEY COMMUNITY HOSPITAL	3,436
106190534	OLYMPIA MEDICAL CENTER	6,551
106300225	ORANGE COAST MEMORIAL MEDICAL CENTER	8,801
106040937	OROVILLE HOSPITAL	11,390
106190696	PACIFICA HOSPITAL OF THE VALLEY	7,181
106190587	PACIFIC HOSPITAL OF LONG BEACH	5,187
106491338	PALM DRIVE HOSPITAL	3,521
106370755	PALOMAR MEDICAL CENTER	24,122
106331288	PALO VERDE HOSPITAL	4,785
106370759	PARADISE VALLEY HOSPITAL	12,659
106331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	15,777
106410852	PENINSULA MEDICAL CENTER	17,557
106491001	PETALUMA VALLEY HOSPITAL	7,603
106130760	PIONEERS MEMORIAL HOSPITAL	18,444
106301297	PLACENTIA LINDA HOSPITAL	9,210
106320986	PLUMAS DISTRICT HOSPITAL	2,210
106370977	POMERADO HOSPITAL	11,981
106190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	30,278

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Facility Number	Facility Name	Encounters
106190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	26,253
106190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	24,422
106190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	21,353
106281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	13,406
106370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	29,401
106171049	REDBUD COMMUNITY HOSPITAL	7,441
106361308	REDLANDS COMMUNITY HOSPITAL	14,399
106121051	REDWOOD MEMORIAL HOSPITAL	5,902
106430705	REGIONAL MEDICAL OF SAN JOSE	25,639
106580996	RIDEOUT MEMORIAL HOSPITAL	25,088
106150782	RIDGECREST REGIONAL HOSPITAL	9,492
106331312	RIVERSIDE COMMUNITY HOSPITAL	28,505
106334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	35,056
106301317	SADDLEBACK MEMORIAL MEDICAL CENTER	12,740
106301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	5,951
106270875	SALINAS VALLEY MEMORIAL HOSPITAL	17,779
106361318	SAN ANTONIO COMMUNITY HOSPITAL	19,338
106190673	SAN DIMAS COMMUNITY HOSPITAL	6,154
106380939	SAN FRANCISCO GENERAL HOSPITAL	18,161
106190200	SAN GABRIEL VALLEY MEDICAL CENTER	9,623
106331326	SAN GORGONIO MEMORIAL HOSPITAL	11,262
106150788	SAN JOAQUIN COMMUNITY HOSPITAL	14,357
106391010	SAN JOAQUIN GENERAL HOSPITAL	20,429
106013619	SAN LEANDRO HOSPITAL	10,560
106410782	SAN MATEO MEDICAL CENTER	14,919
106074017	SAN RAMON REGIONAL MEDICAL CENTER	7,597
106420514	SANTA BARBARA COTTAGE HOSPITAL	10,179
106430883	SANTA CLARA VALLEY MEDICAL CENTER	29,330
106190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	12,355
106491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	13,496
106420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	1,848
106371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	13,722
106370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	11,881
106370744	SCRIPPS MERCY HOSPITAL	19,253
106370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	14,972
106321016	SENECA HEALTHCARE DISTRICT	1,482
106410891	SEQUOIA HOSPITAL	9,683
106410817	SETON MEDICAL CENTER	11,122
106410828	SETON MEDICAL CENTER - COASTSIDE	1,701
106370875	SHARP CHULA VISTA MEDICAL CENTER	20,274
106370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	6,007
106370694	SHARP MEMORIAL HOSPITAL	17,662
106450940	SHASTA REGIONAL MEDICAL CENTER	14,154

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Facility Number	Facility Name	Encounters
106190708	SHERMAN OAKS HOSPITAL	7,465
106100797	SIERRA KINGS DISTRICT HOSPITAL	8,605
106291023	SIERRA NEVADA MEMORIAL HOSPITAL	10,367
106540798	SIERRA VIEW DISTRICT HOSPITAL	18,094
106400524	SIERRA VISTA REGIONAL MEDICAL CENTER	9,288
106560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	10,136
106491076	SONOMA VALLEY HOSPITAL	4,041
106554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	11,540
106301337	SOUTH COAST MEDICAL CENTER	5,124
106141338	SOUTHERN INYO HOSPITAL	646
106334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	30,604
106100899	ST. AGNES MEDICAL CENTER	26,151
106430905	STANFORD HOSPITAL	17,191
106361339	ST. BERNARDINE MEDICAL CENTER	19,468
106521041	ST. ELIZABETH COMMUNITY HOSPITAL	14,782
106190754	ST. FRANCIS MEDICAL CENTER	25,492
106380960	ST. FRANCIS MEMORIAL HOSPITAL	13,527
106281078	ST. HELENA HOSPITAL	2,448
106190756	ST. JOHN'S HEALTH CENTER	11,481
106560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	6,974
106560529	ST. JOHN'S REGIONAL MEDICAL CENTER	19,423
106121080	ST. JOSEPH HOSPITAL - EUREKA	10,254
106301340	ST. JOSEPH HOSPITAL - ORANGE	21,543
106391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	18,757
106301342	ST. JUDE MEDICAL CENTER	19,891
106434138	ST. LOUISE REGIONAL HOSPITAL	12,296
106380964	ST. LUKE'S HOSPITAL	12,269
106190053	ST. MARY MEDICAL CENTER	17,604
106361343	ST. MARY REGIONAL MEDICAL CENTER	24,898
106380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	8,099
106010967	ST. ROSE HOSPITAL	16,292
106190762	ST. VINCENT MEDICAL CENTER	3,903
106250955	SURPRISE VALLEY COMMUNITY HOSPITAL	217
106034002	SUTTER AMADOR HOSPITAL	7,700
106310791	SUTTER AUBURN FAITH HOSPITAL	10,459
106084001	SUTTER COAST HOSPITAL	8,886
106574010	SUTTER DAVIS HOSPITAL	9,560
106070934	SUTTER DELTA MEDICAL CENTER	22,728
106341051	SUTTER GENERAL HOSPITAL	19,673
106171395	SUTTER LAKESIDE HOSPITAL	8,470
106490919	SUTTER MEDICAL CENTER OF SANTA ROSA	10,860
106341052	SUTTER MEMORIAL HOSPITAL	11,690
106311000	SUTTER ROSEVILLE MEDICAL CENTER	26,177

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Facility Number	Facility Name	Encounters
106481094	SUTTER SOLANO MEDICAL CENTER	14,044
106391056	SUTTER TRACY COMMUNITY HOSPITAL	15,187
106291053	TAHOE FOREST HOSPITAL	5,276
106150808	TEHACHAPI HOSPITAL	5,170
106190422	TORRANCE MEMORIAL MEDICAL CENTER	23,367
106370780	TRI-CITY MEDICAL CENTER	29,224
106190159	TRI-CITY REGIONAL MEDICAL CENTER	2,980
106531059	TRINITY HOSPITAL	1,852
106540816	TULARE DISTRICT HOSPITAL	13,952
106400548	TWIN CITIES COMMUNITY HOSPITAL	15,136
106190796	UCLA MEDICAL CENTER	14,246
106381154	UCSF MEDICAL CENTER	15,736
106231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	11,176
106341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	21,197
106301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	12,826
106370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	26,120
106014050	VALLEYCARE MEDICAL CENTER	12,222
106190812	VALLEY PRESBYTERIAN HOSPITAL	20,913
106560481	VENTURA COUNTY MEDICAL CENTER	19,081
106190818	VERDUGO HILLS HOSPITAL	7,662
106361370	VICTOR VALLEY COMMUNITY HOSPITAL	14,604
106010987	WASHINGTON HOSPITAL - FREMONT	19,843
106444013	WATSONVILLE COMMUNITY HOSPITAL	14,214
106301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	8,012
106301566	WESTERN MEDICAL CENTER - SANTA ANA	8,928
106190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	13,940
106190878	WHITE MEMORIAL MEDICAL CENTER	14,897
106190883	WHITTIER HOSPITAL MEDICAL CENTER	9,445
106571086	WOODLAND MEMORIAL HOSPITAL	9,388

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Facility Number	Facility Name	Facility Type	Encounters
306494075	4TH STREET LASER AND SURGERY CENTER	Clinic	1,027
306197005	90210 SURGERY MEDICAL CENTER, LLC	Clinic	455
306334495	AARONSON PLASTIC SURGERY CENTER	Clinic	129
306364309	ADVANCED AMBULATORY SURGERY CENTER, LP	Clinic	1,196
306196505	ADVANCED DIAGNOSTICS AND SURGICAL CENTER	Clinic	5,409
306244032	ADVANCED ENDOSCOPY CENTER	Clinic	383
306274063	ADVANCED MEDICAL SURGERY CENTER	Clinic	718
306334504	ADVANCED PAIN MANAGEMENT	Clinic	2,096
306105009	ADVANCED SURGERY CENTER	Clinic	287
306434163	ADVANCED SURGERY CENTER	Clinic	1,361
306304093	AESTHETICARE OUTPATIENT SURGERY CENTER	Clinic	303
306196217	AIRPORT ENDOSCOPY CENTER	Clinic	1,458
106010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	Hospital	1,597
106010735	ALAMEDA HOSPITAL	Hospital	2,191
306196194	ALAMEDA SURGERY CENTER	Clinic	1,610
106190017	ALHAMBRA HOSPITAL	Hospital	788
306196247	ALLCARE AMBULATORY SURGERY CENTER	Clinic	464
306154035	ALLIANCE SURGERY CENTER	Clinic	1,075
106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	Hospital	3,875
106010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	Hospital	2,666
106370652	ALVARADO HOSPITAL	Hospital	4,169
306034003	AMADOR SURGERY CENTER	Clinic	926
306374139	AMBULATORY CARE SURGERY CENTER, INC.	Clinic	108
306394061	AMBULATORY SURGERY CENTER OF STOCKTON	Clinic	1,220
306194175	AMBULATORY SURGICAL CENTER OF SOUTHERN CALIFORNIA	Clinic	1,919
306394024	AMBULATORY SURGICAL CENTER OF THE ZEITER EYE	Clinic	203
106301097	ANAHEIM GENERAL HOSPITAL	Hospital	379
106301098	ANAHEIM MEMORIAL MEDICAL CENTER	Hospital	3,505
106301379	ANAHEIM REGIONAL MEDICAL CENTER	Hospital	118
106190034	ANTELOPE VALLEY HOSPITAL	Hospital	2,795
306194300	ANTELOPE VALLEY SURGERY CENTER	Clinic	1,131
306454039	APOGEE OUT PATIENT SURGERY CENTER	Clinic	1,506
306334106	ARLINGTON PODIATRY SURGERY CENTER	Clinic	292
106364231	ARROWHEAD REGIONAL MEDICAL CENTER	Hospital	2,231
106400466	ARROYO GRANDE COMMUNITY HOSPITAL	Hospital	459
306564012	ASPEN OUTPATIENT CENTER	Clinic	504
306414084	ATHERTON ENDOSCOPY CENTER	Clinic	630
306334516	AURORA SURGERY CENTER	Clinic	1,065
306154074	BAKERSFIELD ENDOSCOPY CENTER	Clinic	2,511
106154101	BAKERSFIELD HEART HOSPITAL	Hospital	991
106150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	Hospital	3,966
106184008	BANNER LASSEN MEDICAL CENTER	Hospital	498
106361105	BARSTOW COMMUNITY HOSPITAL	Hospital	545

