MS IODS

Mississippi Inpatient Outpatient Data Collection System – IODS Manual

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MISSISSIPPI INPATIENT OUTPATIENT DATA SYSTEM (IODS) MANUAL

INTRODUCTION

The Mississippi Inpatient Outpatient Data System (IODS) was created in response to legislation enacted by the State of Mississippi in 2008. The system is a collaborative between the Mississippi Hospital Association (MHA) and the Mississippi State Department of Health (MSDH).

Data Submission Requirements

Authority-Mississippi Code Annotated § 41-63-4 requires certain licensed health care facilities operating in the state of Mississippi to report information on patient health care to the Mississippi State Department of Health. Further, Mississippi Code Annotated § 41-7-185 requires providers of institutional health services and home health services to make available statistical information or such other requested information by the Mississippi State Department of Health.

Purpose -The Mississippi State Department of Health (MSDH), acting as the state's public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi. MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care.

Data Elements -The Mississippi IODS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient.

IODS is a web-based data collection tool designed to effectively and efficiently collect inpatient discharge, outpatient surgical, emergency department, and all other outpatient encounter claims. Data will be required quarterly, but hospitals are strongly encouraged to submit data as frequently as possible to avoid last minute delays and allow for additional time for corrections.

MHA recommends monthly data submission at a minimum as the volume of data being collected increases substantially with the addition of emergency department and all other outpatient encounters. Data can be submitted in either flat-file or 837i v5010 formats as specified in this manual.

Access to the secure program may be obtained by contacting IODS@mhanet.org. System training will be required by MHA before access is granted to a new user. Username and password information must not be shared.

Due Dates

Under normal operating requirements, quarterly data submission must be complete 60 days after the end of the quarter. Hospitals will be allowed 15 days to correct and verify the data submitted.

Initial Due Dates (60 days after the end of the calendar quarter):

Q1: January - March data is due June 1
Q2: April - June data is due September 1
Q3: July - September data is due December 1
Q4: October - December data is due March 1

Final Due Dates (75 days after the end of the calendar quarter):

Q1: January - March data is due June 15
Q2: April - June data due is September 15
Q3: July - September data is due December 15
Q4: October - December data is due March 15

GENERAL RULES FOR SUBMISSION MISSISSIPPI IODS DATA

Facilities determine the submission format: <u>Inpatient Flat</u>, <u>Outpatient Flat</u>, or <u>Mississippi-specific 837i v5010</u>.

Inpatient Flat and Outpatient Flat formats have set fields lengths. There must be a line feed after position 5000 for every record. All single character fields should be submitted in upper case.

The Mississippi-specific 837i v5010 format submission requires that these specifications be used as a companion guide to the corresponding ASC Health Care Claim: Institutional Consolidated Guide, version 005010X223A2. Reference the ASC X12 837i Technical Reports Type 3 (TR3) and <u>modify specific data elements to create the Mississippi-specific transaction for submission</u>. MHA does not provide the TR3 documents, but they are available from the Washington Publishing Company at <u>www.wpc-edi.com</u>. Modifications to the X12 837i v5010 are specified to ensure hospital compliance for submitting to IODS through electronic administrative data. The modifications do not, however, contradict or otherwise modify the X12 837i v5010 in a manner that will make its use noncompliant. In addition, these changes are separate from and do not impact how claims are submitted for payment.

<u>Batch Submission Requirements</u>

General rules for batch compliance include but are not limited to:
- Flat files have fields with specific start and stop positions.
- ANSI X12 837i v5010 general compliance needs to be adhered to including but not limited to:
  - Inclusion of standard header (SE = beginning of transaction) and trailer (ST = end of transaction) sets.
  - ISA and IEA must have exact same control numbers.
  - Detail information on the claim is comprised of hierarchical structure in a series of loops. Hierarchical level segments (HL) indicate the provider, subscriber and patient information.
  - HL segments are numbered sequentially within a transaction set (ST to SE) with the sequential number found in HL01, the first data element in the HL segment. HL segments must be unique.
  - HLs may contain multiple 'child' HLs which indicate an HL nested within the previous HL. 'Parent' HLs are required when a 'child' HL exists.

Batch failures include but are not limited to:
- File is not in a compliant format.
- File is missing required data elements (i.e. Facility NPI).
- More than 50% of batch contains duplicate records.

<u>Assignment of Patient Type</u>

Each facility determines whether a record is inpatient or outpatient. Inpatient Place of Service is also determined by each facility. Bill Type will define the Patient Type and the inpatient Place of Service of submitted records. Extreme care is required to assign patient records to the service they receive.
Inpatient Patient Type and Place of Service assignment must occur as follows. See <u>Appendix II.</u>
    * Place of Service 1 – **Acute Inpatient/Medical Rehab/Behavioral Health** – Bill Type **011x**
    * Place of Service 2 – **SNF/Swing Bed** – Bill Types **018x** and **021x**

Any other Bill Type will identify a record as Outpatient. This includes records submitted with invalid Bill Types. Outpatient Place of Service is determined in a hierarchical fashion depending on the Revenue Codes on each claim. See <u>Appendix II.</u>

<u>Mississippi-specific Format and Field Requirements</u>

- **Bill Type – Bill Type will determine Patient Type (either Inpatient or Outpatient) <u>AND</u> Inpatient Place of Service. See above.**
- Hospital Number – Each facility must coordinate with MHA on a single organizational NPI for submitting required IODS data.
- Race – Required on all records. See <u>Appendix V</u>.
- Ethnicity – Required on all records. See <u>Appendix VI</u>.
- Primary Expected Source of Pay, Secondary Expected Source of Pay, and Tertiary Expected Source of Pay need to be mapped to Mississippi IODS Expected Source of Pay codes. See <u>Appendix VII</u>.
- Patient's First/Last Name – Required on all records.
- Patient Address – Required on all records. Where Patient Address Is not available, for any reason, populate field with "<u>No Address Reported</u>."
- Admission Date – Required on all records.
- Admission Hour – Required on all inpatient records. See <u>Appendix VIII</u>.
- Priority (Type) of Admission – Required on all records. See <u>Appendix IX</u>.
- Point of Origin/Source of Admission – Required on all records. See <u>Appendix X</u>.
- POA – Required only on Inpatient Place of Service = 1 (Acute Care) for principal, E-code, and other/additional diagnoses unless the ICD-9/10 code is exempt. See <u>Appendix XII</u>.

GENERAL RULES FOR SUBMISSION MISSISSIPPI IODS DATA (cont)

Other Reporting Requirements

- Records (inpatient and non-recurring outpatient) should be submitted into the quarter of the Discharge Date.
- Recurring outpatient records should be submitted into the quarter matching the Dates of Service for that record.
- Inpatient
    - Service line information (revenue portion) should be summary level claim information where all the charges are summarized (rolled-up) by revenue code.
    - Inpatient procedure information is reported using ICD-9/10 procedure codes.
    - For 837i v5010, repeat HI segments to report ALL inpatient ICD-9/10 diagnoses and ALL inpatient ICD-9/10 procedures codes associated with each claim.
- Outpatient
    - Service line information (revenue portion) should be detail level claim information where all revenue lines are submitted.
    - Outpatient procedure information is reported using CPT and/or HCPCS.
    - For 837i v5010
        - Repeat HI segments to report ALL outpatient ICD-9/10 diagnoses associated with each claim.
        - Repeat SV2 segments to report ALL outpatient CPT/HCPCS procedure codes associated with each outpatient claim.

IODS FIELD SPECIFICATIONS

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Billing Provider Facility NPI	The NPI assigned to the facility. Hospital must coordinate with MHA on a single NPI to be used for submitting required IPOP information.	N	R		I/O	56
Patient Name	Flat File must be reported as LastName, FirstName, MiddleName. Separate with comma or space except no space should be left between a prefix and name (such as MacBeth or VonSchmidt). Titles (such as Dr., Mrs., etc.) should not be included. To report a suffix, write the last name, leave a space and write the suffix. For 837, report per 837i v5010 standards.	X	R		I/O	8
Patient Address 1	The first mailing address of the patient. Enter the complete mailing address including street number and name.	X	R		I/O	9a
Patient Address 2	The second mailing address of the patient. Enter the complete mailing address including street number and name.	X	S	Required if available for 837i v5010 submitters.	I/O	9a
Patient City	The City where the patient resides.	Will be derived from ZIP code. No action necessary.				
Patient State	The State where the patient resides. Code '00' should be used for patients from unknown states. Code '99' should be used for foreign.	X See **Appendix IV**.	R		I/O	9c

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Patient ZIP code/Zip Plus4	The ZIP code where the patient resides. '00000' should be used for non-Mississippi residents where the Zipcode is unknown. '99999' should be used for foreign zip codes. For homeless patients report the Zip code of the hospital location.	N	R/S	Zip Plus4 required if available.	I/O	9d
Patient Country	The Country where the patient resides. Follow ISO 3166 standards.		R	Required if available.	I/O	9c
Patient DOB	The Birth Date of the patient.	N For 837, CCYYMMDD <mark>For Flat File, MMDDYYYY</mark>	R		I/O	10
Patient Sex	The Sex of the patient.	X F, M, U	R		I/O	11
Patient Race	The Race of the patient.	X See **Appendix V**.	R		I/O	
Patient Ethnicity	The Ethnicity of the patient.	X See **Appendix VI**.	R		I/O	
Primary Payer ID Number	The Primary Expected Source of Payment for the claim.	X See **Appendix VII**. Hospital payer/ insurance tables must be mapped to MS IODS' expected source of pay codes.	R		I/O	51a
Primary Payer Name	Name of primary health plan that the provider might expect some payment for the bill.	X	R		I/O	50a
Secondary Payer ID Number	The Secondary Expected Source of Payment for the claim.	X See **Appendix VII**. Hospital payer/insurance tables must be mapped to MS IODS' expected source of pay codes.	S	Required if available.	I/O	51b

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Secondary Payer Name	Name of secondary health plan that the provider might expect some payment for the bill.	X	S	Required if available.	I/O	50b
Tertiary Payer ID Number	The Tertiary Expected Source of Payment for the claim.	X See **Appendix VII**. Hospital payer/insurance tables must be mapped to MS IODS' expected source of pay codes.	S	Required if available.	I/O	51c
Tertiary Payer Name	Name of tertiary health plan that the provider might expect some payment for the bill.	X	S	Required if available.	I/O	50c
Patient ID Number	The patient's unique (alphanumeric) number assigned by the provider to facilitate retrieval of the individual's account of services containing the financial billing records. Must be unique to avoid duplicate record edits.	X Maximum number of characters supported in this field is 20.	R		I/O	3a
Medical Health Record Number	The number assigned to the patient's medical/health record by the provider.	X	R		I/O	3b
Type of Bill	Code indicating the specific type of bill (e.g. hospital inpatient, outpatient). Fourth digit define frequency of the bill.	Type of Bill will determine Patient Type. See **Appendix II** for Patient Type assignment. See **Appendix III** for NUBC Bill Types. Include all inpatient and outpatient discharges matching inclusion criteria (**Appendix I**), including self-pay and no-pay claims.	R		I/O	4
Date of Admission	The date the patient was admitted to the hospital as an inpatient or the start date for this episode of care for an outpatient visit.	N For 837, CCYYMMDDHHMM See **Appendix VIII**.	R		I/O	12

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
		For Flat File, MMDDYY (no hyphens or slashes)				
Admission Hour	The 2-digit code referring to the hour during which the patient was admitted	X See **Appendix IX**.	R		I	14
Priority (Type) of Admission	The code indicating the priority of admission/visit.	X See **Appendix IX**.	R		I/O	14
Point of Origin/Source of Admission	The code indicating the point of patient origin for this admission/visit.	X See **Appendix X**. (NOTE: Point of Origin code structure of Newborns is separate and specific to birth admissions.)	R		I/O	15
Patient Discharge Status	The code indicating the disposition or discharge status of the patient at the end of the service for the period covered on the bill.	N See **Appendix XI**.	R		I/O	17
Discharge Date/Hour	The date of admission as an inpatient or outpatient.	Will be derived from Statement Period Through date. No action necessary.				
	The 2-digit hour during which the patient was discharged from this inpatient admission.	N HH See **Appendix VIII**.	R		I	16
Statement Covers Period From/Through Date	The beginning and ending service dates of the period included on this bill.	N For 837, CCYYMMDD-CCYYMMDD Care should be taken to ensure that Statement Period Through Date is submitted properly to ensure that Discharge Date is correct. For Flat File, report as MMDDYY-MMDDYY	R		I/O	6

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Total Charges	The total charge for primary payer pertaining to the related revenue code for the current billing period as entered in the statement covers period. Include both covered and non-covered.	N Report as nnnnnnn.nn. Negative values must have leading minus sign (-). Absence of a sign indicates a positive value. For Flat file, report as nnnnnnnnn. (no decimals)	R		I/O	47
Principal Diagnosis Code	The ICD code that describes the principal diagnosis (i.e. the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.)	X For all ICD diagnosis and procedure codes, do not transmit decimal point.	R		I/O	67
POA - Principal Diagnosis Code	The code indicating whether the principal diagnosis was present on admission.	X See **Appendix XII**.	S	Required for Inpatient POS = 1 or Blank unless exempt code.	I	67
Admitting Diagnosis	The ICD code that describes the patient's diagnosis at the time of inpatient admission.	X	S		I	69
Other Diagnosis	The ICD diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently or that affect the treatment received and/or the length of stay. Include any additional E-Codes not reported in DXE1, DXE2 or DXE3.	X Repeat as needed to submit ALL other diagnoses.	S	Required if available.	I/O	67a-q
POA - Other Diagnosis	The code indicating whether a condition was present on admission.	X See **Appendix XII**.	S	Required for Inpatient POS = 1 or Blank unless exempt code.	I	67a-q

