

ATTACHMENT I
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MRI Data Collection Format
December 18 , 2009

Item Description	Start Col.	Stop Col.	Len	Format	Comments
MRI Service ID Number	1	8	8	999999XX	Provided by MDCH
Date of Scan	9	14	6	999999	YYMMDD Format. Use leading 0's
Age of Patient	15	16	2	99	00-99, Right Justified
Age Code	17	17	1	X	D=Days, M=Months, Y=Years, C=Age > 99
Sex	18	18	1	9	1=Male, 2=Female
ZIPCODE of Residence	19	23	5	X	XXXXXX, no blanks
County of Residence	24	25	2	99	See Attachment II Right Justified
Status of Patient	26	26	1	9	1=Outpatient, 2=Inpatient
Clinical/Research Status	27	27	1	9	1=Clinical, 2=Research 3=At least 1 of each
Referring Doctor's License no.	28	37	10	(10)X	Enter all 10 digits No Blanks
1st Scan Region	38	38	1	X	See Attachment II "0" NOT VALID
1st Sedation/Special Needs Patient See Attachment II for definitions	39	39	1	9	1=Sedation, 2=None 3=Re-sedation, 4=Special Needs
1st Scan Contrast Media Used	40	40	1	9	1=Scan w & w/o contrast, 2=No Contrast, 3=Single Scan with Contrast only
1st Scan Completed	41	41	1	9	1=Yes, 2=Incomplete
2nd Scan Region	42	42	1	X	See Attachment II
2nd Sedation/Special Needs Patient See Attachment II for definitions	43	43	1	9	1=Sedation, 2=None 3=Re-sedation, 4=Special Needs
2nd Scan Contrast Media Used	44	44	1	9	1=Scan w & w/o contrast, 2=No Contrast, 3=Single Scan with Contrast only
2nd Scan Completed	45	45	1	9	1=Yes, 2=Incomplete

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3rd Scan Region	46	46	1	X	See Attachment II
3rd Sedation/Special Needs Patient See Attachment II for definitions	47	47	1	9	1=Sedation, 2=None 3=Re-sedation, 4=Special Needs
3rd Scan Contrast Media Used	48	48	1	9	1=Scan w & w/o contrast, 2=No Contrast, 3=Single Scan with Contrast only
3rd Scan Completed	49	49	1	9	1=Yes, 2=Incomplete
4th Scan Region	50	50	1	X	See Attachment II
4th Sedation/Special Needs Patient See Attachment II for definitions	51	51	1	9	1=Sedation, 2=None 3=Re-sedation, 4=Special Needs
4th Scan Contrast Media Used	52	52	1	9	1=Scan w & w/o contrast, 2=No Contrast, 3=Single Scan with Contrast only
4th Scan Completed	53	53	1	9	1=Yes, 2=Incomplete
5th Scan Region	54	54	1	X	See Attachment II
5th Sedation/Special Needs Patient See Attachment II for definitions	55	55	1	9	1=Sedation, 2=None 3=Re-sedation, 4=Special Needs
5th Scan Contrast Media Used	56	56	1	9	1=Scan w & w/o contrast, 2=No Contrast, 3=Single Scan with Contrast only
5th Scan Completed	57	57	1	9	1=Yes, 2=Incomplete
Expected Source of Payment	58	59	2	99	See Attachment II Right Justified