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Facility Number	Facility Name	Facility Type	Encounters
106090793	BARTON MEMORIAL HOSPITAL	Hospital	1,575
306434046	BASCOM SURGERY CENTER	Clinic	1,155
306434170	BAY AREA SURGICAL GROUP	Clinic	827
306014174	BAY SURGERY CENTER	Clinic	835
306196821	BEACH DISTRICT SURGERY CENTER, L.P.	Clinic	1,377
106361110	BEAR VALLEY COMMUNITY HOSPITAL	Hospital	171
306196561	BEDFORD AMBULATORY SURGERY CENTER	Clinic	45
306196178	BEDFORD OUTPATIENT SURGERY CENTER	Clinic	665
106190066	BELLFLOWER MEDICAL CENTER	Hospital	1,188
306364263	BENEFIT SURGERY CENTER	Clinic	546
306194996	BEVERLY HILLS ADVANCED SURGERY INSTITUTE	Clinic	357
306194794	BEVERLY HILLS CENTER FOR SPECIAL SURGERY, THE	Clinic	89
306196049	BEVERLY HILLS CTR FOR ARTHROSCOPIC AND OUTPT SURGERY	Clinic	291
306196117	BEVERLY HILLS DOCTORS SURGERY CENTER	Clinic	479
306194865	BEVERLY HILLS SUNSET SURGERY CENTER, INC	Clinic	750
106190081	BEVERLY HOSPITAL	Hospital	1,834
106040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	Hospital	167
306194999	BRENTWOOD AMBULATORY SURGICAL MEDICAL CENTER	Clinic	231
306074127	BRENTWOOD SURGERY CENTER - BRENTWOOD	Clinic	674
306196193	BRIGHTON SURGICAL CENTER, INC.	Clinic	478
106190110	BROTMAN MEDICAL CENTER	Hospital	1,026
306074056	CALIFORNIA EYE CLINIC	Clinic	531
106190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	Hospital	1,433
306564119	CALIFORNIA MINIMALLY INVASIVE SURGICAL CENTER, INC	Clinic	172
106380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	Hospital	11,138
306304289	CALIFORNIA SPECIALTY SURGERY CENTER	Clinic	1,392
306194602	CAMDEN SURGERY CENTER OF BEVERLY HILLS	Clinic	261
306414009	CAMPUS SURGERY CENTER LP	Clinic	1,483
306074111	CANYON PINOLE SURGERY CENTER	Clinic	414
306344135	CAPITOL CITY SURGERY CENTER	Clinic	1,209
306196679	CASA COLINA SURGERY CENTER	Clinic	1,898
306244030	CASTLE SURGICENTER, PARTNERSHIP	Clinic	2,412
306154098	CBCC PAIN MEDICINE AND SURGERY CENTER, INC.	Clinic	1,320
106190555	CEDARS SINAI MEDICAL CENTER	Hospital	12,070
306374087	CENTER FOR ENDOSCOPY	Clinic	2,864
306195011	CENTER FOR ORTHOPEDIC SURGERY	Clinic	2,572
306196046	CENTER FOR OUTPATIENT SURGERY	Clinic	3,123
106190500	CENTINELA FREEMAN REG MED CTR-MARINA CAMPUS	Hospital	1,467
106190148	CENTINELA HOSPITAL MEDICAL CENTER	Hospital	1,035
306196612	CENTINELA VALLEY ENDOSCOPY CENTER	Clinic	818
306105019	CENTRAL CALIFORNIA ENDOSCOPY CENTER	Clinic	3,076
306444015	CENTRAL COAST ENDOSCOPY CENTER	Clinic	1,030
306444019	CENTRAL COAST SURGERY CENTER	Clinic	1,033

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Facility Number	Facility Name	Facility Type	Encounters
106160787	CENTRAL VALLEY GENERAL HOSPITAL	Hospital	367
306374074	CENTRE FOR SURGERY OF ENCINITAS	Clinic	1,840
106190155	CENTURY CITY DOCTORS HOSPITAL	Hospital	430
306564037	CHANNEL ISLANDS SURGICENTER	Clinic	3,633
106301140	CHAPMAN MEDICAL CENTER	Hospital	1,113
306196624	CHEVY CHASE AMBULATORY CENTER	Clinic	839
306044153	CHICO SURGERY CENTER, LP	Clinic	700
106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	Hospital	2,960
106304113	CHILDREN'S HOSPITAL AT MISSION	Hospital	220
106204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	Hospital	2,894
106190170	CHILDREN'S HOSPITAL OF LOS ANGELES	Hospital	4,507
106300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	Hospital	3,736
106382715	CHINESE HOSPITAL	Hospital	3,019
106361144	CHINO VALLEY MEDICAL CENTER	Hospital	461
106190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	Hospital	1,831
106190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	Hospital	2,426
106190661	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMPUS	Hospital	646
106190176	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	Hospital	1,394
106301258	COASTAL COMMUNITIES HOSPITAL	Hospital	1,316
306404053	COASTAL SURGICAL INSTITUTE	Clinic	2,396
106190766	COAST PLAZA DOCTORS HOSPITAL	Hospital	463
306374243	COAST SURGERY CENTER	Clinic	1,681
306196106	COAST SURGERY CENTER OF SOUTH BAY	Clinic	1,644
306195035	COLIMA ENDOSCOPY CENTER	Clinic	342
106301155	COLLEGE HOSPITAL COSTA MESA	Hospital	18
106361458	COLORADO RIVER MEDICAL CENTER	Hospital	18
306194977	COLUMBIA WEST HILLS SURGICAL CENTER	Clinic	3,846
106060870	COLUSA REGIONAL MEDICAL CENTER	Hospital	164
106190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	Hospital	572
106270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	Hospital	2,639
106190475	COMMUNITY HOSPITAL OF LONG BEACH	Hospital	306
106430743	COMMUNITY HOSPITAL OF LOS GATOS	Hospital	2,204
106361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	Hospital	908
106100005	COMMUNITY MEDICAL CENTER - CLOVIS	Hospital	6,288
106560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	Hospital	5,119
306105036	COMMUNITY OUTPATIENT SURGERY CENTER	Clinic	399
106100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	Hospital	5,065
306194781	COMPREHENSIVE OUTPATIENT SURGERY CENTER	Clinic	823
306105017	COMPREHENSIVE PAIN MANAGEMENT CENTER	Clinic	697
106070924	CONTRA COSTA REGIONAL MEDICAL CENTER	Hospital	1,697
106160702	CORCORAN DISTRICT HOSPITAL	Hospital	416
106331152	CORONA REGIONAL MEDICAL CENTER-MAIN	Hospital	1,603
306454040	COURT STREET SURGERY CENTER	Clinic	2,212

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Facility Number	Facility Name	Facility Type	Encounters
306544072	COURTYARD SURGERY PAVILION	Clinic	519
306304225	CROWN VALLEY SURGICENTER	Clinic	1,505
306424050	CYPRESS AMBULATORY SURGERY CENTER	Clinic	1,026
306444003	CYPRESS OUTPATIENT SURGICAL CENTER, INC.	Clinic	980
306544027	CYPRESS SURGERY CENTER	Clinic	1,297
106390846	DAMERON HOSPITAL	Hospital	1,400
306074041	DANVILLE AMBULATORY SURGERY CENTER	Clinic	44
306574016	DAVIS SURGERY CENTER	Clinic	918
306334538	DE ANZA SURGERY CENTER	Clinic	498
106150706	DELANO REGIONAL MEDICAL CENTER	Hospital	1,144
306374276	DEL MAR SURGERY CENTER	Clinic	668
306194815	DEL REY SURGERY CENTER	Clinic	28
306564115	DERMATOLOGY AND REJUVENATION MEDICAL CENTER	Clinic	32
306334507	DESERT ORTHOPEDIC SURGERY CENTER	Clinic	1,604
106331164	DESERT REGIONAL MEDICAL CENTER	Hospital	4,578
106364144	DESERT VALLEY HOSPITAL	Hospital	802
306014180	DIALYSIS ACCESS CENTER, INC.	Clinic	734
306196568	DIAMOND BAR SURGERY CENTER	Clinic	1,247
306414085	DIGESTIVE DIAGNOSTIC CENTER, INC.	Clinic	423
306304203	DIGESTIVE DISEASE CENTER	Clinic	2,939
106392287	DOCTORS HOSPITAL OF MANTECA	Hospital	2,145
106190857	DOCTORS HOSPITAL OF WEST COVINA, INC	Hospital	364
106500852	DOCTORS MEDICAL CENTER	Hospital	3,839
106070904	DOCTORS MEDICAL CENTER - SAN PABLO	Hospital	1,288
306304413	DOCTORS SURGERY CENTER	Clinic	1,354
106440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	Hospital	1,595
106190243	DOWNEY REGIONAL MEDICAL CENTER	Hospital	4,170
106196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	Hospital	1,822
306014160	EAST BAY ENDOSCOPY CENTER, L.P.	Clinic	2,883
306014186	EAST BAY ENDOSURGERY CENTER	Clinic	3,054
306014015	EAST BAY MEDICAL SURGICAL CENTER, L.P.	Clinic	616
106320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	Hospital	187
106190256	EAST LOS ANGELES DOCTORS HOSPITAL	Hospital	449
106190328	EAST VALLEY HOSPITAL MEDICAL CENTER	Hospital	188
106010805	EDEN MEDICAL CENTER	Hospital	1,128
106331168	EISENHOWER MEMORIAL HOSPITAL	Hospital	3,359
106430763	EL CAMINO HOSPITAL	Hospital	2,247
306434045	EL CAMINO SURGERY CENTER	Clinic	2,565
106130699	EL CENTRO REGIONAL MEDICAL CENTER	Hospital	1,806
306094021	EL DORADO SURGERY CENTER	Clinic	1,716
306374309	ELITE SURGICAL CENTERS DEL MAR	Clinic	444
306334440	EL MIRADOR SURGICAL CENTER	Clinic	2,507
106500867	EMANUEL MEDICAL CENTER, INC	Hospital	1,831

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Facility Number	Facility Name	Facility Type	Encounters
306154107	EMPIRE SURGERY CENTER PARTNERS	Clinic	829
106190280	ENCINO HOSPITAL MEDICAL CENTER	Hospital	1,140
306196094	ENCINO PLAZA SURGICAL CENTER	Clinic	2,921
306196809	ENCINO SURGICAL MEDICAL CENTER	Clinic	818
106190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	Hospital	2,538
306196310	ENDOSCOPY CENTER AT SKYPARK	Clinic	3,237
306374181	ENDOSCOPY CENTER OF CHULA VISTA	Clinic	1,723
306214032	ENDOSCOPY CENTER OF MARIN	Clinic	2,023
306434150	ENDOSCOPY CENTER OF SAN JOSE	Clinic	521
306196554	ENDOSCOPY CENTER OF SANTA MONICA	Clinic	1,006
306494087	ENDOSCOPY CENTER OF SANTA ROSA	Clinic	2,090
306434148	ENDOSCOPY CENTER OF SILICON VALLEY	Clinic	1,555
306194285	ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA	Clinic	3,392
306404021	ENDOSCOPY CENTER OF THE CENTRAL COAST, THE	Clinic	658
306334535	ENDOSCOPY CENTER OF THE INLAND EMPIRE	Clinic	1,831
306194264	ENDOSCOPY CENTER OF THE SOUTH BAY, THE	Clinic	1,987
306514009	ENDOSCOPY CENTER, THE	Clinic	754
306424041	ENDOSCOPY SURGERY CENTER OF SANTA MARIA	Clinic	1,213
106040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	Hospital	3,573
306104050	E. N. T. FACIAL SURGERY CENTER	Clinic	641
306374399	EUCLID ENDOSCOPY CENTER, LP	Clinic	407
306074030	EYE CENTER OF NORTHERN CALIFORNIA SURGICENTER	Clinic	9
306044018	EYE LIFE INSTITUTE	Clinic	3
306014159	EYE MD LASER AND SURGERY CENTER	Clinic	2,020
306344023	EYE SURGERY CENTER OF NORTHERN CALIFORNIA, THE	Clinic	423
306384199	EYE SURGERY CENTER OF SAN FRANCISCO, L.P.	Clinic	741
306374159	EYE SURGERY CENTER OF SOUTHERN CALIFORNIA, INC	Clinic	321
106474007	FAIRCHILD MEDICAL CENTER	Hospital	912
106370705	FALLBROOK HOSPITAL DISTRICT	Hospital	1,023
106040875	FEATHER RIVER HOSPITAL	Hospital	2,684
306344130	FOLSOM SIERRA ENDOSCOPY CENTER L.P.	Clinic	1,710
306344129	FOLSOM SURGERY CENTER	Clinic	1,799
306364104	FOOTHILL AMBULATORY SURGERY CENTER	Clinic	131
106190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	Hospital	1,635
306304410	FOOTHILL RANCH SURGERY AND MEDICAL CTR., INC.	Clinic	26
306196552	FOOTHILL SURGERY CENTER	Clinic	1,240
306434024	FOREST SURGERY CENTER	Clinic	1,618
306344015	FORT SUTTER SURGERY CENTER	Clinic	4,864
106301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	Hospital	6,215
306196195	FOUR SEASONS SURGERY CENTER OF ENCINO	Clinic	43
306304287	FOUR SEASONS SURGERY CENTERS OF ANAHEIM	Clinic	28
306301540	FOUR SEASONS SURGERY CENTERS OF HUNTINGTON BEACH	Clinic	67
306364282	FOUR SEASONS SURGERY CENTERS OF ONTARIO	Clinic	2,256