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IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Patient Reason for Visit 1	The ICD code that describes the patient's primary reason for visit at the time of outpatient registration.	X	S	Required for Outpatients if available.	O	70a
Patient Reason for Visit 2	The ICD code that describes the patient's second reason for visit at the time of outpatient registration.	X	S	Required for Outpatients if available.	O	70b
Patient Reason for Visit 3	The ICD code that describes the patient's third reason for visit at the time of outpatient registration.	X	S	Required for Outpatients if available.	O	70c
External Cause of Injury Code 1	The ICD code pertaining to external cause of injury, poisoning or adverse effect.	X	S	Required if available.	I/O	72a
POA - External Cause of Injury Code 1	The code indicating whether a condition was present on admission.	X See **Appendix XII**.	S	Required for Inpatient POS = 1 or Blank unless exempt code.	I	72a
External Cause of Injury Code 2	The ICD code pertaining to external cause of injury, poisoning or adverse effect.	X	S	Required if available.	I/O	72b
POA - External Cause of Injury Code 2	The code indicating whether a condition was present on admission.	X See **Appendix XII**.	S	Required for Inpatient POS = 1 unless exempt code.	I	72b
External Cause of Injury Code 3	The ICD code pertaining to external cause of injury, poisoning or adverse effect.	X	S	Required if available.	I/O	72c
POA - External Cause of Injury Code 3	The code indicating whether a condition was present on admission.	X See **Appendix XII**.	S	Required for Inpatient POS = 1 or Blank unless exempt code.	I	72c

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IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Principal Procedure	The ICD procedure code appropriate to the ICD revision that identifies the inpatient principal procedure performed for definitive treatment, rather than one performed for diagnostic or exploratory purposes. If there appear to be two procedures that are principal, then the most related to the principal diagnosis should be selected as the principal procedure.	X	S	Required for inpatients if available.	I	74
Principal Procedure Date	The date that the ICD inpatient principal procedure was performed.	N For 837, CCYYMMDD For Flat File, MMDDYY	S	Required for inpatients if available.	I	
Other Procedure Code	The ICD procedure codes appropriate to the ICD revision that identify all significant procedures other than the principal procedure and the dates on which the procedures were performed.	X Repeat to submit ALL other procedure codes.	S	Required for inpatients if available.	I	74a - 74e
Attending Clinician NPI	The individual NPI of the person who has overall responsibility for the patient's medical care and treatment reported in this claim. Submit 1234567890 when a valid individual NPI is not obtainable.	X	R		I/O	76
Operating Clinician NPI	The individual NPI with primary responsibility for performing the principal procedure. Submit 1234567890 when a valid individual NPI is not obtainable.	X	S	Required when INPT or OUTPT surgery is performed. Leave blank if no surgery.	I/O	77

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Other Operating Clinician NPI	The individual NPI of the person who performs a secondary surgical procedure or assisting the Operating Physician.	X	S	Required when meets NUBC criteria for other operating clinician. Leave blank if not available.	I/O	78 - 79
Referring Clinician NPI	The individual NPI of the person who sends the patient to another provider for services.	X	S	Required when meets NUBC criteria for referring clinician. Leave blank if not available.	I/O	78 - 79
NUBC Billing Codes	Condition Code - The code used to identify conditions or events relating to this bill that may affect processing.	X	S	Required when available.	I/O	18 - 28
	Occurrence Span Code - The code and date that identifies an event that relates to payment of this claim.	X/N For 837, CCYYMMDD-CCYYMMDD For Flat File, MMDDYY-MMDDYY	S	Required when available.	I/O	35 - 36
	Occurrence Code - The code and date range defining a significant event relating to this bill that may affect payer processing.	X/N For 837, CCYYMMDD For Flat File, MMDDYY	S	Required when available.	I/O	31 - 34

IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
	Value Code - The code structure and value to relate amounts or values to identify data elements necessary to process this claim as qualified by the payer organization.	X/N	S	Required when available.	I/O	39 - 41
Revenue Code	The code that identifies specific accommodation, ancillary service or unique billing calculations or arrangements.	X Inpatient service line information should be summary level where all the charges are rolled up by revenue code. Outpatient service line information needs to be a detailed claim with all revenue codes and all CPT/HCPCS associated with the claim submitted.	R		I/O	42
HCPCS/Rates and up to 4 Modifiers	CPT/HCPCS codes applicable to ancillary service on outpatient bills.	X Repeat to submit ALL other revenue lines with outpatient CPT/HCPCS.	S	Required on Outpatients if available.	O	44
	The code that clarifies or improves the reporting accuracy of the associated procedure code.	X	S	Required on Outpatients if available.	O	44
	The code that clarifies or improves the reporting accuracy of the associated procedure code.	X	S	Required on Outpatients if available.	O	44
	The code that clarifies or improves the reporting accuracy of the associated procedure code.	X	S	Required on Outpatients if available.	O	44
	The code that clarifies or improves the reporting accuracy of the associated procedure code.	X	S	Required on Outpatients if available.	O	44

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IPOP Description	IPOP Field Description	Type/Format/ Appen. (N = num; X = alpha)	IPOP Required (R)/ Situational (S)		Inpt(I)/ Out(O)	NUBC FL
Revenue Charge	The line item charge for the associated revenue code for the current billing period as entered in the statement covers period. Include covered and non-covered charges.	N Report as nnnnnnn.nn. Negative values must have leading minus sign (-). Absence of a sign indicates a positive value. For Flat file, report as nnnnnnnnn. (no decimals)	R		I/O	47
Units of Service	The quantitative measure of services rendered by revenue code to or for the patient to include items such as number of accommodation days, miles, pints of blood, renal dialysis treatments, etc.	X	R		I/O	46
Service Date	The date the outpatient service was provided.	X For 837, CCYYMMDD For Flat File, MMDDYY	S	Required on Outpatients.	O	45
Page Number	FOR FLAT FILE USE ONLY For every page of a record, this field must be used to designate the incrementing page count and total number of pages for the claim. Code this field using 2 digits for the incremental page number and 2 digits for the total number of pages. For example, page 2 of 4 = 0204.	N	S		I/O	

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MISSISSIPPI-SPECIFIC 837I v5010

		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
Hospital Number	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*ABC HOSPITAL*****<u>XX</u>***FACILITY NPI*****~ (NM1*<u>85</u>*<u>2</u>*ABC HOSPITAL*****<u>XX</u>***123456790***~)	Billing Provider Identifier	2010AA	NM109	Loop 2010AA, NM101 = 85. Loop 2010AA, NM102 = 2. Loop 2010AA, NM108 = XX.
Patient Last Name	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>***LAST NAME***FIRST NAME*MIDDLE**SUFFIX*****~ (NM1*<u>IL</u>*<u>1</u>***SMITH***JOHN*TYLER**JR*****~)	Subscriber Last Name	2010BA	NM103	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>***LAST NAME***FIRST NAME*MIDDLE**SUFFIX*****~ (NM1*<u>QC</u>*<u>1</u>***SMITH***SALLY*J*****~)	Patient Last Name	2010CA	NM103	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient First Name	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*LAST NAME***FIRST NAME***MIDDLE**SUFFIX*****~ (NM1*<u>IL</u>*<u>1</u>*SMITH***JOHN***TYLER**JR*****~)	Subscriber First Name	2010BA	NM104	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*LAST NAME***FIRST NAME*MIDDLE****SUFFIX*****~ (NM1*<u>QC</u>*<u>1</u>*SMITH***SALLY***J*****~)	Patient First Name	2010CA	NM104	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Middle Name	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*LAST NAME*FIRST NAME***MIDDLE****SUFFIX*****~ (NM1*<u>IL</u>*<u>1</u>*SMITH*JOHN***TYLER****JR*****~)	Subscriber Middle Name	2010BA	NM105	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*LAST NAME*FIRST NAME***MIDDLE******SUFFIX*****~ (NM1*<u>QC</u>*<u>1</u>*SMITH*SALLY*J*****~)	Patient Middle Name	2010CA	NM105	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Name Suffix	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>* LAST NAME*FIRST NAME*MIDDLE****SUFFIX*******~ (NM1*<u>IL</u>*<u>1</u>*SMITH*JOHN*TYLER**JR*****~)	Subscriber Name Suffix	2010BA	NM107	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	NM1*<u>ENTITY ID CODE</u>*<u>ENTITY QUALIFIER</u>*LAST NAME*FIRST NAME*MIDDLE****SUFFIX*******~ (NM1*<u>QC</u>*<u>1</u>*SMITH*SAM*J**JR*****~)	Patient Name Suffix	2010CA	NM107	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Address 1	N3***PATIENT ADDRESS 1***~ (N3***123 MAIN STREET***~)	Subscriber Address Line	2010BA	N301	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
	N3*PATIENT ADDRESS 1*~ (N3*123 MAIN STREET*~)	Patient Address Line	2010CA	N301	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Address 2	N3*ADDRESS 1*PATIENT ADDRESS 2~ (N3*ADDRESS 1*APT 212~)	Subscriber Address Line	2010BA	N302	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	N3*PATIENT ADDRESS 1*PATIENT ADDRESS 2~ (N3*123 MAIN STREET*APT 212~)	Patient Address Line	2010CA	N302	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient ZIP code	N4*CITY*STATE*ZIPCODE***~ (N4*MADISON*MS*39110***~)	Subscriber ZIP code	2010BA	N403	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	N4*CITY*STATE*ZIPCODE***~ (N4*MADISON*MS*39110***~)	Subscriber ZIP code	2010BA	N403	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
ZIPplus4	N4*CITY*STATE*ZIPCODE+4***~ (N4*MADISON*MS*391100304***~)				
	N4*CITY*STATE*ZIPCODE+4***~ (N4*MADISON*MS*391100304***~)				
Patient State	N4*CITY*STATE*ZIPCODE***~ (N4*MADISON*MS*39110***~)	Subscriber ZIP code	2010BA	N403	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	N4*CITY*STATE*ZIPCODE***~ (N4*MADISON*MS*39110***~)	Subscriber ZIP code	2010BA	N403	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
Date of Birth	DMG*DATE QUALIFIER*DATE OF BIRTH* GENDER**RACE:ETHNICITY******~ (DMG*D8*19690815*M**R1:E1*******~)	Subscriber Birth Date	2010BA	DMG02	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	DMG*DATE QUALIFIER*DATE OF BIRTH* GENDER**RACE:ETHNICITY******~ (DMG*D8*19690815*M**R1:E1*******~)	Patient Birth Date	2010CA	DMG02	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Sex	DMG*DATE QUALIFIER*DATE OF BIRTH* GENDER**RACE:ETHNICITY******~ (DMG*D8*19690815*M**R1:E1*******~)	Subscriber Gender Code	2010BA	DMG03	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
	DMG*DATE QUALIFIER*DATE OF BIRTH* GENDER**RACE:ETHNICITY*******~ (DMG*D8*19690815*M**R1:E1*******~)	Patient Gender Code	2010CA	DMG03	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Race	DMG*DATE QUALIFIER*DATE OF BIRTH*GENDER** RACE:ETHNICITY*******~ (DMG*D8*19690815*M**R1:E1*******~)	Subscriber Race Code	2010BA	DMG05 - 1	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	DMG*DATE QUALIFIER*DATE OF BIRTH*GENDER** RACE:ETHNICITY*******~ (DMG*D8*19690815*M**R1:E1*******~)	Patient Race Code	2010CA	DMG05 - 1	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient Ethnicity	DMG*DATE QUALIFIER*DATE OF BIRTH*GENDER** RACE:ETHNICITY*******~ (DMG*D8*19690815*M**R1:E1*******~)	Subscriber Ethnicity Code	2010BA	DMG05 - 2	Loop 2000B, SBR02 = 18. Loop 2010BA, NM101 = IL. Loop 2010BA, NM102 = 1.
	DMG*DATE QUALIFIER*DATE OF BIRTH*GENDER** RACE:ETHNICITY*******~ (DMG*D8*19690815*M*R1:E1*******~)	Patient Ethnicity Code	2010CA	DMG05 - 2	Loop 2000B, SBR02 not = 18. Loop 2010CA, NM101 = QC. Loop 2010CA, NM102 = 1.
Patient ID#	CLM*PATIENT CONTROL NUMBER*TOTAL CHARGE***BILL TYPE FACILITY CODE:FACILITY QUALIFIER:FREQUENCY**************~ (CLM*1234567890*100000***011:A:1**************~)	Patient Control Number	2300	CLM01	
Medical/Health Record Number	REF*EA*MEDICAL/HEALTH RECORD NUMBER**~ (REF*EA*44444TH56**~)	Medical Record Number	2300	REF02	Loop 2300, REF01 = EA.
Type of Bill	CLM*PATIENT CONTROL*TOTAL CHARGE***BILL TYPE FACILITY CODE:FACILITY QUALIFIER:FREQUENCY1**************~ (CLM*1234567890*10000***011:A:1**************~)	Facility Type Code	2300	CLM05 - 1	Loop 2300, CLM05 -2 = A
Frequency code for Bill Type	CLM*PATIENT CONTROL*TOTAL CHARGE***BILL TYPE FACILITY CODE:FACLITY QUALIFIER:FREQUENCY**************~ (CLM*1234567890*100000***011:A:1**************~)	Claim Frequency Type Code	2300	CLM05 - 3	
Admission Date	DTP*DATE/TIME QUALIFIER*DATE/TIME FORMAT*ADMISSION DATE HOUR~ (DTP*435*DT*201207091242~)	Admission Date and Hour	2300	DTP03	Loop 2300, DTP01 = 435. Loop 2300, DTP02 = DT.
Admission Hour	DTP*DATE/TIME QUALIFIER*DATE/TIME FORMAT*ADMISSION DATE HOUR~ (DTP*435*DT*201207091242~)		2300		
Discharge Hour	DTP*DATE/TIME QUALIFIER*DATE/TIME FORMAT*DISCHARGE HOUR~ (DTP*096*TM*1101~)	Date Time Period Format Qualifier	2300	DTP02	Loop 2300, DTP01 = 096. Loop 2300, DTP02 = TM

