

Phase III Therapy Local Hospital ID

Organization	Field Name	ID	Required
KCR	Phase II Therapy Local Hospital ID	50453	yes

Field length: 10

Select the appropriate code to indicate if this therapy was administered at your facility. Otherwise, enter '0' for No.

Code	Description
0	Not administered by this facility
<hosp ID>	<HOSPITAL NAME>
9	Valid only for diagnoses before 1/1/2003