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Facility Number	Facility Name	Facility Type	Encounters
106230949	FRANK R HOWARD MEMORIAL HOSPITAL	Hospital	301
306196047	FREEDOM VISION CENTERS MEDICAL ASSOCIATES	Clinic	1,095
306014125	FREMONT AMBULATORY SURGERY CENTER	Clinic	3,303
106510882	FREMONT MEDICAL CENTER	Hospital	3,536
306014165	FREMONT SURGERY CENTER-NORTH	Clinic	1,501
106400480	FRENCH HOSPITAL MEDICAL CENTER	Hospital	2,581
306105047	FRESNO DENTAL SURGERY CENTER	Clinic	1,782
306105006	FRESNO ENDOSCOPY CENTER	Clinic	965
106105029	FRESNO HEART AND SURGICAL HOSPITAL	Hospital	1,063
106104047	FRESNO SURGICAL HOSPITAL	Hospital	2,840
306334480	FSCI, INC., SURGERY CENTER	Clinic	52
306304346	FULLERTON SURGICAL CENTER	Clinic	2,381
306404039	GALILEO SURGERY CENTER	Clinic	1,203
106301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	Hospital	2,461
106190315	GARFIELD MEDICAL CENTER	Hospital	2,718
306304141	GASTRODIAGNOSTIC, A MEDICAL GROUP	Clinic	2,066
306105033	GASTROENTEROLOGY AND LIVER DISEASE MEDICAL CTR., INC.	Clinic	268
106270777	GEORGE L MEE MEMORIAL HOSPITAL	Hospital	264
106190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	Hospital	2,858
306197065	GLENDALE ENDOSCOPY CENTER, LLC	Clinic	1,216
306194569	GLENDALE EYE SURGERY CENTER	Clinic	1,371
106190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Hospital	3,107
306196553	GLENDORA DIGESTIVE DISEASE INSTITUTE	Clinic	1,472
306197032	GLENDORA SURGERY CENTER	Clinic	210
106110889	GLENN MEDICAL CENTER	Hospital	203
306334092	GLENWOOD SURGICAL CENTER, L P	Clinic	3,001
306384195	GOLDEN GATE ENDOSCOPY CENTER, L.P.	Clinic	2,282
306334062	GOLDEN TRIANGLE SURGI-CENTER	Clinic	1,844
106420483	GOLETA VALLEY COTTAGE HOSPITAL	Hospital	721
106150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	Hospital	162
106190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	Hospital	3,855
106430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	Hospital	4,093
306294017	GRASS VALLEY SURGERY CENTER	Clinic	323
306014193	GREATER BAY ENDOSCOPY CENTER	Clinic	798
106190352	GREATER EL MONTE COMMUNITY HOSPITAL	Hospital	280
306194595	GREATER LONG BEACH ENDOSCOPY CENTER	Clinic	3,178
306341088	GREATER SACRAMENTO SURGERY CENTER	Clinic	2,910
306214039	GREENBRAE SURGERY CENTER	Clinic	282
106370714	GROSSMONT HOSPITAL	Hospital	5,856
306371705	GROSSMONT SURGERY CENTER	Clinic	2,909
306404027	HALCYON LASER AND SURGERY CENTER, INC	Clinic	679
306364278	HALLMARK SURGICAL CENTER	Clinic	1,245
306194329	HALLMARK SURGICAL CENTER OF NORTHRIDGE	Clinic	1,072

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Facility Number	Facility Name	Facility Type	Encounters
106160725	HANFORD COMMUNITY MEDICAL CENTER	Hospital	4,672
306164021	HANFORD SURGERY CENTER	Clinic	514
306234027	HARRY B. MATOSSIAN, M.D. ENDOSCOPY CENTER	Clinic	758
306196051	HARVARD SURGERY CENTER	Clinic	38
106350784	HAZEL HAWKINS MEMORIAL HOSPITAL	Hospital	898
106490964	HEALDSBURG DISTRICT HOSPITAL	Hospital	642
306154140	HEALING ARTS SURGERY CENTER	Clinic	127
306190969	HEALTH SOUTH ARCADIA OUTPATIENT SURGERY CENTER	Clinic	1,663
306374108	HEALTHSOUTH NORTH COAST SURGERY CENTER	Clinic	1,636
306374147	HEALTHSOUTH RANCHO BERNARDO SURGERY CENTER	Clinic	1,987
306404006	HEALTHSOUTH SURGERY CENTER	Clinic	751
306494003	HEALTHSOUTH SURGERY CENTER OF SANTA ROSA	Clinic	1,613
306334562	HEMET ENDOSCOPY CENTER	Clinic	668
306334085	HEMET HEALTHCARE SURGICENTER	Clinic	1,142
306334007	HEMET URO-ENDO SURGICENTER, INC.	Clinic	155
106331194	HEMET VALLEY MEDICAL CENTER	Hospital	691
106190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	Hospital	2,317
106362041	HI-DESERT MEDICAL CENTER	Hospital	533
306364139	HI DESERT SURGERY CENTER	Clinic	129
306364095	HIGH DESERT ENDOSCOPY	Clinic	759
306196511	HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CTR.	Clinic	766
106301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Hospital	11,626
106190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	Hospital	3
106190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Hospital	2,444
306334436	HOPE SQUARE SURGICAL CENTER	Clinic	2,888
106301209	HUNTINGTON BEACH HOSPITAL	Hospital	95
106190400	HUNTINGTON MEMORIAL HOSPITAL	Hospital	3,441
306194069	HUNTINGTON OUTPATIENT SURGERY CENTER	Clinic	2,205
306304332	HUNTINGTON SURGERY CENTER	Clinic	219
306154091	INDIAN WELLS VALLEY SURGERY CENTER	Clinic	131
306334578	INDIO SURGERY CENTER INC.	Clinic	704
306364246	INLAND EMPIRE OUTPATIENT SURGERY CENTER, INC.	Clinic	229
306334076	INLAND SURGERY CENTER	Clinic	509
306364008	INLAND SURGERY CENTER	Clinic	3,012
306334539	INLAND SURGERY CENTER MURRIETA	Clinic	441
306244040	INTERVENTIONAL PAIN CENTER OF MERCED	Clinic	876
306304345	IRVINE ENDOSCOPY AND SURGICAL INSTITUTE	Clinic	1,475
306304197	IRVINE MULTI-SPECIALITY SURGICAL CARE	Clinic	987
106304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	Hospital	1,935
306194997	JIN H. SUH, M.D., MEDICAL OFFICE	Clinic	500
106220733	JOHN C FREMONT HEALTHCARE DISTRICT	Hospital	103
106331216	JOHN F KENNEDY MEMORIAL HOSPITAL	Hospital	3,016
106071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	Hospital	2,975

**Appendix D**  
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Facility Number	Facility Name	Facility Type	Encounters
106070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	Hospital	2,020
306196303	JOURNEY LITE OF THOUSAND OAKS	Clinic	32
106301132	KAISER FND HOSP - ANAHEIM	Hospital	3,867
106196035	KAISER FND HOSP - BALDWIN PARK	Hospital	6,424
106190430	KAISER FND HOSP - BELLFLOWER	Hospital	4,062
106361223	KAISER FND HOSP - FONTANA	Hospital	11,567
106014132	KAISER FND HOSP - FREMONT	Hospital	3,045
106104062	KAISER FND HOSP - FRESNO	Hospital	4,394
106380857	KAISER FND HOSP - GEARY S F	Hospital	5,408
106190431	KAISER FND HOSP - HARBOR CITY	Hospital	2,767
106010858	KAISER FND HOSP - HAYWARD	Hospital	1,885
106394009	KAISER FND HOSP-MANTECA	Hospital	2,655
106010856	KAISER FND HOSP - OAKLAND CAMPUS	Hospital	2,211
106190432	KAISER FND HOSP - PANORAMA CITY	Hospital	3,471
106410804	KAISER FND HOSP - REDWOOD CITY	Hospital	2,275
106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	Hospital	3,213
106074093	KAISER FND HOSP - RICHMOND CAMPUS	Hospital	1,155
106334025	KAISER FND HOSP - RIVERSIDE	Hospital	3,114
106340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	Hospital	10,224
106370730	KAISER FND HOSP - SAN DIEGO	Hospital	8,308
106431506	KAISER FND HOSP - SAN JOSE	Hospital	4,371
106210992	KAISER FND HOSP - SAN RAFAEL	Hospital	1,688
106434153	KAISER FND HOSP - SANTA CLARA	Hospital	6,594
106494019	KAISER FND HOSP - SANTA ROSA	Hospital	3,816
106342344	KAISER FND HOSP - SOUTH SACRAMENTO	Hospital	4,340
106410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	Hospital	1,661
106190429	KAISER FND HOSP - SUNSET	Hospital	6,952
106070990	KAISER FND HOSP - WALNUT CREEK	Hospital	3,752
106190434	KAISER FND HOSP - WEST LA	Hospital	3,543
106191450	KAISER FND HOSP - WOODLAND HILLS	Hospital	2,259
106074097	KAISER FOUND HSP-ANTIOCH	Hospital	2,902
106540734	KAWEAH DELTA DISTRICT HOSPITAL	Hospital	3,063
306196069	KERLAN-JOBE SURGERY CENTER	Clinic	1,803
106150736	KERN MEDICAL CENTER	Hospital	1,983
106150737	KERN VALLEY HEALTHCARE DISTRICT	Hospital	225
306164017	KINGS EYE CENTER MEDICAL GROUP, INC.	Clinic	441
106191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	Hospital	516
306304313	LAGUNA HILLS SURGERY CENTER	Clinic	1,460
306374137	LA JOLLA ENDOSCOPY CENTER	Clinic	911
306374288	LA JOLLA ORTHOPEDIC SURGERY CENTER	Clinic	2,372
106190240	LAKESWOOD REGIONAL MEDICAL CENTER	Hospital	2,691
106190455	LANCASTER COMMUNITY HOSPITAL	Hospital	868
106301234	LA PALMA INTERCOMMUNITY HOSPITAL	Hospital	302