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
Statement Covers Period From/Through Date	DTP*DATE/TIME QUALIFIER*DATE/TIME FORMAT*STATEMENT PERIOD FROM-THROUGH DATES~ (DTP*434*RD8*20120701-20120709~)	Statement From and To Date	2300	DTP03	Loop 2300, DTP01 = 434. Loop 2300, DTP02 = RD8
Total Charges	CLM*1234567890*TOTAL CHARGE***011:A:1***************~ (CLM*1234567890*100000***011:A:1***************~)	Total Claim Charge Amount	2300	CLM02	
Priority (Type) of Admission	CL1*PRIORITY (TYPE) OF ADMISSION*POINT OF ORIGIN*PATIENT STATUS~ (CL1*1*7*30~)	Admission Type Code	2300	CL101	
Point of Origin/Source of Admission	CL1*PRIORITY (TYPE) OF ADMISSION*POINT OF ORIGIN*PATIENT STATUS~ (CL1*1*7*30~)	Admission Source Code	2300	CL102	
Patient Discharge Status	CL1*PRIORITY (TYPE) OF ADMISSION*POINT OF ORIGIN*PATIENT STATUS~ (CL1*1*7*01~)	Patient Status Code	2300	CL103	
Accident State	REF*LOCATION QUALIFIER*STATE**~ (REF*LU*MS**~)	Auto Accident State	2300	REF02	
Principal Diagnosis Code	HI*ICD-9/10-CM QUALIFIER:PRINCIPAL DIAGNOSIS CODE:::::::PRESENT ON ADMISSION**********~ (HI*BK:41011:::::::Y**********~)	Principal Diagnosis	2300	HI01 - 2	Loop 2300; HI01 - 1 = BK (ICD-9) /ABK (ICD-10)
POA - Principal Diagnosis Code	HI:*ICD-9/10-CM QUALIFIER:PRINCIPAL DIAGNOSIS:::::::PRESENT ON ADMISSION**********~ (HI*BK:99761:::::::Y**********~)	Present on Admission Indicator	2300	HI01 - 9	
Other Diagnosis	HI*ICD-9/10-CM QUALIFIER:OTHER DIAGNOSIS:::::::PRESENT ON ADMISSION*ICD-9/10-CM QUALIFIER:OTHER DIAGNOSIS:::::::PRESENT ON ADMISSION**********~ (repeat) (HI*BF:4821:::::::N**********~) repeat	Other Diagnosis	2300	HI0X - 2	Loop 2300; HI0X - 1 = BF (ICD-9)/ABF (ICD-10)
POA - Other Diagnosis	HI*ICD-9/10-CM QUALIFIER:OTHER DIAGNOSIS:::::::POA INDICATOR*ICD-9/10-CM QUALIFIER:OTHER DIAGNOSIS:::::::POA INDICATOR~ repeat (HI*BF:4821:::::::Y*BF:3119:::::::N~) repeat	Present on Admission Indicator	2300	HI0X - 9	
External Cause of Injury Code 1	HI*ICD-9/10-CM QUALIFIER:E-CODE 1:::::::PRESENT ON ADMISISON E-CODE 1**********~ (HI:BN:E8660:::::::Y**********~)	External Cause of Injury	2300	HI03 - 2	Loop 2300; HI03 - 1 = BN (ICD-9) /ABN (ICD-10)
POA - External Cause of Injury Code 1	HI*ICD-9/10-CM QUALIFIER:E-CODE 1:::::::PRESENT ON ADMISSION E-CODE 1**********~ (HI*BN:E8660:::::::Y**********~)	Present on Admission Indicator	2300	HI03 - 9	

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
External Cause of Injury Code 2	HI*ICD-9/10-CM QUALIFIER:**E-CODE 1**::::::::PRESENT ON ADMISSION*ICD-9/10-CM QUALIFIER:**E-CODE 2**::::::::PRESENT ON ADMISSION E-CODE 2**********~ (HI:BN:E8660::::::::Y*BN:**E8191**::::::::Y**********~)	External Cause of Injury	2300	HI03 - 2	Loop 2300; HI03 - 1 = BN (ICD-9) /ABN (ICD-10)
POA - External Cause of Injury Code 2	HI*ICD-9/10-CM QUALIFIER:**E-CODE 1**::::::::PRESENT ON ADMISSION*ICD-9/10-CM QUALIFIER:E-CODE 2::::::::**PRESENT ON ADMISSION E-CODE 2**********~ (HI:BN:E8660::::::::Y*BN:E8191::::::::**Y**********~)	Present on Admission Indicator	2300	HI03 - 9	
External Cause of Injury Code 3	HI*ICD-9/10-CM QUALIFIER:E-CODE 1::::::::PRESENT ON ADMISSION E-CODE 1*ICD-9/10-CM QUALIFIER:E-CODE 2::::::::PRESENT ON ADMISSION E-CODE 2*ICD-9/10-CM QUALIFIER:**E-CODE 3**::::::::PRESENT ON ADMISSION E-CODE 3**********~ (HI:BN:E8660::::::::Y*BN:E8191::::::::Y*BN:**E8192**::::::::N**********~)	External Cause of Injury	2300	HI03 - 2	Loop 2300; HI03 - 1 = BN (ICD-9) /ABN (ICD-10)
POA - External Cause of Injury Code 3	HI*ICD-9/10-CM QUALIFIER:E-CODE 1::::::::PRESENT ON ADMISSION E-CODE 1*ICD-9/10-CM QUALIFIER:E-CODE 2::::::::PRESENT ON ADMISSION E-CODE 2*ICD-9/10-CM QUALIFIER:**E-CODE 3**::::::::PRESENT ON ADMISSION E-CODE 3**********~ (HI:BN:E8660::::::::Y*BN:E8191::::::::Y*BN:E8192::::::::**N**********~)	Present on Admission Indicator	2300	HI03 - 9	
Admitting Diagnosis	HI*BJ:**ADMITTING DIAGNOSIS**::::::::**********~ (HI*BJ:**99762**::::::::**********~)	Admitting Diagnosis	2300	HI01 - 2	Loop 2300; HI01 - 1 = BJ (ICD-9) /ABJ (ICD-10)
Patient Reason for Visit 1	HI*ICD-9/10-CM QUALIFIER:**REASON FOR VISIT 1**::::::::**********~ (HI*PR:**78701**::::::::**********~)	Patient Reason for Visit	2300	HI01 - 2	Loop 2300; HI01 - 1 = PR (ICD-9) /APR (ICD-10)
Patient Reason for Visit 2	HI*ICD-9/10-CM QUALIFIER:REASON FOR VISIT 1::::::::*ICD-9/10-CM QUALIFIER:**REASON FOR VISIT 2**::::::::**********~ (HI*PR:78701::::::::*PR:**4280**::::::::**********~)	Patient Reason for Visit	2300	HI01 - 2	Loop 2300; HI01 - 1 = PR (ICD-9) /APR (ICD-10)
Patient Reason for Visit 3	HI*ICD-9/10-CM QUALIFIER:REASON FOR VISIT 1::::::::*ICD-9/10-CM QUALIFIER:REASON FOR VISIT 2::::::::*ICD-9/10-CM QUALIFIER:**REASON FOR VISIT 3**::::::::**********~ (HI*PR:78701::::::::*PR:4280::::::::*PR:**4101**::::::::~)	Patient Reason for Visit	2300	HI01 - 2	Loop 2300; HI01 - 1 = PR (ICD-9) /APR (ICD-10)
Principal Procedure	HI:*ICD-9/10-CM QUALIFIER:**PRINCIPAL PROCEDURE**:DATE QUALIFIER:PRINCIPAL PROCEDURE DATE::::::**********~ (HI*BR:**3121**:D8:20140101::::::**********~)	Principal Procedure	2300	HI01 - 2	Loop 2300; HI01 - 1 = BR (ICD-9) /BBR (ICD-10)
Principal Procedure Date	HI:*ICD-9/10-CM QUALIFIER:PRINCIPAL PROCEDURE:DATE QUALIFIER:**PRINCIPAL PROCEDURE DATE**::::::**********~ (HI*BR:3121:D8:**20140101**::::::**********~)	Principal Procedure Date	2300	HI01 - 4	Loop 2300; HI01- 3 = D8.

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
Other Procedure Code	HI:*ICD-9/10-CM QUALIFIER:OTHER PROCEDURE CODE:DATE QUALIFIER:OTHER PROCEDURE DATE:::::***********~ (HI*BQ:**3121**:D8:20140101:::::**********~)	Other Procedure Code	2300	HI0**X** - 2	Loop 2300; HI0**X** - 1 = BQ (ICD-9) /BBQ (ICD-10)
Other Procedure Date	HI:*ICD-9/10-CM QUALIFIER:OTHER PROCEDURE:DATE QUALIFIER:OTHER PROCEDURE DATE:::::***********~ (HI*BQ:3121:D8:**20140101**:::::**********~)	Procedure Date	2300	HI0**X** - 4	Loop 2300; HI0**X**- 3 = D8.
NUBC Billing Codes - CONDITION	HI*CONDITION CODE QUALIFIER:CONDITION CODE:::::::*CONDITION CODE QUALIFIER:CONDITION CODE:::::::::*repeat**********~ (HI*BG:**02**::::::*repeat*********~)	Condition Code	2300	HI0**X** - 2	Loop 3200, HI0**X** - 1 = BG.
	HI*CONDITION CODE QUALIFIER:CONDITION CODE:::::::*CONDITION CODE QUALIFIER:CONDITION CODE:::::::::*repeat**********~ (HI*BG:02*BG:**P1**:::::*repeat*********~)				
OCCURSPAN	HI*OCCURRENCE SPAN QUALIFIER:OCCURRENCE SPAN CODE:DATE QUALIFIER:OCCURRENCE SPAN DATES:::::*OCCURRENCE SPAN CODE QUALIFIER:OCCURRENCE SPAN CODE:DATE QUALIFIER:OCCURRENCE SPAN DATES:::::*repeat**********~ (HI*BI:71:RD8:**20140101**-20140115:::::**repeat*********~**)	Occurrence Span Code	2300	HI0**X** - 2	Loop 2300, HI0**X** -1 = BI.
	HI*OCCURRENCE SPAN QUALIFIER:OCCURRENCE SPAN CODE:DATE QUALIFIER:OCCURRENCE SPAN DATES:::::*OCCURRENCE SPAN CODE QUALIFIER:OCCURRENCE SPAN CODE:DATE QUALIFIER:OCCURRENCE SPAN DATES:::::*repeat**********~ (HI*BI:71:RD8:20140101-**20140115**:::::**repeat*********~**)	Range of Dates	2300	HI0**X** - 4	Loop 2300, HI0**X** -1 = BI. Loop 2300 HI0**X** - 3 - RD8.
OCCUR	HI*OCCURRENCE QUALIFIER:OCCURRENCE CODE:DATE QUALIFIER:OCCURRENCE DATES:::::*OCCURRENCE CODE QUALIFIER:OCCURRENCE CODE:DATE QUALIFIER:OCCURRENCE DATES:::::*repeat**********~ (HI*BH:04:D8:**20140101**:::::*repeat*********~)	Occurrence Code	2300	HI0**X** - 2	Loop 2300, HI0**X** - 1 = BH.
	HI*OCCURRENCE QUALIFIER:OCCURRENCE CODE:DATE QUALIFIER:OCCURRENCE DATES:::::*OCCURRENCE CODE QUALIFIER:OCCURRENCE CODE:DATE QUALIFIER:OCCURRENCE DATES:::::*repeat**********~ (HI*BH:04:D8:20140101:::::*BH:06:D8:**20140103**:::::*repeat********~)	Date	2300	HI0**X** - 4	Loop 2300, HI0**X** – 1 = BH.

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
VALUE	HI*VALUE CODE QUALIFIER:VALUE CODE:::VALUE CODE AMOUNT::::*VALUE CODE QUALIFIER:VALUE CODE:::VALUE CODE AMOUNT::::*repeat**********~ (HI*BE:54:::2200::::*repeat*********~)	Value Code	2300	HI0X - 2	Loop 3200, HI0X - 1 = BE.
	HI*VALUE CODE QUALIFIER:VALUE CODE:::VALUE CODE AMOUNT::::*VALUE CODE QUALIFIER:VALUE CODE:::VALUE CODE AMOUNT::::*repeat**********~ (HI*BE:54:::2200::::*repeat*********~)	Value Amount	2300	HI0X - 5	
Attending Physician NPI	NM1*IDENTIFIER CODE*ENTITY QUALIFIER*LAST NAME*FIRST NAME*MIDDLE**SUFFIX*XX*ATTENDING NPI***~ (NM1*71*1*SMITH*JOHN****XX*1234567890***~)	Attending Provider Primary Identifier	2310A	NM109	Loop 2310D, NM101 = 71. Loop 2310D, NM108 = XX.
Operating Physician NPI	NM1*IDENTIFIER CODE*ENTITY QUALIFIER*LAST NAME*FIRST NAME*MIDDLE**SUFFIX*XX*OPERATING PHYSICIAN NPI***~ (NM1*72*1*SMITH*JOHN****XX*1234567890***~)	Operating Physician Primary Identifier	2310B	NM109	Loop 2310D, NM101 = 72. Loop 2310D, NM108 = XX.
Referring Physician NPI	NM1*IDENTIFIER CODE*ENTITY QUALIFIER*LAST NAME*FIRST NAME*MIDDLE**SUFFIX*XX*RENDERING PHYSICIAN NPI***~ (NM1*DN*1*SMITH*JOHN****XX*1234567890***~)	Referring Provider Primary Identifier	2310F	NM109	Loop 2310D, NM101 = DN. Loop 2310D, NM108 = XX.
Other Operating Physician NPI	NM1*IDENTIFIER CODE*ENTITY QUALIFIER*LAST NAME*FIRST NAME*MIDDLE**SUFFIX*XX*OTHER OPERATING PHYSICIAN NPI***~ (NM1*ZZ*1*SMITH*JOHN****XX*1234567890***~)	Other Operating Physician Primary Identifier	2310C	NM109	
Primary Payer***	NM1*PR*2*ABC INSURANCE CO*****PI*PRIMARY PAYER~ (NM1*PR*2*ABC INSURANCE CO*****PI*98910~)	Payer Identifier	2010BB	NM109	Loop 2010BB, NM101 = PR. Loop 2010BB, NM102 = 2.
1st Individual Payer Name	NM1*PR*2*INSURANCE CO NAME*****PI*PRIMARY PAYER~ (NM1*PR*2*ABC INSURANCE CO*****PI*98910***~)		2010BB		
Primary Insurance Group #	SBR*PAYER SEQUENCE CODE*INDIVIDUAL RELATIONSHIP CODE*PRIMARY GROUP NUMBER******~ (SBR*P*18*12345679XXXX******~)				
Primary Insured's Unique ID	NM1*ENTITY ID CODE*ENTITY QUALIFIER*PATIENT'S LAST NAME*FIRST*MIDDLE**SUFFIX*ID CODE QUALIFIER*ID CODE***~ (NM1*IL*1*SMITH*JOHN*TYLER**JR*MI*123456XXX***~)				
Secondary Payer	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****SECONDARY PAYER~ (SBR*S*18*123456XXX*ABC INSURANCE CO*****98910~)	Claim Filing Indicator Code	2320	SBR09	Loop 2320, SBR01 = S.

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
2nd Individual Payer Name	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****SECONDARY PAYER~ (SBR*S*18*123456XXX*ABC INSURANCE CO*****98910~)				
2nd Insurance Group #	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****SECONDARY PAYER~ (SBR*S*18*123456XXX*ABC INSURANCE CO*****98910~)		2320		
Tertiary Payer	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****TERTIARY PAYER~ (SBR*T*18*123456XXX*ABC INSURANCE CO*****98910~)	Claim Filing Indicator Code	2320	SBR09	Loop 2320, SBR01 = T.
3rd Individual Payer Name	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****TERTIARY PAYER~ (SBR*T*18*123456XXX*ABC INSURANCE CO*****98910~)				
3rd Insurance Group #	SBR*PAYER RESPONS CODE*INDIVIDUAL RELATION CODE*GROUP NUMBER*INSURANCE CO NAME*****TERTIARY PAYER~ (SBR*S*18*123456XXX*ABC INSURANCE CO*****98910~)				
Revenue Code	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820::::*15000*UN*20*****~)	Service Line Rev Code	2400	SV201	
Units of Service	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820::::::*15000*UN*20*****~)	Service Unit Count	2400	SV205	Loop 2400; SV204 = DA (Days) or UN (Units)
HCPCS/Rates and up to 4 Modifiers	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820::::::*15000*UN*20*****~)	Procedure Code	2400	SV202 - 2	
MODIFIER1	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820:59:::::*15000*UN*20*****~)	Procedure Modifier	2400	SV202 - 3	Loop 2400; SV202 - 1 = HC

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		837 v5010 Ref Designator Name	837 v5010 Loop	Ref Desig	837 v5010 Instructions
MODIFIER2	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:**MODIFIER**:MODIFIER:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820:59:**GG**::::*15000*UN*20*****~)	Procedure Modifier	2400	SV202 - 4	Loop 2400; SV202 - 1 = HC
MODIFIER3	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:**MODIFIER**:MODIFIER*LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820:59:GG:**25**:::*15000*UN*20*****~)	Procedure Modifier	2400	SV202 - 5	Loop 2400; SV202 - 1 = HC
MODIFIER4	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:**MODIFIER***LINE ITEM CHARGE AMOUNT*MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820:59:GG:25:**52**::*15000*UN*20*****~)	Procedure Modifier	2400	SV202 - 6	Loop 2400; SV202 - 1 = HC
Revenue Charge	SV2*REVENUE CODE*SERVICE QUALIFIER:CPT/HCPCS: MODIFIER:MODIFIER:MODIFIER:MODIFIER***LINE ITEM CHARGE AMOUNT***MEASUREMENT CODE*QUANTITY*****~ (SV2*0360*HC:42820:::::::**15000***UN*20*****~)	Line Item Charge Amount	2400	SV203	Loop 2400; SV202 - 1 = HC
Service Date	DTP*DATE TIME QUALIFIER*DATE QUALIFIER***SERVICE DATE**~ (DTP*472*D8***20140101**~)	Service Date	2400	DTP03	Loop 2400; DTP01 = 472. Loop 2400; DTP02 = D8.

IODS INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
1*	Billing Provider Facility NPI	1	15	15	X		L		56
2*	Patient ID #	16	35	20	X		L		3a
3*	Medical Health Record Number	36	59	24	X		L		3b
4	Patient Identifier (Policy #)	60	78	19	X		L		8a
5*	Patient's Name (Last Name, First Name, Middle Initial)	79	107	29	X		L		8b
6*	Patient DOB	108	115	8		X	R	MMDDYYYY	10
7*	Patient Sex	116	116	1	X		L		11
8*	Patient's Address (Street)	117	156	40	X		L		9a
9*	Patient's City	157	186	30	X		L		9b
10*	Patient's State	187	188	2	X		L		9c
11*	Patient ZIP Code	189	193	5	X		L		9d
12	ZIP plus 4	194	197	4	X		L		9d
13**	Patient Country Code	198	199	2	X		L		9e
14*	Date of Admission	200	205	6		X	R	MMDDYY	12
15*	Statement Covers Period	206	217	12		X	R	MMDDYY	6
16*	Admission Hour	218	219	2	X		L		13
17*	Discharge Hour	220	221	2	X		L		16
18*	Priority (Type) of Visit / Type of Admission	222	222	1	X		L		14
19*	Point of Origin / Source of Admission	223	223	1	X		L		15
20*	Type of Bill	224	226	3	X		L	See guidelines	4
21*	Patient Discharge Status	227	228	2		X	R		17
22*	Primary Payer ID #	229	237	9	X		L	Map to Appendix VII	51a
23*	Primary Payer Name	238	260	23	X		L		50a

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
24	Primary Insur Group #	261	277	17	X		L		62a
25	Primary Insur Group Name	278	291	14	X		L		61a
26	Primary Insured's Name	292	316	25	X		L		58a
27	Patient's Relationship to Primary Insured	317	318	2	X		L		59a
28**	Primary Insured's Unique Identifier (Policy #)	319	338	20	X		L		60a
29	Primary Insured's Employer Name	339	363	25	X		L		65a
30	Primary Payer Release of Information	364	364	1	X		L		52a
31	Primary Payer Assignment of Benefits	365	365	1	X		L		53
32	Primary Payer Treatment Authorization	366	395	30	X		L		63a
33	Primary Payer Document Control #	396	421	26	X		L		64a
34	Other Billing Provider Identifier for Primary Payer	422	436	15	X		L		57
35**	2nd Individual Payer ID #	437	445	9	X		L	Map to Appendix VII	51b
36**	Secondary Payer Name	446	468	23	X		L		50b
37	Secondary Insur Group #	469	485	17	X		L		62b
38	Secondary Insur Group Name	486	499	14	X		L		61b
39	Secondary Insured's Name	500	524	25	X		L		58b
40	Patient's Relationship to Secondary Insured	525	526	2	X		L		59b
41**	Secondary Insured's Unique Identifier (Policy #)	527	546	20	X		L		60b
42	Secondary Insured's Employer Name	547	571	25	X		L		65b
43	Secondary Payer Release of Information	572	572	1	X		L		52b
44	Secondary Payer Assignment of Benefits	573	573	1	X		L		53
45	Secondary Payer Treatment Authorization	574	603	30	X		L		63b
46	Secondary Payer Document Control #	604	629	26	X		L		64b
47	Other Billing Provider Identifier for Secondary Payer	630	644	15	X		L		57
48**	3rd Individual Payer ID #	645	653	9	X		L	Map to Appendix VII	51c

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
49**	Tertiary Payer Name	654	676	23	X		L		50c
50	Tertiary Insur Group #	677	693	17	X		L		62c
51	Tertiary Insur Group Name	694	707	14	X		L		61c
52	Tertiary Insured's Name	708	732	25	X		L		58c
53	Patient's Relationship to Tertiary Insured	733	734	2	X		L		59c
54**	Tertiary Insured's Unique Identifier (Policy #)	735	754	20	X		L		60c
55	Tertiary Insured's Employer Name	755	779	25	X		L		65c
56	Tertiary Payer Release of Information	780	780	1	X		R		52c
57	Tertiary Payer Assignment of Benefits	781	781	1	X		R		53
58	Tertiary Payer Treatment Authorization	782	811	30	X		R		63c
59	Tertiary Payer Document Control #	812	837	26	X		L		64c
60	Other Billing Provider Identifier for Tertiary Payer	838	852	15	X		L		57
61*	ICD Diagnosis Version Qualifier	853	853	1	X		L		66
62*	Principal Diagnosis	854	860	7	X		L		67
63*	Present on Admission Indicator for Principal Diagnosis	861	861	1	X		L		67
64**	1st Other Diagnosis	862	868	7	X		L		67a-q
65**	Present on Admission Indicator for 1st Other Diagnosis	869	869	1	X		L		67
66**	2nd Other Diagnosis	870	876	7	X		L		67a-q
67**	Present on Admission Indicator for 2nd Other Diagnosis	877	877	1	X		L		67
68**	3rd Other Diagnosis	878	884	7	X		L		67a-q
69**	Present on Admission Indicator for 3rd Other Diagnosis	885	885	1	X		L		67
70**	4th Other Diagnosis	886	892	7	X		L		67a-q
71**	Present on Admission Indicator for 4th Other Diagnosis	893	893	1	X		L		67
72**	5th Other Diagnosis	894	900	7	X		L		67a-q
73**	Present on Admission Indicator for 5th Other Diagnosis	901	901	1	X		L		67
74**	6th Other Diagnosis	902	908	7	X		L		67a-q
75**	Present on Admission Indicator for 6th Other Diagnosis	909	909	1	X		L		67

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INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
76**	7th Other Diagnosis	910	916	7	X		L		67a-q
77**	Present on Admission Indicator for 7th Other Diagnosis	917	917	1	X		L		67
78**	8th Other Diagnosis	918	924	7	X		L		67a-q
79**	Present on Admission Indicator for 8th Other Diagnosis	925	925	1	X		L		67
80**	9th Other Diagnosis	926	932	7	X		L		67a-q
81**	Present on Admission Indicator for 9th Other Diagnosis	933	933	1	X		L		67
82**	10th Other Diagnosis	934	940	7	X		L		67a-q
83**	Present on Admission Indicator for 10th Other Diagnosis	941	941	1	X		L		67
84**	11th Other Diagnosis	942	948	7	X		L		67a-q
85**	Present on Admission Indicator for 11th Other Diagnosis	949	949	1	X		L		67
86**	12th Other Diagnosis	950	956	7	X		L		67a-q
87**	Present on Admission Indicator for 12th Other Diagnosis	957	957	1	X		L		67
88**	13th Other Diagnosis	958	964	7	X		L		67a-q
89**	Present on Admission Indicator for 13th Other Diagnosis	965	965	1	X		L		67
90**	14th Other Diagnosis	966	972	7	X		L		67a-q
91**	Present on Admission Indicator for 14th Other Diagnosis	973	973	1	X		L		67
92**	15th Other Diagnosis	974	980	7	X		L		67a-q
93**	Present on Admission Indicator for 15th Other Diagnosis	981	981	1	X		L		67
94**	16th Other Diagnosis	982	988	7	X		L		67a-q
95**	Present on Admission Indicator for 16th Other Diagnosis	989	989	1	X		L		67
96**	17th Other Diagnosis	990	996	7	X		L		67a-q
97**	Present on Admission Indicator for 17th Other Diagnosis	997	997	1	X		L		67
98**	18th Other Diagnosis	998	1004	7	X		L		67a-q
99**	Present on Admission Indicator for 18th Other Diagnosis	1005	1005	1	X		L		67
100**	19th Other Diagnosis	1006	1012	7	X		L		67a-q
101**	Present on Admission Indicator for 19th Other Diagnosis	1013	1013	1	X		L		67
102**	20th Other Diagnosis	1014	1020	7	X		L		67a-q

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
103**	Present on Admission Indicator for 20th Other Diagnosis	1021	1021	1	X		L		67
104**	21st Other Diagnosis	1022	1028	7	X		L		67a-q
105**	Present on Admission Indicator for 21st Other Diagnosis	1029	1029	1	X		L		67
106**	22nd Other Diagnosis	1030	1036	7	X		L		67a-q
107**	Present on Admission Indicator for 22nd Other Diagnosis	1037	1037	1	X		L		67
108**	23rd Other Diagnosis	1038	1044	7	X		L		67a-q
109**	Present on Admission Indicator for 23rd Other Diagnosis	1045	1045	1	X		L		67
110**	24th Other Diagnosis	1046	1052	7	X		L		67a-q
111**	Present on Admission Indicator for 24th Other Diagnosis	1053	1053	1	X		L		67
112**	1st E-Code	1054	1060	7	X		L		72a
113**	Present on Admission Indicator for 1st E-Code	1061	1061	1	X		L		67
114**	2nd E-Code	1062	1068	7	X		L		72b
115**	Present on Admission Indicator for 2nd E-Code	1069	1069	1	X		L		67
116**	3rd E-Code	1070	1076	7	X		L		72c
117**	Present on Admission Indicator for 3rd E-Code	1077	1077	1	X		L		67
118*	Admitting Diagnosis	1078	1084	7	X		L		69
119	Filler	1085	1105	21	X				
120	Prospective Payment System (PPS) Code	1106	1109	4		X	R		71
121**	Principal Procedure Code	1110	1116	7	X		L		74
122	Filler	1117	1123	7	X				
123**	Principal Procedure Date	1124	1129	6		X	R	MMDDYY	74
124**	1st Other Procedure Code	1130	1136	7	X		L		74a-e
125	Filler	1137	1143	7	X				
126**	1st Other Procedure Date	1144	1149	6		X	R	MMDDYY	74a-e
127**	2nd Other Procedure Code	1150	1156	7	X		L		74a-e
128	Filler	1157	1163	7	X				
129**	2nd Other Procedure Date	1164	1169	6		X	R	MMDDYY	74a-e

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
130**	3rd Other Procedure Code	1170	1176	7	X		L		74a-e
131	Filler	1177	1183	7	X				
132**	3rd Other Procedure Date	1184	1189	6		X	R	MMDDYY	74a-e
133**	4th Other Procedure	1190	1196	7	X		L		74a-e
134	Filler	1197	1203	7	X				
135**	4th Other Procedure Date	1204	1209	6		X	R	MMDDYY	74a-e
136**	5th Other Procedure Code	1210	1216	7	X		L		74a-e
137	Filler	1217	1223	7	X				
138**	5th Other Procedure Date	1224	1229	6		X	R	MMDDYY	74a-e
139**	6th Other Procedure Code	1230	1236	7	X		L		74a-e
140	Filler	1237	1243	7	X				
141**	6th Other Procedure Date	1244	1249	6		X	R	MMDDYY	74a-e
142**	7th Other Procedure Code	1250	1256	7	X		L		74a-e
143	Filler	1257	1263	7	X				
144**	7th Other Procedure Date	1264	1269	6		X	R	MMDDYY	74a-e
145**	8th Other Procedure Code	1270	1276	7	X		L		74a-e
146	Filler	1277	1283	7	X				
147**	8th Other Procedure Date	1284	1289	6		X	R	MMDDYY	74a-e
148**	9th Other Procedure Code	1290	1296	7	X		L		74a-e
149	Filler	1297	1303	7	X				
150**	9th Other Procedure Date	1304	1309	6		X	R	MMDDYY	74a-e
151**	10th Other Procedure Code	1310	1316	7	X		L		74a-e
152	Filler	1317	1323	7	X				
153**	10th Other Procedure Date	1324	1329	6		X	R	MMDDYY	74a-e
154**	11th Other Procedure Code	1330	1336	7	X		L		74a-e
155	Filler	1337	1343	7	X				
156**	11th Other Procedure Date	1344	1349	6		X	L	MMDDYY	74a-e