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Facility Number	Facility Name	Facility Type	Encounters
306196239	LA PEER SURGERY CENTER LLC	Clinic	678
306334499	LA QUINTA SURGERY CENTER	Clinic	289
306074068	LASER SURGERY CENTER, LTD	Clinic	2,423
306184004	LASSEN SURGERY CENTER	Clinic	143
306274058	LAS VENTANAS SURGERY CENTER	Clinic	589
306304130	LA VETA SURGICAL CTR., AN AFFILIATE OF HEALTHSOUTH	Clinic	2,337
106190470	LITTLE COMPANY OF MARY HOSPITAL	Hospital	4,200
106190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	Hospital	1,191
106390923	LODI MEMORIAL HOSPITAL	Hospital	1,974
306394004	LODI OUTPATIENT SURGICAL CENTER	Clinic	1,666
306364023	LOMA LINDA AMBULATORY SURGICAL CENTER	Clinic	23
106361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	Hospital	10,901
106420491	LOMPOC HEALTHCARE DISTRICT	Hospital	1,318
106190525	LONG BEACH MEMORIAL MEDICAL CENTER	Hospital	4,511
106301248	LOS ALAMITOS MEDICAL CENTER	Hospital	4,029
306304315	LOS ALAMITOS SURGERY CENTER	Clinic	817
306434151	LOS ALTOS SURGERY CENTER	Clinic	278
106191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	Hospital	2,537
106190198	LOS ANGELES COMMUNITY HOSPITAL	Hospital	144
106191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	Hospital	2,104
106191228	LOS ANGELES CO USC MEDICAL CENTER	Hospital	1,826
306196045	LOS ANGELES ENDOSCOPY CENTER	Clinic	1,201
106190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	Hospital	288
306196071	LOS ANGELES SURGICAL CENTER	Clinic	1,117
306434003	LOS GATOS SURGICAL CENTER	Clinic	2,929
106560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	Hospital	3,899
306564027	LOS ROBLES SURGICENTER	Clinic	1,265
106434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	Hospital	2,472
306204021	MADERA AMBULATORY ENDOSCOPY CENTER	Clinic	1,739
106201281	MADERA COMMUNITY HOSPITAL	Hospital	1,126
306204006	MADERA SURGERY CENTER	Clinic	162
106121002	MAD RIVER COMMUNITY HOSPITAL	Hospital	3,220
306334129	MAGNOLIA PLASTIC SURGERY CENTER	Clinic	274
306304279	MAGNOLIA SURGERY CENTER	Clinic	2,361
306304298	MAIN STREET SPECIALTY SURGERY CENTER, LP	Clinic	4,108
106260011	MAMMOTH HOSPITAL	Hospital	319
106420493	MARIAN MEDICAL CENTER	Hospital	2,028
106211006	MARIN GENERAL HOSPITAL	Hospital	2,385
306214022	MARIN OPHTHALMIC AMBULATORY SURGI CLINIC	Clinic	208
306214036	MARIN SPECIALTY SURGERY CENTER	Clinic	1,726
106050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	Hospital	487
106090933	MARSHALL MEDICAL CENTER (1-RH)	Hospital	1,397
306094024	MARSHALL SURGERY CENTER	Clinic	223

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Facility Number	Facility Name	Facility Type	Encounters
306344036	MARTEL EYE INSTITUTE	Clinic	323
306197103	MARTIN LUTHER KING JR. AMBULATORY SURGERY CENTER	Clinic	18
106450936	MAYERS MEMORIAL HOSPITAL	Hospital	229
306502389	MCHENRY SURGERY CENTER PARTNERS, L.P.	Clinic	653
306544007	MEDICAL ARTS AMBULATORY SURGERY CENTER	Clinic	303
306196514	MED-LASER SURGICAL CENTER	Clinic	1,627
106240924	MEMORIAL HOSPITAL LOS BANOS	Hospital	533
106500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	Hospital	6,987
106190521	MEMORIAL HOSPITAL OF GARDENA	Hospital	1,218
106231013	MENDOCINO COAST DISTRICT HOSPITAL	Hospital	937
106334018	MENIFEE VALLEY MEDICAL CENTER	Hospital	544
106414018	MENLO PARK SURGICAL HOSPITAL	Hospital	1,089
306244015	MERCED AMBULATORY ENDOSCOPY CENTER	Clinic	394
106340947	MERCY GENERAL HOSPITAL	Hospital	6,620
106150761	MERCY HOSPITAL - BAKERSFIELD	Hospital	3,269
106344029	MERCY HOSPITAL - FOLSOM	Hospital	1,159
106450949	MERCY MEDICAL CENTER	Hospital	2,062
106240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	Hospital	858
106240948	MERCY MEDICAL CENTER MERCED-DOMINICAN CAMPUS	Hospital	1,752
106470871	MERCY MEDICAL CENTER MT. SHASTA	Hospital	1,071
106340950	MERCY SAN JUAN HOSPITAL	Hospital	4,720
306454047	MERCY SURGERY CENTER	Clinic	1,404
306304219	MESA SURGICENTER	Clinic	142
106340951	METHODIST HOSPITAL OF SACRAMENTO	Hospital	3,038
106190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	Hospital	1,440
306344118	MICHAEL J. FAZIO, MD. SURGERY CENTER	Clinic	715
306414063	MID-PENINSULA ENDOSCOPY CENTER	Clinic	2,952
306196058	MID-WILSHIRE SURGERY CENTER	Clinic	33
306304286	MILE SQUARE SURGERY CENTER, INC.	Clinic	1,695
306544047	MILL CREEK AMBULATORY SURGERY CENTER	Clinic	77
306154106	MILLENNIUM SURGERY CENTER, INC.	Clinic	2,235
306304247	MIMG ENDOSCOPY CENTER	Clinic	2,781
106190681	MIRACLE MILE MEDICAL CENTER	Hospital	383
306196072	MIRACLE MILE OUTPATIENT SURGERY CENTER	Clinic	236
306334529	MIRAGE ENDOSCOPY CENTER L.P.	Clinic	3,718
106190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	Hospital	682
106301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	Hospital	1,396
306304041	MISSION SURGERY CENTER	Clinic	1,223
306374331	MISSION VALLEY HEIGHTS SURGERY CENTER	Clinic	3,292
306014038	MISSION VALLEY SURGERY CENTRE	Clinic	139
306504022	MODESTO SURGERY CENTER, INC.	Clinic	77
106361166	MONTCLAIR HOSPITAL MEDICAL CENTER	Hospital	141
306194276	MONTEBELLO SURGERY CENTER, THE	Clinic	259

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Facility Number	Facility Name	Facility Type	Encounters
306274061	MONTEREY BAY ENDOSCOPY CENTER	Clinic	2,867
306274050	MONTEREY DOCTORS SURGERY CENTER	Clinic	699
106190547	MONTEREY PARK HOSPITAL	Hospital	1,162
306196516	MONTEREY PARK OUTPATIENT SURGERY CENTER	Clinic	225
306274033	MONTEREY PENINSULA SURGERY CENTER	Clinic	1,666
306274073	MONTEREY PENINSULA SURGERY CENTER RYAN RANCH	Clinic	2,019
306434147	MONTPELIER AMBULATORY SURGICAL CENTER	Clinic	693
106334048	MORENO VALLEY COMMUNITY HOSPITAL	Hospital	508
106190552	MOTION PICTURE AND TELEVISION HOSPITAL	Hospital	1,992
106361266	MOUNTAINS COMMUNITY HOSPITAL	Hospital	146
306364140	MOUNTAIN VIEW SURGERY CENTER AND MEDICAL CLINIC	Clinic	2,579
306074121	MOUNT DIABLO SURGERY CENTER	Clinic	975
306194286	M/S SURGERY CENTER	Clinic	813
306284005	NAPA SURGERY CENTER, LLC	Clinic	620
106274043	NATIVIDAD MEDICAL CENTER	Hospital	1,084
306544071	NATRAJ SURGERY CENTER, INC.	Clinic	102
306304166	NEWPORT BEACH ORANGE COAST ENDOSCOPY CENTER	Clinic	2,116
306304110	NEWPORT BEACH SURGERY CENTER	Clinic	3,561
306304403	NEWPORT CENTER SURGICAL	Clinic	766
306304264	NEWPORT COAST SURGERY CENTER, L.P.	Clinic	2,254
306304342	NEWPORT PLAZA SURGICAL CENTER	Clinic	808
106281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME OF CAL	Hospital	108
306544066	NOBLE SURGERY CENTER	Clinic	665
306304083	NORTH ANAHEIM SURGICENTER	Clinic	3,815
306494055	NORTH BAY EYE ASSOCIATES, ASC	Clinic	434
106481357	NORTH BAY MEDICAL CENTER	Hospital	1,381
106484001	NORTH BAY VACAVALLEY HOSPITAL	Hospital	216
306434171	NORTHERN CALIFORNIA KIDNEY STONE CENTER	Clinic	197
306504047	NORTHERN CALIFORNIA SURGERY CENTER	Clinic	1,589
106141273	NORTHERN INYO HOSPITAL	Hospital	602
306105016	NORTH POINT SURGERY CENTER, INC.	Clinic	1,280
106190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	Hospital	3,791
306044158	NORTH VALLEY ENDOSCOPY CENTER	Clinic	1,621
106190570	NORWALK COMMUNITY HOSPITAL	Hospital	18
106214034	NOVATO COMMUNITY HOSPITAL	Hospital	1,019
306214038	NOVATO ENDOSCOPY CENTER, LLC	Clinic	1,001
306404045	OAK PARK SURGERY CENTER	Clinic	1,164
306334520	OAKS SURGERY CENTER, THE	Clinic	3,039
306196664	OAK TREE ASC	Clinic	836
106500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	Hospital	771
306374233	OASIS HEALTHSOUTH SURGERY CENTER	Clinic	897
106430837	O'CONNOR HOSPITAL - SAN JOSE	Hospital	3,416
106560501	OJAI VALLEY COMMUNITY HOSPITAL	Hospital	504

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Facility Number	Facility Name	Facility Type	Encounters
106190534	OLYMPIA MEDICAL CENTER	Hospital	1,863
306014206	OMNI SURGI CENTER, LP	Clinic	302
306014080	OPTIMA OPHTHALMIC MEDICAL ASSOCIATES, INC.	Clinic	420
106300225	ORANGE COAST MEMORIAL MEDICAL CENTER	Hospital	5,359
306304300	ORANGE COAST SURGERY CENTER	Clinic	104
306304174	ORANGE CO INSTITUTE OF GASTROENTEROLOGY AND ENDOSCOPY	Clinic	1,671
106040937	OROVILLE HOSPITAL	Hospital	2,375
306304379	ORTHOPEDIC SURGERY CENTER OF ORANGE COUNTY, LLC	Clinic	1,558
306374383	OTAY LAKES SURGERY CENTER, LLC	Clinic	723
106190696	PACIFICA HOSPITAL OF THE VALLEY	Hospital	221
106190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	Hospital	812
306196082	PACIFIC COAST SURGICAL CENTER	Clinic	920
306154095	PACIFIC COAST SURGICAL CENTER NO.7	Clinic	648
306196309	PACIFIC ENDO-SURGICAL CENTER	Clinic	2,367
306364125	PACIFIC EYE INSTITUTE	Clinic	2,412
306304310	PACIFIC GASTROENTEROLOGY ENDOSCOPY CENTER	Clinic	511
306384170	PACIFIC HEIGHTS SURGERY CENTER	Clinic	823
306304082	PACIFIC HILLS SURGERY CENTER, INC.	Clinic	1,531
106190587	PACIFIC HOSPITAL OF LONG BEACH	Hospital	1,094
306564127	PACIFIC SURGERY CENTER OF VENTURA	Clinic	695
306374264	PACIFIC SURGICAL INSTITUTE OF PAIN MANAGEMENT	Clinic	328
306194275	PACIFIC SURGICENTER INC.	Clinic	291
306344128	PAIN DIAGNOSTIC AND TREATMENT CENTER, L.P.	Clinic	1,879
306196200	PALMDALE - LANCASTER SURGERY CENTER	Clinic	556
106491338	PALM DRIVE HOSPITAL	Hospital	670
306434191	PALO ALTO MED. FDN. - CAMINO DIVISION SURGICENTER	Clinic	5,955
106370755	PALOMAR MEDICAL CENTER	Hospital	3,573
306194546	PALOS VERDES AMBULATORY SURGERY MEDICAL CENTER, INC	Clinic	39
106331288	PALO VERDE HOSPITAL	Hospital	41
106370759	PARADISE VALLEY HOSPITAL	Hospital	707
306196053	PARKSIDE SURGERY INSTITUTE	Clinic	56
106331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	Hospital	948
306374283	PARKWAY ENDOSCOPY CENTER	Clinic	1,092
306196165	PASADENA AMBULATORY SURGERY CENTER	Clinic	7
306196320	PASADENA ENDOSCOPY CENTER	Clinic	2,421
306196054	PASADENA LASER AND SURGERY CENTER	Clinic	150
306196204	PASADENA SURGERY CENTER	Clinic	869
106454013	PATIENTS' HOSPITAL OF REDDING	Hospital	306
306434169	PENINSULA EYE SURGERY CENTER	Clinic	2,258
106410852	PENINSULA MEDICAL CENTER	Hospital	4,825
306414101	PENINSULA PROCEDURE CENTER, LP	Clinic	1,696
306494041	PETALUMA SURGICENTER	Clinic	19
106491001	PETALUMA VALLEY HOSPITAL	Hospital	1,736

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Facility Number	Facility Name	Facility Type	Encounters
306154012	PHYSICIANS PLAZA SURGICAL CENTER	Clinic	2,607
306364315	PHYSICIAN'S SURGERY CENTER	Clinic	1,139
106130760	PIONEERS MEMORIAL HOSPITAL	Hospital	1,228
106301297	PLACENTIA LINDA HOSPITAL	Hospital	2,591
306014102	PLASTIC AND RECONSTRUCTIVE SURGERY CENTER	Clinic	259
306342259	PLASTIC SURGERY CENTER MEDICAL GROUP, INC, THE	Clinic	493
306424060	PLAZA SURGERY CENTER, L.P.	Clinic	1,230
306564047	PLAZA SURGICAL CENTER, INC.	Clinic	72
306014184	PLEASANTON SURGERY CENTER	Clinic	1,883
106320986	PLUMAS DISTRICT HOSPITAL	Hospital	373
306334081	PODIATRIC SURGERY CENTER	Clinic	127
106370977	POMERADO HOSPITAL	Hospital	1,751
106190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	Hospital	6,920
306404047	POSADA AMBULATORY SURGERY CENTER, L.P.	Clinic	552
306384168	POST STREET SURGERY CENTER, LLC	Clinic	247
306374314	POWAY SURGERY CENTER LP	Clinic	516
306374077	PREMIERE SURGERY CENTER, INC	Clinic	1,070
306364253	PREMIER OUTPATIENT SURGERY CENTER, INC.	Clinic	1,422
306074100	PREMIER SURGERY CENTER	Clinic	4,391
306424045	PREMIER SURGERY CENTER OF SANTA BARBARA	Clinic	772
306424065	PREMIER SURGERY CENTER OF SANTA MARIA	Clinic	175
106190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	Hospital	6,569
306384012	PRESIDIO SURGERY CENTER	Clinic	2,789
306304291	PROCEDURE CENTER OF IRVINE	Clinic	87
306344134	PROCEDURE CENTER OF SOUTH SACRAMENTO	Clinic	1,229
306014219	PROCEDURE SUITES, FREMONT CENTER	Clinic	687
106370787	PROMISE HOSPITAL OF SAN DIEGO	Hospital	543
106190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	Hospital	2,575
106190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Hospital	5,437
306504030	PUEBLO NUEVO AESTHETIC AND RECONSTRUCTIVE SURGERY	Clinic	125
106281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	Hospital	4,436
106370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	Hospital	7,182
106364188	RANCHO SPECIALTY HOSPITAL	Hospital	234
306304412	REAGAN STREET SURGERY CENTER	Clinic	2,591
306524007	RED BLUFF SURGERY CENTER, INC.	Clinic	19
106171049	REDBUD COMMUNITY HOSPITAL	Hospital	785
306454031	REDDING ENDOSCOPY CENTER	Clinic	1,093
306454042	REDDING SURGERY CENTER, LP	Clinic	441
106361308	REDLANDS COMMUNITY HOSPITAL	Hospital	2,006
306364122	REDLANDS DENTAL SURGERY CENTER	Clinic	1,257
306494103	REDWOOD EMPIRE SURGERY CENTER	Clinic	284
106121051	REDWOOD MEMORIAL HOSPITAL	Hospital	1,062
306105032	REGIONAL HAND CENTER OF CENTRAL CALIFORNIA	Clinic	617

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Facility Number	Facility Name	Facility Type	Encounters
106430705	REGIONAL MEDICAL OF SAN JOSE	Hospital	3,978
306196171	REGIONAL VALLEY SURGERY CENTER	Clinic	1,247
306105060	RENAISSANCE SURGERY CENTER	Clinic	349
306334556	RENAISSANCE SURGERY CENTER OF EL PASEO	Clinic	76
106580996	RIDEOUT MEMORIAL HOSPITAL	Hospital	2,306
106150782	RIDGECREST REGIONAL HOSPITAL	Hospital	823
106331312	RIVERSIDE COMMUNITY HOSPITAL	Hospital	3,548
106334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Hospital	2,150
306334044	RIVERSIDE EYE, EAR, NOSE AND THROAT INST. SURG. CTR.	Clinic	1,005
306334512	RIVERSIDE MEDICAL CLINIC SURGICAL CENTER	Clinic	3,110
306454032	RIVERSIDE SURGERY CENTER, INC.	Clinic	292
306105057	RIVERVIEW AMBULATORY SURGICAL CENTER	Clinic	22
306314031	ROSEVILLE SURGERY CENTER	Clinic	859
306344097	SACRAMENTO EYE SURGICENTER	Clinic	505
306344005	SACRAMENTO MIDTOWN ENDOSCOPY CENTER	Clinic	2,807
306304109	SADDLEBACK EYE CENTER	Clinic	929
106301317	SADDLEBACK MEMORIAL MEDICAL CENTER	Hospital	3,070
106301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	Hospital	1,885
306304064	SADDLEBACK VALLEY OUTPATIENT SURGERY	Clinic	2,234
306504055	SALIDA SURGERY CENTER	Clinic	1,342
306274026	SALINAS SURGERY CENTER	Clinic	1,137
106270875	SALINAS VALLEY MEMORIAL HOSPITAL	Hospital	1,176
306434173	SAMARITAN ENDOSCOPY CENTER	Clinic	674
306364247	SAN ANTONIO AMBULATORY SURGICAL CENTER, INC.	Clinic	2,370
106361318	SAN ANTONIO COMMUNITY HOSPITAL	Hospital	3,125
306196084	S AND B SURGERY CENTER	Clinic	2,340
306196336	S AND B SURGERY CENTER II	Clinic	173
306374389	SAN DIEGO CENTER FOR REPRODUCTIVE SURGERY	Clinic	96
306374149	SAN DIEGO ENDOSCOPY CENTER, A PARTNERSHIP	Clinic	1,921
306370838	SAN DIEGO OUTPATIENT SURGICAL CENTER	Clinic	1,229
106190673	SAN DIMAS COMMUNITY HOSPITAL	Hospital	1,689
306194005	SAN FERNANDO VALLEY SURGERY CENTER	Clinic	2,389
306384171	SAN FRANCISCO ENDOSCOPY CENTER, LLC	Clinic	3,553
106380939	SAN FRANCISCO GENERAL HOSPITAL	Hospital	5,122
306384172	SAN FRANCISCO SURGERY CENTER	Clinic	783
306196623	SAN GABRIEL AMBULATORY SURGERY CENTER	Clinic	1,235
106190200	SAN GABRIEL VALLEY MEDICAL CENTER	Hospital	1,717
306194152	SAN GABRIEL VALLEY SURGICAL CENTER	Clinic	2,687
106331326	SAN GORGONIO MEMORIAL HOSPITAL	Hospital	458
306404022	SANI EYE SURGERY CENTER	Clinic	67
106150788	SAN JOAQUIN COMMUNITY HOSPITAL	Hospital	1,827
106391010	SAN JOAQUIN GENERAL HOSPITAL	Hospital	1,479
306394023	SAN JOAQUIN LASER AND SURGERY CENTER	Clinic	897

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Facility Number	Facility Name	Facility Type	Encounters
306434112	SAN JOSE MEDICAL GROUP ENDOSCOPY SUITE	Clinic	1,088
106013619	SAN LEANDRO HOSPITAL	Hospital	523
306014035	SAN LEANDRO SURGERY CENTER	Clinic	1,952
106410782	SAN MATEO MEDICAL CENTER	Hospital	1,242
306074099	SAN RAMON ENDOSCOPY CENTER, INC.	Clinic	2,327
106074017	SAN RAMON REGIONAL MEDICAL CENTER	Hospital	3,279
306074107	SAN RAMON SURGERY CENTER	Clinic	747
306304292	SANTA ANA OUTPATIENT SURGERY CENTER, L.P.	Clinic	105
106420514	SANTA BARBARA COTTAGE HOSPITAL	Hospital	3,774
306424061	SANTA BARBARA ENDOSCOPY CENTER, LLC	Clinic	1,163
306424051	SANTA BARBARA SURGICAL CENTER, L.P.	Clinic	2,828
106430883	SANTA CLARA VALLEY MEDICAL CENTER	Hospital	5,839
306196221	SANTA CLARITA SURGERY CTR FOR ADVANCED PAIN MGMNT	Clinic	1,292
306441238	SANTA CRUZ SURGERY CENTER	Clinic	1,573
306424044	SANTA MARIA AMBULATORY SURGERY AND LASER CENTER INC.	Clinic	796
306424057	SANTA MARIA DIGESTIVE DIAGNOSTIC CENTER	Clinic	2,982
306194776	SANTA MONICA SURGERY AND LASER CENTER	Clinic	127
106190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	Hospital	1,323
106491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	Hospital	4,227
106420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	Hospital	341
306564118	SAXON SURGICAL CENTER, INC.	Clinic	458
306374407	SCRIPPS ENCINITAS SURGERY CENTER	Clinic	502
106371256	SCRIPPS GREEN HOSPITAL	Hospital	9,713
106371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	Hospital	2,153
106370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	Hospital	5,425
106370744	SCRIPPS MERCY HOSPITAL	Hospital	4,393
106370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	Hospital	1,931
306374339	SCRIPPS MERCY SURGERY PAVILION	Clinic	2,725
306494006	SEBASTOPOL AMBULATORY SURGERY CENTER	Clinic	232
306334550	SEDONA SURGICAL CENTER, INC.	Clinic	392
106321016	SENECA HEALTHCARE DISTRICT	Hospital	149
106410891	SEQUOIA HOSPITAL	Hospital	1,913
306074091	SEQUOIA SURGICAL PAVILION	Clinic	3,537
306196287	SERRA CLINIC SURGERY CENTER	Clinic	528
106410817	SETON MEDICAL CENTER	Hospital	4,273
106370875	SHARP CHULA VISTA MEDICAL CENTER	Hospital	2,871
106370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	Hospital	548
106370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	Hospital	1,176
106370694	SHARP MEMORIAL HOSPITAL	Hospital	8,206
106450940	SHASTA REGIONAL MEDICAL CENTER	Hospital	4,510
306424069	SHEPARD EYE CENTER MEDICAL GROUP	Clinic	972
106190708	SHERMAN OAKS HOSPITAL	Hospital	363
306196174	SHERMAN OAKS SURGERY CENTER	Clinic	265