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
157**	12th Other Procedure Code	1350	1356	7	X		L		74a-e
158	Filler	1357	1363	7	X		L		
159**	12th Other Procedure Date	1364	1369	6		X	R	MMDDYY	74a-e
160**	13th Other Procedure Code	1370	1376	7	X		L		74a-e
161	Filler	1377	1383	7	X				
162**	13th Other Procedure Date	1384	1389	6		X	R	MMDDYY	74a-e
163**	14th Other Procedure Code	1390	1396	7	X		L		74a-e
164	Filler	1397	1403	7	X				
165**	14th Other Procedure Date	1404	1409	6		X	R	MMDDYY	74a-e
166**	15th Other Procedure Code	1410	1416	7	X		L		74a-e
167	Filler	1417	1423	7	X				
168**	15th Other Procedure Date	1424	1429	6		X	R	MMDDYY	74a-e
169**	16th Other Procedure Code	1430	1436	7	X		L		74a-e
170	Filler	1437	1443	7	X				
171**	16th Other Procedure Date	1444	1449	6		X	R	MMDDYY	74a-e
172**	17th Other Procedure Code	1450	1456	7	X		L		74a-e
173	Filler	1457	1463	7	X				
174**	17th Other Procedure Date	1464	1469	6		X	R	MMDDYY	74a-e
175**	18th Other Procedure Code	1470	1476	7	X		L		74a-e
176	Filler	1477	1483	7	X				
177**	18th Other Procedure Date	1484	1489	6		X	R	MMDDYY	74a-e
178**	19th Other Procedure Code	1490	1496	7	X		L		74a-e
179	Filler	1497	1503	7	X				
180**	19th Other Procedure Date	1504	1509	6		X	R	MMDDYY	74a-e
181**	20th Other Procedure Code	1510	1516	7	X		L		74a-e
182	Filler	1517	1523	7	X				
183**	20th Other Procedure Date	1524	1529	6		X	R	MMDDYY	74a-e

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
184**	21st Other Procedure Code	1530	1536	7	X		L		74a-e
185	Filler	1537	1543	7	X				
186**	21st Other Procedure Date	1544	1549	6		X	R	MMDDYY	74a-e
187**	22nd Other Procedure Code	1550	1556	7	X		L		74a-e
188	Filler	1557	1563	7	X				
189**	22nd Other Procedure Date	1564	1569	6		X	R	MMDDYY	74a-e
190**	23rd Other Procedure Code	1570	1576	7	X		L		74a-e
191	Filler	1577	1583	7	X				
192**	23rd Other Procedure Date	1584	1589	6		X	R	MMDDYY	74a-e
193**	24th Other Procedure Code	1590	1596	7	X		L		74a-e
194	Filler	1597	1603	7	X				
195**	24th Other Procedure Date	1604	1609	6		X	R	MMDDYY	74a-e
196	Filler	1610	2049	440	X				
197*	1st Revenue Code	2050	2053	4	X		L		42
198**	1st Revenue Code Description / IDE # / Medicaid Drug Rebate	2054	2077	24	X		L		43
199*	1st Units of Service	2078	2084	7		X	R		46
200*	1st Covered Charge	2085	2094	10		X	R		47
201**	1st Non-Covered Charge	2095	2103	9		X	R		48
202**	2nd Revenue Code	2104	2107	4	X		L		42
203**	2nd Revenue Code Description / IDE # / Medicaid Drug Rebate	2108	2131	24	X		L		43
204**	2nd Units of Service	2132	2138	7		X	R		46
205**	2nd Covered Charge	2139	2148	10		X	R		47
206**	2nd Non-Covered Charge	2149	2157	9		X	R		48
207**	3rd Revenue Code	2158	2161	4	X		L		42
208**	3rd Revenue Code Description / IDE # / Medicaid Drug Rebate	2162	2185	24	X		L		43
209**	3rd Units of Service	2186	2192	7		X	R		46
210**	3rd Covered Charge	2193	2202	10		X	R		47

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
211**	3rd Non-Covered Charge	2203	2211	9		X	R		48
212**	4th Revenue Code	2212	2215	4	X		L		42
213**	4th Revenue Code Description / IDE # / Medicaid Drug Rebate	2216	2239	24	X		L		43
214**	4th Units of Service	2240	2246	7		X	R		46
215**	4th Covered Charge	2247	2256	10		X	R		47
216**	4th Non-Covered Charge	2257	2265	9		X	R		48
217**	5th Revenue Code	2266	2269	4	X		L		42
218**	5th Revenue Code Description / IDE # / Medicaid Drug Rebate	2270	2293	24	X		L		43
219**	5th Units of Service	2294	2300	7		X	R		46
220**	5th Covered Charge	2301	2310	10		X	R		47
221**	5th Non-Covered Charge	2311	2319	9		X	R		48
222**	6th Revenue Code	2320	2323	4	X		L		42
223**	6th Revenue Code Description / IDE # / Medicaid Drug Rebate	2324	2347	24	X		L		43
224**	6th Units of Service	2348	2354	7		X	R		46
225**	6th Covered Charge	2355	2364	10		X	R		47
226**	6th Non-Covered Charge	2365	2373	9		X	R		48
227**	7th Revenue Code	2374	2377	4	X		L		42
228**	7th Revenue Code Description / IDE # / Medicaid Drug Rebate	2378	2401	24	X		L		43
229**	7th Units of Service	2402	2408	7		X	R		46
230**	7th Covered Charge	2409	2418	10		X	R		47
231**	7th Non-Covered Charge	2419	2427	9		X	R		48
232**	8th Revenue Code	2428	2431	4	X		L		42
233**	8th Revenue Code Description / IDE # / Medicaid Drug Rebate	2432	2455	24	X		L		43
234**	8th Units of Service	2456	2462	7		X	R		46
235**	8th Covered Charge	2463	2472	10		X	R		47
236**	8th Non-Covered Charge	2473	2481	9		X	R		48
237**	9th Revenue Code	2482	2485	4	X		L		42

INPATIENT FLAT FORMAT

Data Element	Description	Position From	To	Length	Type of Digits Alpha-numeric	Numeric	Field Justification	Instructions	UB Form Locator
238**	9th Revenue Code Description / IDE # / Medicaid Drug Rebate	2486	2509	24	X		L		43
239**	9th Units of Service	2510	2516	7		X	R		46
240**	9th Covered Charge	2517	2526	10		X	R		47
241**	9th Non-Covered Charge	2527	2535	9		X	R		48
242**	10th Revenue Code	2536	2539	4	X		L		42
243**	10th Revenue Code Description / IDE # / Medicaid Drug Rebate	2540	2563	24	X		L		43
244**	10th Units of Service	2564	2570	7		X	R		46
245**	10th Covered Charge	2571	2580	10		X	R		47
246**	10th Non-Covered Charge	2581	2589	9		X	R		48
247**	11th Revenue Code	2590	2593	4	X		L		42
248**	11th Revenue Code Description / IDE # / Medicaid Drug Rebate	2594	2617	24	X		L		43
249**	11th Units of Service	2618	2624	7		X	R		46
250**	11th Covered Charge	2625	2634	10		X	R		47
251**	11th Non-Covered Charge	2635	2643	9		X	R		48
252**	12th Revenue Code	2644	2647	4	X		L		42
253**	12th Revenue Code Description / IDE # / Medicaid Drug Rebate	2648	2671	24	X		L		43
254**	12th Units of Service	2672	2678	7		X	R		46
255**	12th Covered Charge	2679	2688	10		X	R		47
256**	12th Non-Covered Charge	2689	2697	9		X	R		48
257**	13th Revenue Code	2698	2701	4	X		L		42
258**	13th Revenue Code Description / IDE # / Medicaid Drug Rebate	2702	2725	24	X		L		43
259**	13th Units of Service	2726	2732	7		X	R		46
260**	13th Covered Charge	2733	2742	10		X	R		47
261**	13th Non-Covered Charge	2743	2751	9		X	R		48
262**	14th Revenue Code	2752	2755	4	X		L		42
263**	14th Revenue Code Description / IDE # / Medicaid Drug Rebate	2756	2779	24	X		L		43

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
264**	14th Units of Service	2780	2786	7		X	R		46
265**	14th Covered Charge	2787	2796	10		X	R		47
266**	14th Non-Covered Charge	2797	2805	9		X	R		48
267**	15th Revenue Code	2806	2809	4	X		L		42
268**	15th Revenue Code Description / IDE # / Medicaid Drug Rebate	2810	2833	24	X		L		43
269**	15th Units of Service	2834	2840	7		X	R		46
270**	15th Covered Charge	2841	2850	10		X	R		47
271**	15th Non-Covered Charge	2851	2859	9		X	R		48
272**	16th Revenue Code	2860	2863	4	X		L		42
273**	16th Revenue Code Description / IDE # / Medicaid Drug Rebate	2864	2887	24	X		L		43
274**	16th Units of Service	2888	2894	7		X	R		46
275**	16th Covered Charge	2895	2904	10		X	R		47
276**	16th Non-Covered Charge	2905	2913	9		X	R		48
277**	17th Revenue Code	2914	2917	4	X		L		42
278**	17th Revenue Code Description / IDE # / Medicaid Drug Rebate	2918	2941	24	X		L		43
279**	17th Units of Service	2942	2948	7		X	R		46
280**	17th Covered Charge	2949	2958	10		X	R		47
281**	17th Non-Covered Charge	2959	2967	9		X	R		48
282**	18th Revenue Code	2968	2971	4	X		L		42
283**	18th Revenue Code Description / IDE # / Medicaid Drug Rebate	2972	2995	24	X		L		43
284**	18th Units of Service	2996	3002	7		X	R		46
285**	18th Covered Charge	3003	3012	10		X	R		47
286**	18th Non-Covered Charge	3013	3021	9		X	R		48
287**	19th Revenue Code	3022	3025	4	X		L		42
288**	19th Revenue Code Description / IDE # / Medicaid Drug Rebate	3026	3049	24	X		L		43
289**	19th Units of Service	3050	3056	7		X	R		46
290**	19th Covered Charge	3057	3066	10		X	R		47

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
291**	19th Non-Covered Charge	3067	3075	9		X	R		48
292**	20th Revenue Code	3076	3079	4	X		L		42
293**	20th Revenue Code Description / IDE # / Medicaid Drug Rebate	3080	3103	24	X		L		43
294**	20th Units of Service	3104	3110	7		X	R		46
295**	20th Covered Charge	3111	3120	10		X	R		47
296**	20th Non-Covered Charge	3121	3129	9		X	R		48
297**	21st Revenue Code	3130	3133	4	X		L		42
298**	21st Revenue Code Description / IDE # / Medicaid Drug Rebate	3134	3157	24	X		L		43
299**	21st Units of Service	3158	3164	7		X	R		46
300**	21st Covered Charge	3165	3174	10		X	R		47
301**	21st Non-Covered Charge	3175	3183	9		X	R		48
302**	22nd Revenue Code	3184	3187	4	X		L		42
303**	22nd Revenue Code Description / IDE # / Medicaid Drug Rebate	3188	3211	24	X		L		43
304**	22nd Units of Service	3212	3218	7		X	R		46
305**	22nd Covered Charge	3219	3228	10		X	R		47
306**	22nd Non-Covered Charge	3229	3237	9		X	R		48
307*	23rd Revenue Code (Total Charge for the Patient)	3238	3241	4	X		L		47
308*	Total Covered Charges	3242	3251	10		X	R		47
309**	Total Non-Covered Charges	3252	3261	10		X	R		47/48
310*	Page Number	3262	3265	4		X	R		47
311	Prior Payments from Primary Payer	3266	3275	10		X	R		54a
312	Prior Payments from Secondary Payer	3276	3285	10		X	R		54b
313	Prior Payments from Tertiary Payer	3286	3295	10		X	R		54c
314	Estimated Amount Due from Primary Payer	3296	3305	10	X		L		55a
315	Estimated Amount Due from Secondary Payer	3306	3315	10	X		L		55b
316	Estimated Amount Due from Tertiary Payer	3316	3325	10	X		L		55c
317*	Attending Clinician NPI	3326	3336	11	X		L		76

INPATIENT FLAT FORMAT

| Data Element | Description | Position | | | Type of Digits | | Field Justification | Instructions | UB Form Locator |
		From	To	Length	Alpha-numeric	Numeric			
318	Attending Clinician Name	3337	3364	28	X		L		76
319**	Operating Clinician NPI	3365	3375	11	X		L		77
320	Operating Clinician Name	3376	3403	28	X		L		77
321	1st Other Clinician NPI	3404	3414	11	X		L		78
322	1st Other Clinician Name	3415	3442	28	X		L		78
323	2nd Other Clinician NPI	3443	3453	11	X		L		79
324	2nd Other Clinician Name	3454	3481	28	X		L		79
325**	Accident State	3482	3483	2	X		L		29
326	1st Condition Code	3484	3485	2	X				18
327	2nd Condition Code	3486	3487	2	X				19
328	3rd Condition Code	3488	3489	2	X				20
329	4th Condition Code	3490	3491	2	X				21
330	5th Condition Code	3492	3493	2	X				22
331	6th Condition Code	3494	3495	2	X				23
332	7th Condition Code	3496	3497	2	X				24
333	8th Condition Code	3498	3499	2	X				25
334	9th Condition Code	3500	3501	2	X				26
335	10th Condition Code	3502	3503	2	X				27
336	11th Condition Code	3504	3505	2	X				28
337	1st Occurrence Code	3506	3507	2	X		L		31a
338	1st Occurrence Date	3508	3513	6		X	R	MMDDYY	31a
339	2nd Occurrence Code	3514	3515	2	X		L		31b
340	2nd Occurrence Date	3516	3521	6		X	R	MMDDYY	31b
341	3rd Occurrence Code	3522	3523	2	X		L		32a
342	3rd Occurrence Date	3524	3529	6		X	R	MMDDYY	32a
343	4th Occurrence Code	3530	3531	2	X		L		32b
344	4th Occurrence Date	3532	3537	6		X	R	MMDDYY	32b