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2008**

Facility Number	Facility Name	Facility Type	Encounters
106344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	Hospital	544
306544057	SIERRA AMBULATORY SURGERY CENTER, A MEDICAL CORP.	Clinic	744
306294018	SIERRA AMBULATORY SURGERY CENTER, LLC	Clinic	753
306294013	SIERRA ENDOSCOPY CENTER, INC.	Clinic	2,253
106100797	SIERRA KINGS DISTRICT HOSPITAL	Hospital	365
106291023	SIERRA NEVADA MEMORIAL HOSPITAL	Hospital	627
306104039	SIERRA SURGERY CENTER	Clinic	91
306074014	SIERRA SURGI-CENTER	Clinic	1,034
106540798	SIERRA VIEW DISTRICT HOSPITAL	Hospital	1,833
306404024	SIERRA VISTA MEDICAL PAVILION AMBULATORY SURGERY	Clinic	86
106400524	SIERRA VISTA REGIONAL MEDICAL CENTER	Hospital	1,532
306434135	SILICON VALLEY SURGERY CENTER	Clinic	3,621
306564154	SIMI SURGERY CENTER, INC.	Clinic	1,098
106560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	Hospital	453
306044162	SKYWAY SURGERY CENTER	Clinic	2,254
306194960	SOLIS SURGICAL ARTS CENTER	Clinic	354
106491076	SONOMA VALLEY HOSPITAL	Hospital	614
306554001	SONORA EYE SURGERY CENTER	Clinic	658
106554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	Hospital	1,985
306554017	SONORA SURGERY CENTER	Clinic	1,423
306434114	SOUTH BAY ENDOSCOPY CENTER, A MEDICAL CORPORATION	Clinic	1,011
306434175	SOUTH BAY SURGERY CENTER	Clinic	554
106301337	SOUTH COAST MEDICAL CENTER	Hospital	1,888
306194737	SOUTHERN CALIFORNIA SURGERY CENTER	Clinic	157
306334122	SOUTHLAND ENDOSCOPY CENTER	Clinic	956
306314033	SOUTH PLACER SURGERY CENTER, L.P.	Clinic	1,307
106334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	Hospital	1,846
306154075	SOUTHWEST SURGICAL CENTER	Clinic	1,497
306196176	SPALDING OUTPATIENT SURGERY CENTER	Clinic	320
306564107	SPANISH HILLS SURGERY CENTER, LLC	Clinic	1,489
306196052	SPECIALTY SURGICAL CENTER	Clinic	2,146
306196585	SPECIALTY SURGICAL CENTER OF ARCADIA, L.P.	Clinic	1,515
306196524	SPECIALTY SURGICAL CENTER OF BEVERLY HILLS, L.P.	Clinic	3,545
306196261	SPECIALTY SURGICAL CENTER OF ENCINO, L.P.	Clinic	4,838
306304333	SPECIALTY SURGICAL CENTER OF IRVINE, L.P.	Clinic	3,010
306414067	SPINAL DIAGNOSTICS AND TREATMENT CENTER, LLC	Clinic	1,672
306424052	SPINE AND PAIN TREATMENT MEDICAL CENTER	Clinic	2,179
106100899	ST. AGNES MEDICAL CENTER	Hospital	9,107
106430905	STANFORD HOSPITAL	Hospital	10,799
106504038	STANISLAUS SURGICAL HOSPITAL	Hospital	5,324
306364061	STARPOINT HEALTH, INC.	Clinic	120
306304056	STARPOINT SURGERY CENTER - IRVINE	Clinic	115
306196115	STARPOINT SURGERY CENTER, STUDIO CENTER	Clinic	327

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
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Facility Number	Facility Name	Facility Type	Encounters
106361339	ST. BERNARDINE MEDICAL CENTER	Hospital	3,398
106521041	ST. ELIZABETH COMMUNITY HOSPITAL	Hospital	1,005
106190754	ST. FRANCIS MEDICAL CENTER	Hospital	2,279
106380960	ST. FRANCIS MEMORIAL HOSPITAL	Hospital	1,430
106281078	ST. HELENA HOSPITAL	Hospital	2,007
106190756	ST. JOHN'S HEALTH CENTER	Hospital	4,422
306564136	ST. JOHN'S OUTPATIENT SURGERY CENTER	Clinic	675
106560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	Hospital	1,567
106560529	ST. JOHN'S REGIONAL MEDICAL CENTER	Hospital	2,553
106121080	ST. JOSEPH HOSPITAL - EUREKA	Hospital	3,575
106301340	ST. JOSEPH HOSPITAL - ORANGE	Hospital	10,191
106391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	Hospital	2,067
306304190	ST. JOSEPH SURGERY AND LASER CENTER, INC.	Clinic	309
106301342	ST. JUDE MEDICAL CENTER	Hospital	10,791
106434138	ST. LOUISE REGIONAL HOSPITAL	Hospital	1,187
106380964	ST. LUKE'S HOSPITAL	Hospital	1,306
106190053	ST. MARY MEDICAL CENTER	Hospital	1,465
106361343	ST. MARY REGIONAL MEDICAL CENTER	Hospital	2,614
106380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	Hospital	2,742
306394069	STOCKTON ENDOSCOPY CENTER, LLC	Clinic	1,632
106010967	ST. ROSE HOSPITAL	Hospital	1,116
306196167	ST. VINCENT EYE SURGERY MEDICAL CENTER	Clinic	1,141
106190762	ST. VINCENT MEDICAL CENTER	Hospital	3,492
306196550	SUMMIT SURGERY CENTER	Clinic	779
306424049	SUMMIT SURGERY CENTER	Clinic	815
306105021	SUMMIT SURGICAL	Clinic	2,540
306431040	SURGECENTER OF PALO ALTO	Clinic	4,652
306196216	SURGERY CENTER OF LONG BEACH	Clinic	2,175
306454011	SURGERY CENTER OF NORTHERN CALIFORNIA	Clinic	1,734
306334465	SURGERY CENTER OF RIVERSIDE, THE	Clinic	50
306194597	SURGERY CENTER OF SANTA MONICA	Clinic	2,336
306191041	SURGERY CENTER OF SOUTH BAY	Clinic	1,056
306014022	SURGERY CTR. OF ALTA BATES SUMMIT MED. CTR, LLC, THE	Clinic	3,109
306374162	SURGICAL EYE CARE CENTER	Clinic	368
306164016	SURGITEK OUTPATIENT CENTER, INC.	Clinic	756
306344066	SUTTER ALHAMBRA SURGERY CENTER, L.P.	Clinic	1,814
106034002	SUTTER AMADOR HOSPITAL	Hospital	940
106310791	SUTTER AUBURN FAITH HOSPITAL	Hospital	2,460
306314010	SUTTER AUBURN SURGERY CENTER	Clinic	1,383
106084001	SUTTER COAST HOSPITAL	Hospital	2,443
106574010	SUTTER DAVIS HOSPITAL	Hospital	2,802
106070934	SUTTER DELTA MEDICAL CENTER	Hospital	1,719
306484045	SUTTER FAIRFIELD SURGERY CENTER	Clinic	2,821

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2008**

Facility Number	Facility Name	Facility Type	Encounters
106341051	SUTTER GENERAL HOSPITAL	Hospital	3,970
106171395	SUTTER LAKESIDE HOSPITAL	Hospital	2,230
106444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	Hospital	4,145
106490919	SUTTER MEDICAL CENTER OF SANTA ROSA	Hospital	2,971
106341052	SUTTER MEMORIAL HOSPITAL	Hospital	3,756
306514021	SUTTER NORTH PROCEDURE CENTER	Clinic	849
306514032	SUTTER NORTH SURGERY CENTER	Clinic	1,952
306341608	SUTTER RIVER CITY SURGERY CENTER	Clinic	2,100
306314035	SUTTER ROSEVILLE ENDOSCOPY CENTER	Clinic	2,800
106311000	SUTTER ROSEVILLE MEDICAL CENTER	Hospital	3,609
106481094	SUTTER SOLANO MEDICAL CENTER	Hospital	1,389
106391056	SUTTER TRACY COMMUNITY HOSPITAL	Hospital	2,346
306504054	SYLVAN SURGERY CENTER, INC.	Clinic	351
106291053	TAHOE FOREST HOSPITAL	Hospital	407
306196175	TARZANA SURGERY CENTER, INC.	Clinic	208
306154104	TEHACHAPI SURGERY CENTER, INC.	Clinic	371
306334075	TEMECULA VALLEY DAY SURGERY AND PAIN THERAPY CENTER	Clinic	1,505
306334555	TEMECULA VALLEY ENDOSCOPY CENTER	Clinic	622
106190784	TEMPLE COMMUNITY HOSPITAL	Hospital	1,800
306404048	TEMPLETON ENDOSCOPY CENTER	Clinic	737
306404065	TEMPLETON SURGERY CENTER LLC	Clinic	628
306196349	THE CENTER FOR AMBULATORY SURGICAL TREATMENT	Clinic	1,639
306334522	THE PLASTIC SURGERY INSTITUTE	Clinic	36
306196536	THIRD STREET SURGERY CENTER	Clinic	674
306564072	THOUSAND OAKS ENDOSCOPY CENTER	Clinic	2,217
106564121	THOUSAND OAKS SURGICAL HOSPITAL	Hospital	1,981
106190422	TORRANCE MEMORIAL MEDICAL CENTER	Hospital	9,983
306196262	TORRANCE SURGERY CENTER, L.P.	Clinic	2,318
306504057	TOWER HEALTH AND WELLNESS SURGERY CENTER	Clinic	646
306394066	TRACY OUTPATIENT SURGERY CENTER	Clinic	167
306074098	TRESANTI MEDICAL CORPORATION, THE	Clinic	1,116
306196559	TRIANGLE SURGERY CENTER	Clinic	28
106370780	TRI-CITY MEDICAL CENTER	Hospital	5,478
106190159	TRI-CITY REGIONAL MEDICAL CENTER	Hospital	2,275
106531059	TRINITY HOSPITAL	Hospital	259
306014078	TRIVALLEY OUTPATIENT SURGERY CENTER	Clinic	752
306294016	TRUCKEE SURGERY CENTER	Clinic	396
306154089	TRUXTUN SURGERY CENTER, INC.	Clinic	4,327
306564022	T SURGERY CENTER	Clinic	1,027
106540816	TULARE DISTRICT HOSPITAL	Hospital	1,732
106301357	TUSTIN HOSPITAL MEDICAL CENTER	Hospital	104
106400548	TWIN CITIES COMMUNITY HOSPITAL	Hospital	1,391
306584003	TWIN CITIES SURGICENTER, INC.	Clinic	513

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2008**

Facility Number	Facility Name	Facility Type	Encounters
106190796	UCLA MEDICAL CENTER	Hospital	13,102
106381154	UCSF MEDICAL CENTER	Hospital	14,861
106231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	Hospital	2,022
306196769	UNITED MEDICAL ENDOSCOPY CENTER, INC.	Clinic	6,054
306196433	UNITED SURGERY MEDICAL CENTER	Clinic	219
306374088	UNIVERSITY AMBULATORY SURGERY CENTER	Clinic	484
106341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	Hospital	10,994
106301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	Hospital	5,595
106370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	Hospital	9,979
306244035	UNIVERSITY SURGERY CENTER	Clinic	2,367
306364019	UPLAND OUTPATIENT SURGICAL CENTER	Clinic	883
306105010	UROLOGY ASSOCIATES OF CENTRAL CALIFORNIA, INC.	Clinic	975
106191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	Hospital	3,496
106194219	USC UNIVERSITY HOSPITAL	Hospital	4,216
306194235	VALENCIA OUTPATIENT SURGICAL CENTER	Clinic	1,386
306434159	VALLEY AMBULATORY SURGERY CENTER	Clinic	593
106014050	VALLEYCARE MEDICAL CENTER	Hospital	4,026
306196504	VALLEY DIGESTIVE HEALTH CENTER, INC.	Clinic	1,015
306134022	VALLEY ENDOSCOPY CENTER	Clinic	2,265
306334488	VALLEY ENDOSCOPY CENTER	Clinic	329
306194598	VALLEY ENDOSCOPY CENTER, THE	Clinic	581
306104006	VALLEY MEDICAL PLAZA AMBULATORY SURGICAL CENTER	Clinic	495
106190812	VALLEY PRESBYTERIAN HOSPITAL	Hospital	2,227
306504046	VALLEY SURGERY CENTER, LP	Clinic	472
306274052	VANTAGE SURGERY CENTER	Clinic	1,120
106560481	VENTURA COUNTY MEDICAL CENTER	Hospital	2,085
306564133	VENTURA ENDOSCOPY CENTER, LLC	Clinic	3,005
306564048	VENTURA OUT-PATIENT SURGERY, INC.	Clinic	64
306564128	VENTURA SURGERY CENTER, INC.	Clinic	218
106190818	VERDUGO HILLS HOSPITAL	Hospital	2,188
106361370	VICTOR VALLEY COMMUNITY HOSPITAL	Hospital	1,922
306544016	VISALIA CENTER FOR AMBULATORY MEDICINE AND SURGERY	Clinic	2,076
306104040	VISION CARE SURGERY CENTER	Clinic	3,271
106190049	VISTA HOSPITAL OF SAN GABRIEL VALLEY	Hospital	30
106190196	VISTA HOSPITAL OF SOUTH BAY	Hospital	202
306304135	VISTA SURGICAL CENTER, INC.	Clinic	245
306194268	WARDLOW SURGERY CENTER	Clinic	169
106010987	WASHINGTON HOSPITAL - FREMONT	Hospital	1,310
306014086	WASHINGTON OUTPATIENT SURGERY CENTER	Clinic	3,178
106444013	WATSONVILLE COMMUNITY HOSPITAL	Hospital	970
306434149	WAVERLEY SURGERY CENTER	Clinic	3,608
306014157	WEBSTER SURGERY CENTER	Clinic	1,254
106301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	Hospital	729

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2008**

Facility Number	Facility Name	Facility Type	Encounters
106301566	WESTERN MEDICAL CENTER - SANTA ANA	Hospital	2,129
106190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	Hospital	1,314
306564081	WESTLAKE EYE SURGERY CENTER	Clinic	710
306196803	WESTLAKE SURGICAL CENTER	Clinic	96
106190878	WHITE MEMORIAL MEDICAL CENTER	Hospital	3,153
106190883	WHITTIER HOSPITAL MEDICAL CENTER	Hospital	962
306364239	WIKA ENDOSCOPY CENTER	Clinic	987
306196118	WILSHIRE SURGICENTER	Clinic	366
306384156	WOLFENDEN MEDICAL INSTITUTE FOR PLASTIC SURGERY	Clinic	54
106571086	WOODLAND MEMORIAL HOSPITAL	Hospital	3,404
306394079	ZEITER EYE SURGICAL CENTER, INC.	Clinic	929

# Appendix E

## Expected Source of Payment Definitions January – June 2008

**Self Pay** – Paid directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.

**Other Non-federal programs** – Include any form of payment from local, county, or state government agencies.

**Preferred Provider Organization (PPO)** – Includes Blue Cross/Blue Shield or commercial insurance companies under a PPO arrangement. Does not include Medi-Cal patients under a PPO arrangement.

**Point of Service (POS)** – Includes Blue Cross/Blue Shield or commercial insurance companies under a POS arrangement.

**Exclusive Provider Organization (EPO)** – Includes Blue Cross/Blue Shield or commercial insurance companies under an EPO arrangement.

**Health Maintenance Organization (HMO) Medicare Risk** – Includes Medicare Patients covered under an HMO arrangement only.

**Automobile Medical** – Includes PPO, POS, EPO, HMO and Fee for Service or any other payment resulting from automobile coverage.

**Blue Cross/Blue Shield** – Includes only BC/BS Fee for Service payments.

**CHAMPUS (TRICARE)** – Includes any PPO, POS, EPO, HMO, Fee for Service, or other payment from the Civilian Health and Medical Program of the Uniformed Services or from TRICARE.

**Commercial Insurance Company** – Includes payments from insurance carriers on a Fee for Services basis; excludes PPO, POS, and EPO payments.

**Disability** – Payments resulting from disability coverage.

**Health Maintenance Organization** – HMO. Does not include Medicare HMO or Medi-Cal HMO.

**Medicare Part A** – Defined by Title XVIII of the Social Security Act. Covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

**Medicare Part B** – Defined by Title XVIII of the Social Security Act. Covers some outpatient hospital care and some home health services.

**Medi-Cal** – (Medicaid). Defined by Title XIX of the Social Security Act and Title I of the Federal Medicare Act (PL 89-97). Includes all Medi-Cal including Fee for Service, PPO, POS, EPO, and HMO.

**Other Federal Program** – Federal programs not covered by any other category.

# **Appendix E**

## **Expected Source of Payment Definitions**

### **January – June 2008**

**Title V** – Defined by the Federal Medicare Act (PL 89-97) for Maternal and Child Health. Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services. Includes California Children Services and Maternal and Child Health program payments not covered under Medi-Cal.

**Veterans Affairs Plan** – Includes any PPO, POS, EPO, HMO, Fee for Service or other payment resulting from Veterans Administration coverage.

**Workers' Compensation Health Claim** – Includes payments from Workers' Compensation Health Claim insurance.

**Other** – Includes payments by governments of other countries, payment by local or organized charities such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, Shriners, and payments not listed in other categories.

# **Appendix F**

## **Disposition Definitions**

### **January – June 2008**

#### **01 Discharged to home of self care (routine discharge):**

This category includes patients discharged to home directly after treatment (including the homeless and those receiving non-home health or non-hospice care services, such as services by a durable medical equipment (DME) supplier or services related to home oxygen), a home environment (e.g., half-way house, group home, community care facility, foster care, woman's shelter), a Residential Care facility, court, a correctional institution, and law enforcement custody. This category also includes various types of facilities that provide supportive and custodial care. These facilities are licensed by the California Department of Social Services and are not considered to be health facilities. The facilities are referred to by a variety of terms (e.g., board and care, residential care facilities for the elderly). This category is used to indicate discharge to a location not licensed as a medical facility by the Department of Health Services, such as Mental Health Rehabilitation Centers (MHRC). This category DOES NOT include patients sent to home healthcare or to home with hospice care.

#### **02 Discharged/Transferred to a short-term general care hospital or inpatient care:**

This category includes patients discharged or transferred to inpatient hospital care. This category DOES NOT include patients discharged or transferred to physical medicine rehabilitation facilities, or rehabilitation distinct part of a hospital, or psychiatric facilities, or psychiatric distinct part unit of a hospital.

#### **03 Discharged/Transferred to a skilled nursing facility with Medicare certification in anticipation of covered skilled care:**

This category includes patients discharged or transferred to: SNF facility or skilled nursing distinct part of a hospital that provides supportive and nursing care to patients whose primary need is for skilled nursing care on an extended basis; SNF certified by Medicare; Rehabilitation unit in a SNF; or Institute for Mental Disease (IMD), if licensed by California Department of Health Services as SNFs. If IMD is not licensed by the California Department of Health Services as SNF, this may be reported as Federal healthcare facility. This category DOES NOT include patients discharged or transferred to facilities with a Medicare approved skilled nursing swing bed.

#### **04 Discharged/Transferred to an intermediate care facility (ICF):**

This category includes patients discharged or transferred to: Intermediate care facility or a distinct part of a hospital or SNF that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous nursing care; non-certified SNFs; and skilled nursing level of care in the state designated assisted living facilities.

#### **05 (before 4/1/08) Discharged/Transferred to another type of institution not defined elsewhere on this list:**

This category includes patients discharged or transferred to a healthcare institution not otherwise mentioned in one of the categories described above. Included in this category are patients discharged to Urgent Care or Chemical Dependency care. After 4/1/08 these patients would be coded as "70".

## **Appendix F**

### **Disposition Definitions**

#### **January – June 2008**

#### **05 (on and after 4/1/08) Discharged/Transferred to a designated cancer center or children's hospital:**

Beginning with encounters on 4/1/08 this category includes patients discharged or transferred to either a designated cancer center or children's hospital. Transfers to non-designated cancer hospitals are coded under short-term general care hospital or inpatient care (02). For a list of designated cancer centers go to: [National Cancer Institute Designated Cancer Centers](#). Prior to 4/1/08 this category included patients discharged or transferred to another type of institution not defined elsewhere (code 70 beginning 4/1/08).

#### **06 Discharged/Transferred home under the care of organized home health service organization in anticipation of covered skilled care:**

This category includes patients discharged or transferred to home with healthcare services from an organized home health service organization where the provided services are at a level less intensive than health facility requirements. Services under an organized home health service organization may include nursing care, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational therapy, and recreational therapy. Also included in this category are discharges and transfers to home with a written home health plan of care for home healthcare services. This category DOES NOT include discharges or transfers to home with hospice services.

#### **07 Left against medical advice or discontinued care:**

This category includes patients who left against medical advice (AMA) or who discontinued care. If a patient did not see a provider, the encounter was not reported to OSHPD.

#### **20 Died / Expired:**

This category includes all episodes of care that resulted in death before patient left the facility.

#### **43 Discharged/Transferred to a federal healthcare facility:**

This category includes patients discharged or transferred to a federal government owned healthcare facility such as Veterans Administration hospitals, Department of Defense hospitals, Public Health Services hospitals, and Institutes for Mental Disease (IMD), not licensed by the California Department of Health Services as SNF.

#### **50 Discharged home with hospice care:**

This category includes patients discharged or transferred to home with hospice care. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. This category DOES NOT include discharges or transfers to home or home health services.

#### **51 Discharged to a medical facility with hospice care:**

This category includes patients discharged or transferred to any medical facility for hospice care only. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

## **Appendix F Disposition Definitions January – June 2008**

**61 Discharged/Transferred to a hospital-based Medicare approved swing bed:**

This category includes patients discharged or transferred to a SNF level of care within the hospital's Medicare approved swing bed arrangement.

**62 Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital:**

This category includes patients discharged or transferred to a rehabilitation facility or to a rehabilitation distinct part of a hospital.

**63 Discharged/Transferred to a Medicare certified long-term care hospital (LTCH):**

This category includes patients discharged or transferred to a long-term care hospital that provides acute inpatient care with an average length of stay greater than 25 days. This category DOES NOT include discharges and transfers to SNF facility certified by Medicare or ICF facility or SNF facility certified by Medicaid (Medi-Cal).