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
345	5th Occurrence Code	3538	3539	2	X		L		33a
346	5th Occurrence Date	3540	3545	6		X	R	MMDDYY	33a
347	6th Occurrence Code	3546	3547	2	X		L		33b
348	6th Occurrence Date	3548	3553	6		X	R	MMDDYY	33b
349	7th Occurrence Code	3554	3555	2	X		L		34a
350	7th Occurrence Date	3556	3561	6		X	R	MMDDYY	34a
351	8th Occurrence Code	3562	3563	2	X		L		34b
352	8th Occurrence Date	3564	3569	6		X	R	MMDDYY	34b
353	1st Occurrence Span Code	3570	3571	2	X		L		35a
354	1st Occurrence Span From Date	3572	3577	6		X	R	MMDDYY	35a
355	1st Occurrence Span Through Date	3578	3583	6		X	R	MMDDYY	35a
356	2nd Occurrence Span Code	3584	3585	2	X		L		35b
357	2nd Occurrence Span From Date	3586	3591	6		X	R	MMDDYY	35b
358	2nd Occurrence Span Through Date	3592	3597	6		X	R	MMDDYY	35b
359	3rd Occurrence Span Code	3598	3599	2	X		L		36a
360	3rd Occurrence Span From Date	3600	3605	6		X	R	MMDDYY	36a
361	3rd Occurrence Span Through Date	3606	3611	6		X	R	MMDDYY	36a
362	4th Occurrence Span Code	3612	3613	2	X		L		36b
363	4th Occurrence Span From Date	3614	3619	6		X	R	MMDDYY	36b
364	4th Occurrence Span Through Date	3620	3625	6		X	R	MMDDYY	36b
365	1st Value Code	3626	3627	2	X		L		39a
366	1st Value Amount	3628	3636	9		X	R		39a
367	2nd Value Code	3637	3638	2	X		L		39b
368	2nd Value Amount	3639	3647	9		X	R		39b
369	3rd Value Code	3648	3649	2	X		L		39c
370	3rd Value Amount	3650	3658	9		X	R		39c
371	4th Value Code	3659	3660	2	X		L		39d

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INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
372	4th Value Amount	3661	3669	9		X	R		39d
373	5th Value Code	3670	3671	2	X		L		40a
374	5th Value Amount	3672	3680	9		X	R		40a
375	6th Value Code	3681	3682	2	X		L		40b
376	6th Value Amount	3683	3691	9		X	R		40b
377	7th Value Code	3692	3693	2	X		L		40b
378	7th Value Amount	3694	3702	9		X	R		40b
379	8th Value Code	3703	3704	2	X		L		40d
380	8th Value Amount	3705	3713	9		X	R		40d
381	9th Value Code	3714	3715	2	X		L		41a
382	9th Value Amount	3716	3724	9		X	R		41a
383	10th Value Code	3725	3726	2	X		L		41b
384	10th Value Amount	3727	3735	9		X	R		41b
385	11th Value Code	3736	3737	2	X		L		41c
386	11th Value Amount	3738	3746	9		X	R		41c
387	12th Value Code	3747	3748	2	X		L		41d
388	12th Value Amount	3749	3757	9		X	R		41d
389	1st Code-Code Qualifier	3758	3759	2	X		L		81a
390	1st Code-Code	3760	3769	10	X		L		81a
391	1st Code-Code Date, Number, or Value	3770	3781	12		X	R	MMDDYY	81a
392	2nd Code-Code Qualifier	3782	3783	2	X		L		81b
393	2nd Code-Code	3784	3793	10	X		L		81b
394	2nd Code-Code Date, Number, or Value	3794	3805	12		X	R	MMDDYY	81b
395	3rd Code-Code Qualifier	3806	3807	2	X		L		81c
396	3rd Code-Code	3808	3817	10	X		L		81c
397	3rd Code-Code Date, Number, or Value	3818	3829	12		X	R	MMDDYY	81c
398	4th Code-Code Qualifier	3830	3831	2	X		L		81d

INPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
399	4th Code-Code	3832	3841	10	X		L		81d
400	4th Code-Code Date, Number, or Value	3842	3853	12		X	R	MMDDYY	81d
401	Federal Tax Sub-ID Number	3854	3857	4	X		L		5
402	Federal Tax Number	3858	3867	10	X		L		5
403*	Provider Facility Name	3868	3892	25	X		L		1
404	Provider Facility Street	3893	3917	25	X		L		1
405	Provider Facility City, State, ZIP Code	3918	3942	25	X		L		1
406	Provider Facility Telephone, Fax, Country Code	3943	3967	25	X		L		1
407	Pay-To Name	3968	3992	25	X		L		2
408	Pay-To Street	3993	4017	25	X		L		2
409	Pay-To City, State, ZIP code	4018	4042	25	X		L		2
410	Responsible Party Name and Address Line 1	4043	4082	40	X		L		38
411	Responsible Party Name and Address Line 2	4083	4122	40	X		L		38
412	Responsible Party Name and Address Line 3	4123	4162	40	X		L		38
413	Responsible Party Name and Address Line 4	4163	4202	40	X		L		38
414	Responsible Party Name and Address Line 5	4203	4242	40	X		L		38
415	Remarks Line 1	4243	4261	19	X		L		80
416	Remarks Line 2	4262	4285	24	X		L		80
417	Remarks Line 3	4286	4309	24	X		L		80
418	Remarks Line 4	4310	4333	24	X		L		80
419*	Patient SSN	4334	4342	9		X			
420*	Race	4343	4344	2	X			Map to Appendix V	
421*	Ethnicity	4345	4346	2	X			Map to Appendix VI	
422	Filler	4347	5000	654	X				

* = MANDATORY

** = REPORTED IF AVAILABLE

IODS OUTPATIENT FLAT FORMAT

	OUTPATIENT FLAT FORMAT								
Data Element	**Description**	**Position**			**Type of Digits**		**Field Justification**	**Instructions**	**UB Form Locator**
		From	**To**	**Length**	**Alpha-numeric**	**Numeric**			
1*	Billing Provider Facility NPI	1	15	15	X		L		56
2*	Patient ID #	16	35	20	X		L		3a
3*	Medical Health Record Number	36	59	24	X		L		3b
4	Patient Identifier (Policy #)	60	78	19	X		L		8a
5*	Patient's Name (Last Name, First Name, Middle Initial)	79	107	29	X		L		8b
6*	Patient DOB	108	115	8		X	R	MMDDYYYY	10
7*	Patient Sex	116	116	1	X		L		11
8*	Patient's Address (Street)	117	156	40	X		L		9a
9*	Patient's City	157	186	30	X		L		9b
10*	Patient's State	187	188	2	X		L		9c
11*	Patient ZIP Code	189	193	5	X		L		9d
12	ZIP plus 4	194	197	4	X		L		9d
13**	Patient Country Code	198	199	2	X		L		9e
14*	Date of Admission	200	205	6		X	R	MMDDYY	12
15*	Statement Covers Period	206	217	12		X	R	MMDDYY	6
16	Admission Hour	218	219	2	X		L		13
17**	Discharge Hour	220	221	2	X		L		16
18*	Priority (Type) of Visit / Type of Admission	222	222	1	X		L		14
19*	Point of Origin / Source of Admission	223	223	1	X		L		15
20*	Type of Bill	224	226	3	X		L	See guidelines	4
21*	Patient Discharge Status	227	228	2		X	R		17
22*	Primary Payer ID #	229	237	9	X		L	Map to Appendix VII	51a

OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
23*	Primary Payer Name	238	260	23	X		L		50a*
24	Primary Insur Group #	261	277	17	X		L		62a
25	Primary Insur Group Name	278	291	14	X		L		61a
26	Primary Insured's Name	292	316	25	X		L		58a
27	Patient's Relationship to Primary Insured	317	318	2	X		L		59a
28**	Primary Insured's Unique Identifier (Policy #)	319	338	20	X		L		60a
29	Primary Insured's Employer Name	339	363	25	X		L		65a
30	Primary Payer Release of Information	364	364	1	X		L		52a
31	Primary Payer Assignment of Benefits	365	365	1	X		L		53
32	Primary Payer Treatment Authorization	366	395	30	X		L		63a
33	Primary Payer Document Control #	396	421	26	X		L		64a
34	Other Billing Provider Identifier for Primary Payer	422	436	15	X		L		57
35**	2nd Individual Payer ID #	437	445	9	X		L	Map to Appendix VII	51b
36**	Secondary Payer Name	446	468	23	X		L		50b
37	Secondary Insur Group #	469	485	17	X		L		62b
38	Secondary Insur Group Name	486	499	14	X		L		61b
39	Secondary Insured's Name	500	524	25	X		L		58b
40	Patient's Relationship to Secondary Insured	525	526	2	X		L		59b
41**	Secondary Insured's Unique Identifier (Policy #)	527	546	20	X		L		60b
42	Secondary Insured's Employer Name	547	571	25	X		L		65b
43	Secondary Payer Release of Information	572	572	1	X		L		52b
44	Secondary Payer Assignment of Benefits	573	573	1	X		L		53
45	Secondary Payer Treatment Authorization	574	603	30	X		L		63b
46	Secondary Payer Document Control #	604	629	26	X		L		64b
47	Other Billing Provider Identifier for Secondary Payer	630	644	15	X		L		57

OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
48**	3rd Individual Payer ID #	645	653	9	X		L	Map to Appendix VII	51c
49**	Tertiary Payer Name	654	676	23	X		L		50c
50	Tertiary Insur Group #	677	693	17	X		L		62c
51	Tertiary Insur Group Name	694	707	14	X		L		61c
52	Tertiary Insured's Name	708	732	25	X		L		58c
53	Patient's Relationship to Tertiary Insured	733	734	2	X		L		59c
54**	Tertiary Insured's Unique Identifier (Policy #)	735	754	20	X		L		60c
55	Tertiary Insured's Employer Name	755	779	25	X		L		65c
56	Tertiary Payer Release of Information	780	780	1	X		R		52c
57	Tertiary Payer Assignment of Benefits	781	781	1	X		R		53
58	Tertiary Payer Treatment Authorization	782	811	30	X		R		63c
59	Tertiary Payer Document Control #	812	837	26	X		L		64c
60	Other Billing Provider Identifier for Tertiary Payer	838	852	15	X		L		57
61*	ICD Diagnosis Version Qualifier	853	853	1	X		L		66
62*	Principal Diagnosis	854	861	8	X		L		67
63**	1st Other Diagnosis	862	869	8	X		L		67a-q
64**	2nd Other Diagnosis	870	877	8	X		L		67a-q
65**	3rd Other Diagnosis	878	885	8	X		L		67a-q
66**	4th Other Diagnosis	886	893	8	X		L		67a-q
67**	5th Other Diagnosis	894	901	8	X		L		67a-q
68**	6th Other Diagnosis	902	909	8	X		L		67a-q
69**	7th Other Diagnosis	910	917	8	X		L		67a-q
70**	8th Other Diagnosis	918	925	8	X		L		67a-q
71**	9th Other Diagnosis	926	933	8	X		L		67a-q
72**	10th Other Diagnosis	934	941	8	X		L		67a-q
73**	11th Other Diagnosis	942	949	8	X		L		67a-q

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
74**	12th Other Diagnosis	950	957	8	X		L		67a-q
75**	13th Other Diagnosis	958	965	8	X		L		67a-q
76**	14th Other Diagnosis	966	973	8	X		L		67a-q
77**	15th Other Diagnosis	974	981	8	X		L		67a-q
78**	16th Other Diagnosis	982	989	8	X		L		67a-q
79**	17th Other Diagnosis	990	997	8	X		L		67a-q
80**	18th Other Diagnosis	998	1005	8	X		L		67a-q
81**	19th Other Diagnosis	1006	1013	8	X		L		67a-q
82**	20th Other Diagnosis	1014	1021	8	X		L		67a-q
83**	21st Other Diagnosis	1022	1029	8	X		L		67a-q
84**	22nd Other Diagnosis	1030	1037	8	X		L		67a-q
85**	23rd Other Diagnosis	1038	1045	8	X		L		67a-q
86**	24th Other Diagnosis	1046	1053	8	X		L		67a-q
87**	1st E-Code	1054	1061	8	X		L		72a
88**	2nd E-Code	1062	1069	8	X		L		72b
89**	3rd E-Code	1070	1077	8	X		L		72c
90	Filler	1078	1084	7					
91**	1st "Patient's Reason for Visit" Diagnosis Code	1085	1091	7	X		R		70a
92	2nd "Patient's Reason for Visit" Diagnosis Code	1092	1098	7	X		L		70b
93	3rd "Patient's Reason for Visit" Diagnosis Code	1099	1105	7	X		L		70c
94	Filler	1106	1109	4	X				
95	Filler	1110	1123	14	X				
96	Filler	1124	1129	6	X				
97	Filler	1130	1143	14	X				
98	Filler	1144	1149	6	X				
99	Filler	1150	1163	14	X				
100	Filler	1164	1169	6	X				

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
101	Filler	1170	1183	14	X				
102	Filler	1184	1189	6	X				
103	Filler	1190	1203	14	X				
104	Filler	1204	1209	6	X				
105	Filler	1210	1223	14	X				
106	Filler	1224	1229	6	X				
107	Filler	1230	1243	14	X				
108	Filler	1244	1249	6	X				
109	Filler	1250	1263	14	X				
110	Filler	1264	1269	6	X				
111	Filler	1270	1283	14	X				
112	Filler	1284	1289	6	X				
113	Filler	1290	1303	14	X				
114	Filler	1304	1309	6	X				
115	Filler	1310	1323	14	X				
116	Filler	1324	1329	6	X				
117	Filler	1330	1343	14	X				
118	Filler	1344	1349	6	X				
119	Filler	1350	1363	14	X				
120	Filler	1364	1369	6	X				
121	Filler	1370	1383	14	X				
122	Filler	1384	1389	6	X				
123	Filler	1390	1403	14	X				
124	Filler	1404	1409	6	X				
125	Filler	1410	1423	14	X				
126	Filler	1424	1429	6	X				
127	Filler	1430	1443	14	X				