**64 Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare:**

This category includes patients discharged or transferred to a SNF level of care within the hospital's non-Medicare approved swing bed arrangement; skilled nursing bed for the Medi-Cal Subacute Care Program, skilled nursing bed for the Medi-Cal Transitional Care Program, skilled nursing bed in a Congregate Living Health Facility licensed by California Department of Health Services, and Institute for Mental Disease (IMD), if licensed by California Department of Health Services as SNF. If IMD is not licensed by California Department of Health Services as SNF, it may be reported as a federal health care facility.

**65 Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital:**

This category includes patients discharged or transferred to a psychiatric facility or to a psychiatric distinct part of a hospital.

**66 Discharged/Transferred to a critical access hospital (CAH):**

This category includes patients discharged or transferred to a hospital designated as a Critical Access Hospital.

**70 (on and after 4/1/08) Discharged/Transferred to another type of institution not defined elsewhere on this list:**

Beginning with encounters on 4/1/08, this category includes patients discharged or transferred to a healthcare institution not otherwise mentioned in one of the categories described above. Included in this category are patients discharged to Urgent Care or Chemical Dependency care. Prior to 4/1/08 patients in this category would be coded as "05".

**00 Other:**

This category includes healthcare institutions not listed in other categories.

# Appendix G

## Race and Ethnicity Definitions

### January – June 2008

**Race and Ethnicity** data is most accurate when the patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language, hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the facility reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate (including "Other"). For more discussion and examples of coding guidelines, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at <http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>

### Race

**American Indian or Alaskan Native:** A person having origins in or who identifies with any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.

**Asian:** A person having origins in or who identifies with Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Filipino, Hmong, Indonesian, Iwo Jiman, Japanese, Korean, Laotian, Madagascar, Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, Taiwanese, Thai, and Vietnamese.

**Black or African American:** A person having origins in or who identifies with any of the black racial groups of Africa including Botswanan, Ethiopian, Liberian, Namibian, Nigerian, Zairean, Barbadian, Dominican, Haitian, Jamaican, Tobagoan, Trinidadian, and West Indian.

**Native Hawaiian or Other Pacific Islander:** A person having origins in or who identifies with the following groups: Native Hawaiian, Carolinian, Chamorro, Chuukese (Trukese), Fijian, Guamanian, Kiribati, Kosraean, Marshallese, Melanesian, Micronesian, Mariana Islander, New Hebrides, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Saipanese, Samoan, Solomon Islander, Tahitian, Tokelauan, Tongan, and Yapese.

**White:** A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East. This may include the following groups: Armenian, English, French, German, Irish, Italian, Polish, Scottish, Middle Eastern, North African, Assyrian, Egyptian, Iranian, Iraqi, Lebanese, Palestinian, Syrian, Afghanistani, Israeli, and Arab.

# **Appendix G**

## **Race and Ethnicity Definitions**

### **January – June 2008**

**Other Race:** Any possible options not covered in the above categories. This category includes patients who cite more than one race.

#### **Ethnicity**

Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

**Hispanic:** A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. This may include the following groups: Andalusian, Argentinian, Asturian, Balearic Islander, Bolivian, Castilian, Catalan, Canarian, Chicano, Chilean, Columbian, Costa Rican, Criollo, Dominican, Ecuadorian, Gallego, Guatemalan, Honduran, La Raza, Latin American, Mexican American, Mexican American Indian, Mexicano, Nicaraguan, Panamanian, Paraguayan, Peruvian, Salvadorian, Spaniard, Spanish Basque, Uruguayan, Valencian, and Venezuelan. A person of Hispanic origin may be of any race.

**Non-Hispanic:** A person who identifies with a culture or origin other than Hispanic.

**Unknown:** Includes patients who cannot or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY CARE DATA RECORD  
MANUAL ABSTRACT REPORTING FORM  
For use with encounters on or after January 1, 2006**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265)

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH**

Month			Day			Year (4-digit)													
M	M	D	D	C	C	Y	Y												

**2. SEX**

F Female  
M Male  
U Unknown

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**3. RACE**

R1 American Indian or Alaska Native  
R2 Asian  
R3 Black or African American  
R4 Native Hawaiian or Other Pacific Islander  
R5 White  
R9 Other Race  
99 Unknown

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**4. ETHNICITY**

E1 Hispanic or Latino  
E2 Non-Hispanic or Non-Latino  
99 Unknown

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**5. ZIP CODE**

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99999 = Unknown

**6. PATIENT'S SOCIAL SECURITY NUMBER**

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Report 000000001(Unknown) if not recorded in the patient's medical record

**7. SERVICE DATE**

Month			Day			Year (4-digit)													
M	M	D	D	C	C	Y	Y												

**15. EXPECTED SOURCE OF PAYMENT**

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- 09 Self Pay
- 11 Other Non-federal programs
- 12 Preferred Provider Organization (PPO)
- 13 Point of Service (POS)
- 14 Exclusive Provider Organization (EPO)
- 16 Health Maintenance Organization (HMO) Medicare Risk
- AM Automobile Medical
- BL Blue Cross/Blue Shield
- CH CHAMPUS (TRICARE)
- CI Commercial Insurance Company
- DS Disability
- HM Health Maintenance Organization
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- 00 Other

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY CARE DATA RECORD  
MANUAL ABSTRACT REPORTING FORM  
For use with encounters on or after January 1, 2006**

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**14. DISPOSITION OF PATIENT**

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

**8. PRINCIPAL DIAGNOSIS**

ICD-9-CM CODE

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**9. OTHER DIAGNOSIS**

ICD-9-CM CODE

a. 

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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
 EMERGENCY CARE DATA RECORD  
 MANUAL ABSTRACT REPORTING FORM  
 For use with encounters on or after January 1, 2006

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**10 PRINCIPAL E-CODE**

ICD-9-CM CODE

E					
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**11 OTHER E-CODES**

ICD-9-CM CODE

a. 

E					
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b. 

E					
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c. 

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d. 

E					
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**12. PRINCIPAL PROCEDURE**

CPT-4 CODE

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**13. OTHER PROCEDURES**

CPT-4 CODE

a.						k.					
b.						l.					
c.						m.					
d.						n.					
e.						o.					
f.						p.					
g.						q.					
h.						r.					
i.						s.					
j.						t.					

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
 AMBULATORY SURGERY DATA RECORD  
 MANUAL ABSTRACT REPORTING FORM  
 For use with encounters on or after January 1, 2006**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
 (Title 22, Sections 97251 through 97265)

<b>A. FACILITY ID NUMBER</b>  <input style="width:100%; height:20px;" type="text"/>	<b>B. ABSTRACT RECORD NUMBER (Optional)</b>  <input style="width:100%; height:20px;" type="text"/>								
<b>1. DATE OF BIRTH</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Month             </td> <td style="width:25%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Day             </td> <td style="width:50%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Year (4-digit)             </td> </tr> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">C C Y Y</td> </tr> </table>	<input style="width:100%; height:20px;" type="text"/> Month	<input style="width:100%; height:20px;" type="text"/> Day	<input style="width:100%; height:20px;" type="text"/> Year (4-digit)	M M	D D	C C Y Y	<b>2. SEX</b> F Female M Male U Unknown  <input style="width:20px; height:20px;" type="text"/>	<b>3. RACE</b> R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown  <input style="width:20px; height:20px;" type="text"/>	<b>4. ETHNICITY</b> E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown  <input style="width:20px; height:20px;" type="text"/>
<input style="width:100%; height:20px;" type="text"/> Month	<input style="width:100%; height:20px;" type="text"/> Day	<input style="width:100%; height:20px;" type="text"/> Year (4-digit)							
M M	D D	C C Y Y							
<b>5. ZIP CODE</b>  <input style="width:100%; height:20px;" type="text"/>  99999 = Unknown	<b>6. PATIENT'S SOCIAL SECURITY NUMBER</b>  <input style="width:100%; height:20px;" type="text"/>  Report 000000001(Unknown) if not recorded in the patient's medical record								
<b>7. SERVICE DATE</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Month             </td> <td style="width:25%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Day             </td> <td style="width:50%; text-align: center;"> <input style="width:100%; height:20px;" type="text"/>                  Year (4-digit)             </td> </tr> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">C C Y Y</td> </tr> </table>	<input style="width:100%; height:20px;" type="text"/> Month	<input style="width:100%; height:20px;" type="text"/> Day	<input style="width:100%; height:20px;" type="text"/> Year (4-digit)	M M	D D	C C Y Y			
<input style="width:100%; height:20px;" type="text"/> Month	<input style="width:100%; height:20px;" type="text"/> Day	<input style="width:100%; height:20px;" type="text"/> Year (4-digit)							
M M	D D	C C Y Y							

**15. EXPECTED SOURCE OF PAYMENT**

<input style="width:100%; height:20px;" type="text"/>	
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- 09 Self Pay
- 11 Other Non-federal programs
- 12 Preferred Provider Organization (PPO)
- 13 Point of Service (POS)
- 14 Exclusive Provider Organization (EPO)
- 16 Health Maintenance Organization (HMO) Medicare Risk
- AM Automobile Medical
- BL Blue Cross/Blue Shield
- CH CHAMPUS (TRICARE)
- CI Commercial Insurance Company
- DS Disability
- HM Health Maintenance Organization
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- 00 Other

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
 AMBULATORY SURGERY DATA RECORD  
 MANUAL ABSTRACT REPORTING FORM  
 For use with encounters on or after January 1, 2006**

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**14. DISPOSITION OF PATIENT**

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

**8. PRINCIPAL DIAGNOSIS**

ICD-9-CM CODE

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**9. OTHER DIAGNOSIS**

ICD-9-CM CODE

a. 

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b. 

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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
 AMBULATORY SURGERY DATA RECORD  
 MANUAL ABSTRACT REPORTING FORM  
 For use with encounters on or after January 1, 2006

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**10 PRINCIPAL E-CODE**

ICD-9-CM CODE

E					
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**11 OTHER E-CODES**

ICD-9-CM CODE

a. 

E					
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b. 

E					
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c. 

E					
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d. 

E					
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**12. PRINCIPAL PROCEDURE**

CPT-4 CODE

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**13. OTHER PROCEDURES**

CPT-4 CODE

a.						k.					
b.						l.					
c.						m.					
d.						n.					
e.						o.					
f.						p.					
g.						q.					
h.						r.					
i.						s.					
j.						t.					

**Appendix J  
County Codes  
January – June 2008**

01	Alameda	36	San Bernardino
02	Alpine	37	San Diego
03	Amador	38	San Francisco
04	Butte	39	San Joaquin
05	Calaveras	40	San Luis Obispo
06	Colusa	41	San Mateo
07	Contra Costa	42	Santa Barbara
08	Del Norte	43	Santa Clara
09	El Dorado	44	Santa Cruz
10	Fresno	45	Shasta
11	Glenn	46	Sierra
12	Humboldt	47	Siskiyou
13	Imperial	48	Solano
14	Inyo	49	Sonoma
15	Kern	50	Stanislaus
16	Kings	51	Sutter
17	Lake	52	Tehama
18	Lassen	53	Trinity
19	Los Angeles	54	Tulare
20	Madera	55	Tuolumne
21	Marin	56	Ventura
22	Mariposa	57	Yolo
23	Mendocino	58	Yuba
24	Merced		
25	Modoc		
26	Mono		
27	Monterey		
28	Napa		
29	Nevada		
30	Orange		
31	Placer		
32	Plumas		
33	Riverside		
34	Sacramento		
35	San Benito		