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
128	Filler	1444	1449	6	X				
129	Filler	1450	1463	14	X				
130	Filler	1464	1469	6	X				
131	Filler	1470	1483	14	X				
132	Filler	1484	1489	6	X				
133	Filler	1490	1503	14	X				
134	Filler	1504	1509	6	X				
135	Filler	1510	1523	14	X				
136	Filler	1524	1529	6	X				
137	Filler	1530	1543	14	X				
138	Filler	1544	1549	6	X				
139	Filler	1550	1563	14	X				
140	Filler	1564	1569	6	X				
141	Filler	1570	1583	14	X				
142	Filler	1584	1589	6	X				
143	Filler	1590	1603	14	X				
144	Filler	1604	1609	6	X				
145**	1st CPT / HCPCS Service Line Item	1610	1623	14	X		L		44
146**	1st CPT / HCPCS Service Date	1624	1629	6		X	R	MMDDYY	45
147**	2nd CPT / HCPCS Service Line Item	1630	1643	14	X		L		44
148**	2nd CPT / HCPCS Service Date	1644	1649	6		X	R	MMDDYY	45
149**	3rd CPT / HCPCS Service Line Item	1650	1663	14	X		L		44
150**	3rd CPT / HCPCS Service Date	1664	1669	6		X	R	MMDDYY	45
151**	4th CPT / HCPCS Service Line Item	1670	1683	14	X		L		44
152**	4th CPT / HCPCS Service Date	1684	1689	6		X	R	MMDDYY	45
153**	5th CPT / HCPCS Service Line Item	1690	1703	14	X		L		44
154**	5th CPT / HCPCS Service Date	1704	1709	6		X	R	MMDDYY	45

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
155**	6th CPT / HCPCS Service Line Item	1710	1723	14	X		L		44
156**	6th CPT / HCPCS Service Date	1724	1729	6		X	R	MMDDYY	45
157**	7th CPT / HCPCS Service Line Item	1730	1743	14	X		L		44
158**	7th CPT / HCPCS Service Date	1744	1749	6		X	R	MMDDYY	45
159**	8th CPT / HCPCS Service Line Item	1750	1763	14	X		L		44
160**	8th CPT / HCPCS Service Date	1764	1769	6		X	R	MMDDYY	45
161**	9th CPT / HCPCS Service Line Item	1770	1783	14	X		L		44
162**	9th CPT / HCPCS Service Date	1784	1789	6		X	R	MMDDYY	45
163**	10th CPT / HCPCS Service Line Item	1790	1803	14	X		L		44
164**	10th CPT / HCPCS Service Date	1804	1809	6		X	R	MMDDYY	45
165**	11th CPT / HCPCS Service Line Item	1810	1823	14	X		L		44
166**	11th CPT / HCPCS Service Date	1824	1829	6		X	R	MMDDYY	45
167**	12th CPT / HCPCS Service Line Item	1830	1843	14	X		L		44
168**	12th CPT / HCPCS Service Date	1844	1849	6		X	R	MMDDYY	45
169**	13th CPT / HCPCS Service Line Item	1850	1863	14	X		L		44
170**	13th CPT / HCPCS Service Date	1864	1869	6		X	R	MMDDYY	45
171**	14th CPT / HCPCS Service Line Item	1870	1883	14	X		L		44
172**	14th CPT / HCPCS Service Date	1884	1889	6		X	R	MMDDYY	45
173**	15th CPT / HCPCS Service Line Item	1890	1903	14	X		L		44
174**	15th CPT / HCPCS Service Date	1904	1909	6		X	R	MMDDYY	45
175**	16th CPT / HCPCS Service Line Item	1910	1923	14	X		L		44
176**	16th CPT / HCPCS Service Date	1924	1929	6		X	R	MMDDYY	45
177**	17th CPT / HCPCS Service Line Item	1930	1943	14	X		L		44
178**	17th CPT / HCPCS Service Date	1944	1949	6		X	R	MMDDYY	45
179**	18th CPT / HCPCS Service Line Item	1950	1963	14	X		L		44
180**	18th CPT / HCPCS Service Date	1964	1969	6		X	R	MMDDYY	45
181**	19th CPT / HCPCS Service Line Item	1970	1983	14	X		L		44

OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
182**	19th CPT / HCPCS Service Date	1984	1989	6		X	R	MMDDYY	45
183**	20th CPT / HCPCS Service Line Item	1990	2003	14	X		L		44
184**	20th CPT / HCPCS Service Date	2004	2009	6		X	R	MMDDYY	45
185**	21st CPT / HCPCS Service Line Item	2010	2023	14	X		L		44
186**	21st CPT / HCPCS Service Date	2024	2029	6		X	R	MMDDYY	45
187**	22nd CPT / HCPCS Service Line Item	2030	2043	14	X		L		44
188**	22nd CPT / HCPCS Service Date	2044	2049	6		X	R	MMDDYY	45
189*	1st Revenue Code	2050	2053	4	X		L		42
190**	1st Revenue Code Description / IDE # / Medicaid Drug Rebate	2054	2077	24	X		L		43
191*	1st Units of Service	2078	2084	7		X	R		46
192*	1st Covered Charge	2085	2094	10		X	R		47
193**	1st Non-Covered Charge	2095	2103	9		X	R		48
194**	2nd Revenue Code	2104	2107	4	X		L		42
195**	2nd Revenue Code Description / IDE # / Medicaid Drug Rebate	2108	2131	24	X		L		43
196**	2nd Units of Service	2132	2138	7		X	R		46
197**	2nd Covered Charge	2139	2148	10		X	R		47
198**	2nd Non-Covered Charge	2149	2157	9		X	R		48
199**	3rd Revenue Code	2158	2161	4	X		L		42
200**	3rd Revenue Code Description / IDE # / Medicaid Drug Rebate	2162	2185	24	X		L		43
201**	3rd Units of Service	2186	2192	7		X	R		46
202**	3rd Covered Charge	2193	2202	10		X	R		47
203**	3rd Non-Covered Charge	2203	2211	9		X	R		48
204**	4th Revenue Code	2212	2215	4	X		L		42
205**	4th Revenue Code Description / IDE # / Medicaid Drug Rebate	2216	2239	24	X		L		43
206**	4th Units of Service	2240	2246	7		X	R		46
208**	4th Covered Charge	2247	2256	10		X	R		47
208**	4th Non-Covered Charge	2257	2265	9		X	R		48

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
209**	5th Revenue Code	2266	2269	4	X		L		42
210**	5th Revenue Code Description / IDE # / Medicaid Drug Rebate	2270	2293	24	X		L		43
211**	5th Units of Service	2294	2300	7		X	R		46
212**	5th Covered Charge	2301	2310	10		X	R		47
213**	5th Non-Covered Charge	2311	2319	9		X	R		48
214**	6th Revenue Code	2320	2323	4	X		L		42
215**	6th Revenue Code Description / IDE # / Medicaid Drug Rebate	2324	2347	24	X		L		43
216**	6th Units of Service	2348	2354	7		X	R		46
217**	6th Covered Charge	2355	2364	10		X	R		47
218**	6th Non-Covered Charge	2365	2373	9		X	R		48
219**	7th Revenue Code	2374	2377	4	X		L		42
220**	7th Revenue Code Description / IDE # / Medicaid Drug Rebate	2378	2401	24	X		L		43
221**	7th Units of Service	2402	2408	7		X	R		46
222**	7th Covered Charge	2409	2418	10		X	R		47
223**	7th Non-Covered Charge	2419	2427	9		X	R		48
224**	8th Revenue Code	2428	2431	4	X		L		42
225**	8th Revenue Code Description / IDE # / Medicaid Drug Rebate	2432	2455	24	X		L		43
226**	8th Units of Service	2456	2462	7		X	R		46
227**	8th Covered Charge	2463	2472	10		X	R		47
228**	8th Non-Covered Charge	2473	2481	9		X	R		48
229**	9th Revenue Code	2482	2485	4	X		L		42
230**	9th Revenue Code Description / IDE # / Medicaid Drug Rebate	2486	2509	24	X		L		43
231**	9th Units of Service	2510	2516	7		X	R		46
232**	9th Covered Charge	2517	2526	10		X	R		47
233**	9th Non-Covered Charge	2527	2535	9		X	R		48
234**	10th Revenue Code	2536	2539	4	X		L		42

OUTPATIENT FLAT FORMAT

Data Element	Description	Position From	Position To	Position Length	Type of Digits Alpha-numeric	Type of Digits Numeric	Field Justification	Instructions	UB Form Locator
235**	10th Revenue Code Description / IDE # / Medicaid Drug Rebate	2540	2563	24	X		L		43
236**	10th Units of Service	2564	2570	7		X	R		46
237**	10th Covered Charge	2571	2580	10		X	R		47
238**	10th Non-Covered Charge	2581	2589	9		X	R		48
239**	11th Revenue Code	2590	2593	4	X		L		42
240**	11th Revenue Code Description / IDE # / Medicaid Drug Rebate	2594	2617	24	X		L		43
241**	11th Units of Service	2618	2624	7		X	R		46
242**	11th Covered Charge	2625	2634	10		X	R		47
243**	11th Non-Covered Charge	2635	2643	9		X	R		48
244**	12th Revenue Code	2644	2647	4	X		L		42
245**	12th Revenue Code Description / IDE # / Medicaid Drug Rebate	2648	2671	24	X		L		43
246**	12th Units of Service	2672	2678	7		X	R		46
247**	12th Covered Charge	2679	2688	10		X	R		47
248**	12th Non-Covered Charge	2689	2697	9		X	R		48
249**	13th Revenue Code	2698	2701	4	X		L		42
250**	13th Revenue Code Description / IDE # / Medicaid Drug Rebate	2702	2725	24	X		L		43
251**	13th Units of Service	2726	2732	7		X	R		46
252**	13th Covered Charge	2733	2742	10		X	R		47
253**	13th Non-Covered Charge	2743	2751	9		X	R		48
254**	14th Revenue Code	2752	2755	4	X		L		42
255**	14th Revenue Code Description / IDE # / Medicaid Drug Rebate	2756	2779	24	X		L		43
256**	14th Units of Service	2780	2786	7		X	R		46
257**	14th Covered Charge	2787	2796	10		X	R		47
258**	14th Non-Covered Charge	2797	2805	9		X	R		48
259**	15th Revenue Code	2806	2809	4	X		L		42
260**	15th Revenue Code Description / IDE # / Medicaid Drug Rebate	2810	2833	24	X		L		43
261**	15th Units of Service	2834	2840	7		X	R		46

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
262**	15th Covered Charge	2841	2850	10		X	R		47
263**	15th Non-Covered Charge	2851	2859	9		X	R		48
264**	16th Revenue Code	2860	2863	4	X		L		42
265**	16th Revenue Code Description / IDE # / Medicaid Drug Rebate	2864	2887	24	X		L		43
266**	16th Units of Service	2888	2894	7		X	R		46
267**	16th Covered Charge	2895	2904	10		X	R		47
268**	16th Non-Covered Charge	2905	2913	9		X	R		48
269**	17th Revenue Code	2914	2917	4	X		L		42
270**	17th Revenue Code Description / IDE # / Medicaid Drug Rebate	2918	2941	24	X		L		43
271**	17th Units of Service	2942	2948	7		X	R		46
272**	17th Covered Charge	2949	2958	10		X	R		47
273**	17th Non-Covered Charge	2959	2967	9		X	R		48
274**	18th Revenue Code	2968	2971	4	X		L		42
275**	18th Revenue Code Description / IDE # / Medicaid Drug Rebate	2972	2995	24	X		L		43
276**	18th Units of Service	2996	3002	7		X	R		46
277**	18th Covered Charge	3003	3012	10		X	R		47
278**	18th Non-Covered Charge	3013	3021	9		X	R		48
279**	19th Revenue Code	3022	3025	4	X		L		42
280**	19th Revenue Code Description / IDE # / Medicaid Drug Rebate	3026	3049	24	X		L		43
281**	19th Units of Service	3050	3056	7		X	R		46
282**	19th Covered Charge	3057	3066	10		X	R		47
283**	19th Non-Covered Charge	3067	3075	9		X	R		48
284**	20th Revenue Code	3076	3079	4	X		L		42
285**	20th Revenue Code Description / IDE # / Medicaid Drug Rebate	3080	3103	24	X		L		43
286**	20th Units of Service	3104	3110	7		X	R		46
287**	20th Covered Charge	3111	3120	10		X	R		47
288**	20th Non-Covered Charge	3121	3129	9		X	R		48

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
289**	21st Revenue Code	3130	3133	4	X		L		42
290**	21st Revenue Code Description / IDE # / Medicaid Drug Rebate	3134	3157	24	X		L		43
291**	21st Units of Service	3158	3164	7		X	R		46
292**	21st Covered Charge	3165	3174	10		X	R		47
293**	21st Non-Covered Charge	3175	3183	9		X	R		48
294**	22nd Revenue Code	3184	3187	4	X		L		42
295**	22nd Revenue Code Description / IDE # / Medicaid Drug Rebate	3188	3211	24	X		L		43
296**	22nd Units of Service	3212	3218	7		X	R		46
297**	22nd Covered Charge	3219	3228	10		X	R		47
298**	22nd Non-Covered Charge	3229	3237	9		X	R		48
299*	23rd Revenue Code (Total Charge for the Patient)	3238	3241	4	X		L		47
300*	Total Covered Charges	3242	3251	10		X	R		47
301**	Total Non-Covered Charges	3252	3261	10		X	R		47/48
302*	Page Number	3262	3265	4		X	R		47
303	Prior Payments from Primary Payer	3266	3275	10		X	R		54a
304	Prior Payments from Secondary Payer	3276	3285	10		X	R		54b
305	Prior Payments from Tertiary Payer	3286	3295	10		X	R		54c
306	Estimated Amount Due from Primary Payer	3296	3305	10	X		L		55a
307	Estimated Amount Due from Secondary Payer	3306	3315	10	X		L		55b
308	Estimated Amount Due from Tertiary Payer	3316	3325	10	X		L		55c
309*	Attending Clinician NPI	3326	3336	11	X		L		76
310	Attending Clinician Name	3337	3364	28	X		L		76
311**	Operating Clinician NPI	3365	3375	11	X		L		77
312	Operating Clinician Name	3376	3403	28	X		L		77
313	1st Other Clinician NPI	3404	3414	11	X		L		78
314	1st Other Clinician Name	3415	3442	28	X		L		78
315	2nd Other Clinician NPI	3443	3453	11	X		L		79

OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
316	2nd Other Clinician Name	3454	3481	28	X		L		79
317**	Accident State	3482	3483	2	X		L		29
318	1st Condition Code	3484	3485	2	X				18
319	2nd Condition Code	3486	3487	2	X				19
320	3rd Condition Code	3488	3489	2	X				20
321	4th Condition Code	3490	3491	2	X				21
322	5th Condition Code	3492	3493	2	X				22
323	6th Condition Code	3494	3495	2	X				23
324	7th Condition Code	3496	3497	2	X				24
325	8th Condition Code	3498	3499	2	X				25
326	9th Condition Code	3500	3501	2	X				26
327	10th Condition Code	3502	3503	2	X				27
328	11th Condition Code	3504	3505	2	X				28
329	1st Occurrence Code	3506	3507	2	X		L		31a
330	1st Occurrence Date	3508	3513	6		X	R		31a
331	2nd Occurrence Code	3514	3515	2	X		L		31b
332	2nd Occurrence Date	3516	3521	6		X	R		31b
333	3rd Occurrence Code	3522	3523	2	X		L		32a
334	3rd Occurrence Date	3524	3529	6		X	R		32a
335	4th Occurrence Code	3530	3531	2	X		L		32b
336	4th Occurrence Date	3532	3537	6		X	R		32b
337	5th Occurrence Code	3538	3539	2	X		L		33a
338	5th Occurrence Date	3540	3545	6		X	R	MMDDYY	33a
339	6th Occurrence Code	3546	3547	2	X		L		33b
340	6th Occurrence Date	3548	3553	6		X	R	MMDDYY	33b
341	7th Occurrence Code	3554	3555	2	X		L		34a
342	7th Occurrence Date	3556	3561	6		X	R	MMDDYY	34a

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
343	8th Occurrence Code	3562	3563	2	X		L		34b
344	8th Occurrence Date	3564	3569	6		X	R	MMDDYY	34b
345	1st Occurrence Span Code	3570	3571	2	X		L		35a
346	1st Occurrence Span From Date	3572	3577	6		X	R	MMDDYY	35a
347	1st Occurrence Span Through Date	3578	3583	6		X	R		35a
348	2nd Occurrence Span Code	3584	3585	2	X		L	MMDDYY	35b
349	2nd Occurrence Span From Date	3586	3591	6		X	R		35b
350	2nd Occurrence Span Through Date	3592	3597	6		X	R	MMDDYY	35b
351	3rd Occurrence Span Code	3598	3599	2	X		L		36a
352	3rd Occurrence Span From Date	3600	3605	6		X	R	MMDDYY	36a
353	3rd Occurrence Span Through Date	3606	3611	6		X	R		36a
354	4th Occurrence Span Code	3612	3613	2	X		L	MMDDYY	36b
355	4th Occurrence Span From Date	3614	3619	6		X	R	MMDDYY	36b
356	4th Occurrence Span Through Date	3620	3625	6		X	R		36b
357	1st Value Code	3626	3627	2	X		L	MMDDYY	39a
358	1st Value Amount	3628	3636	9		X	R	MMDDYY	39a
359	2nd Value Code	3637	3638	2	X		L		39b
360	2nd Value Amount	3639	3647	9		X	R	MMDDYY	39b
361	3rd Value Code	3648	3649	2	X		L	MMDDYY	39c
362	3rd Value Amount	3650	3658	9		X	R		39c
363	4th Value Code	3659	3660	2	X		L	MMDDYY	39d
364	4th Value Amount	3661	3669	9		X	R	MMDDYY	39d
365	5th Value Code	3670	3671	2	X		L		40a
366	5th Value Amount	3672	3680	9		X	R		40a
367	6th Value Code	3681	3682	2	X		L		40b
368	6th Value Amount	3683	3691	9		X	R		40b
369	7th Value Code	3692	3693	2	X		L		40b

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
370	7th Value Amount	3694	3702	9		X	R		40b
371	8th Value Code	3703	3704	2	X		L		40d
372	8th Value Amount	3705	3713	9		X	R		40d
373	9th Value Code	3714	3715	2	X		L		41a
374	9th Value Amount	3716	3724	9		X	R		41a
375	10th Value Code	3725	3726	2	X		L		41b
376	10th Value Amount	3727	3735	9		X	R		41b
377	11th Value Code	3736	3737	2	X		L		41c
378	11th Value Amount	3738	3746	9		X	R		41c
379	12th Value Code	3747	3748	2	X		L		41d
380	12th Value Amount	3749	3757	9		X	R		41d
381	1st Code-Code Qualifier	3758	3759	2	X		L		81a
382	1st Code-Code	3760	3769	10	X		L		81a
383	1st Code-Code Date, Number, or Value	3770	3781	12		X	R		81a
384	2nd Code-Code Qualifier	3782	3783	2	X		L		81b
385	2nd Code-Code	3784	3793	10	X		L		81b
386	2nd Code-Code Date, Number, or Value	3794	3805	12		X	R		81b
387	3rd Code-Code Qualifier	3806	3807	2	X		L		81c
388	3rd Code-Code	3808	3817	10	X		L		81c
389	3rd Code-Code Date, Number, or Value	3818	3829	12		X	R		81c
390	4th Code-Code Qualifier	3830	3831	2	X		L		81d
391	4th Code-Code	3832	3841	10	X		L	MMDDYY	81d
392	4th Code-Code Date, Number, or Value	3842	3853	12		X	R		81d
393	Federal Tax Sub-ID Number	3854	3857	4	X		L		5
394	Federal Tax Number	3858	3867	10	X		L	MMDDYY	5
395*	Provider Facility Name	3868	3892	25	X		L		1
396	Provider Facility Street	3893	3917	25	X		L		1

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OUTPATIENT FLAT FORMAT

Data Element	Description	Position			Type of Digits		Field Justification	Instructions	UB Form Locator
		From	To	Length	Alpha-numeric	Numeric			
397	Provider Facility City, State, ZIP Code	3918	3942	25	X		L	MMDDYY	1
398	Provider Facility Telephone, Fax, Country Code	3943	3967	25	X		L		1
399	Pay-To Name	3968	3992	25	X		L		2
400	Pay-To Street	3993	4017	25	X		L	MMDDYY	2
401	Pay-To City, State, ZIP code	4018	4042	25	X		L		2
402	Responsible Party Name and Address Line 1	4043	4082	40	X		L		38
403	Responsible Party Name and Address Line 2	4083	4122	40	X		L		38
404	Responsible Party Name and Address Line 3	4123	4162	40	X		L		38
405	Responsible Party Name and Address Line 4	4163	4202	40	X		L		38
406	Responsible Party Name and Address Line 5	4203	4242	40	X		L		38
407	Remarks Line 1	4243	4261	19	X		L		80
408	Remarks Line 2	4262	4285	24	X		L		80
409	Remarks Line 3	4286	4309	24	X		L		80
410	Remarks Line 4	4310	4333	24	X		L		80
411*	Patient SSN	4334	4342	9		X			
412*	Race	4343	4344	2	X			Map to Appendix V	
413*	Ethnicity	4345	4346	2	X			Map to Appendix VI	
414	Filler	4347	5000	654	X				

* = MANDATORY

** = REPORTED IF AVAILABLE

Appendix I – Definition of Inpatient and Outpatient Records

Mississippi Inpatient Database

The Mississippi Inpatient Database is to include discharges from Acute Care, Newborns, Medical Rehabilitation, Behavioral Health (including Psychiatric Care and Chemical Dependency Care) and Skilled Nursing Care (including swing beds and designated units) and LTAC (Long-Term Acute Care). Submit all inpatient visits on discharge. NOTE: Inpatient records should not be submitted as interim or partial bills and only submitted upon discharge (including Med Rehab and SNF/Swing Beds).   Discharges that should be excluded are:

- Intermediate Care (Long Term Care) Patients
- Custodial/Respite Patients
- Hospice Patients

Mississippi Outpatient Database

The Mississippi Outpatient Database is to include all outpatient visits to Mississippi hospitals, outpatient surgery centers and free-standing diagnostic imaging centers. Outpatient is defined as any patient visit that is not considered an inpatient. Patient accounts that should be excluded are:

- Reference Labs – Include only those patients with a "face-to-face encounter" in the hospital between the patient and the hospital personnel. (For example, a claim should be excluded if a patient's specimen presents for analysis to the lab but the patient did not.)
- Home Health Claims – Exclude claims with Home Health Revenue Codes 0570-060X.
- Hospital-owned Clinic Claims – Exclude claims that are from Medicare-designated Provider Based Clinics and/or claims representing facility charges for visiting specialists. Do report any ancillary services provided as a result of these visits that were provided with the patient presenting to the hospital.

MHA Databases

Authority-Mississippi Code Annotated § 41-63-4 requires certain licensed health care facilities operating in the state of Mississippi to report information on patient health care to the Mississippi State Department of Health. Further, Mississippi Code Annotated § 41-7-185 requires providers of institutional health services and home health services to make available statistical information or such other requested information by the Mississippi State Department of Health.

Purpose -The Mississippi State Department of Health (MSDH), acting as the state's public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi. MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care. The quarterly release of data generated from this database helps hospitals and health systems analyze market share as well as patient migration to and from their service area.

To submit inpatient and outpatient data go to:

https://IODS.mhanet.org

Inpatient Patient Type/Place of Service

Inpatient Patient Type/Place of Service: Identified by the submitting facility using associated Bill Types to determine where the inpatient received treatment. **Inpatient records MUST have these Bill Types to be placed in appropriate Place of Service.**

1 = <u>Acute Inpatient, Medical Rehabilitation Inpatients, Behavior Health Patients – Bill Type 11x</u>

Provides acute inpatient care to patients, including newborns, which receive care in the acute care areas of a short-term hospital and not included in any other described level of care.

Relatively intense program including cardiology rehab, physical therapy and/or occupational therapy that requires a multidisciplinary coordinated team approach to upgrade the patient's ability to function. Care is provided in an inpatient setting.

Chemical Dependency Care: Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/resident treatment for patients whose course of treatment involves more intensive care that provided in an outpatient setting or where patient requires supervised withdrawal.

Psychiatric Care: Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physician's orders and approved nursing care plans. Long term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.

2 = <u>Skilled Nursing Facility or Swing Bed Patients – Bill Types 018x or 021x</u>

Maintains an organized professional staff and permanent facilities including inpatient beds that provide continuous nursing and other health-related psychosocial and personal services to patients who are not in an acute phase of illness but who primarily require continued care on an inpatient basis.

Outpatient Patient Type/Place of Service

Outpatient Patient Type: *Identifies outpatient areas of a facility where the patient received treatment. Any Type of Bill not specified on the Inpatient Patient Type/Place of Service Appendix will be considered to be outpatient.*

Outpatient Place of Service: *Outpatient Place of Service is determined by IODS program in a hierarchical manner as follows:*

1=Emergency Room.
 Any record with a Revenue Code 045X or 068X.

2=Ambulatory Surgery
Any record <u>not classified</u> as Emergency Room **AND** with a Revenue Code in categories 036X, 0480, 0481, 049X, or 075X.

3=Observation:
Any record <u>not classified</u> as Emergency Room or Ambulatory Surgery **AND** with a Revenue Code in category 0760, 0762, or 0769.

4=Therapies:
Any record <u>not classified</u> as Emergency Room, Ambulatory Surgery or Observation **AND** with Revenue Codes in categories 041X-044X, 093X, 0940-949, or 095X. This includes Respiratory, Physical, Occupational and Speech Therapies, Medical Rehabilitation, Therapeutic Rehabilitation or Athletic Training respectively.

5=Outpatient (Lab/Radiology) Only:
Any record <u>not classified</u> as Emergency Room, Ambulatory Surgery, Observation, or Therapies **AND** with Revenue Codes in categories 030X, 032X-035X, 040X, 061X, 073X,-074X or 092X **exclusively**. This includes Diagnostic and Routine Laboratory Testing, Diagnostic and Therapeutic Radiology, Nuclear Medicine, CAT Scans, Imaging, MRIs, EKGs and ECGs, EEGs.

6=Other Outpatient:
Includes records not previously designated and **may** include records with Revenue Codes in categories 038X-039X, 046X-047X, 051X-052X, 064X-066X, 077X, 082X-085X, or 088X exclusively. This includes Blood Products and Storage, Audiology and Pulmonary, Clinics, Hospice and Preventative Care, Hemodialysis, peritoneum and miscellaneous dialysis.

Type of Bill
UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
*NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Bill Types

Type of Bill		Inpatient/Outpatient General Designation/ Exception # on FL04
0000-010x	Reserved for assignment by NUBC	--
011x	Hospital Inpatient (including Medicare Part A)	*IP
012x	Hospital Inpatient (Medicare Part B only)	OP
013x	Hospital Outpatient	OP
014x	Hospital - Laboratory Services provided to Non-patients	OP
015x-017x	Reserved for assignment by NUBC	*--
018x	Hospital - Swing Beds	*IP
019x-020x	Reserved for assignment by NUBC	--
021x	Skilled Nursing - Inpatient (Including Medicare Part A)	*IP
022x	Skilled Nursing - Inpatient (Medicare Part B)	OP
023x	Skilled Nursing – Outpatient	OP
024x-027x	Reserved for assignment by NUBC	--
028x	Skilled Nursing - Swing Beds	*IP
029x-031x	Reserved for assignment by NUBC	--
032x	Home Health Services under a Plan of Treatment (effective 10/1/2013)	OP
033x	Home Health – Outpatient (Plan of Treatment under Part A, including DME under Part A). Discontinued effective 10/1/2013	OP
034x	Home Health Services not under a Plan of Treatment (effective 10/1/2013)	OP
035x-040x	Reserved for assignment by NUBC	--
041x	Religious Non-medical Health Care Institutions - Inpatient	*IP
042x	Reserved for assignment by NUBC	
043x	Religious Non-medical Health Care Institutions – Outpatient	OP

Type of Bill

UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*

*NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to <u>Appendix II</u> for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Bill Types (cont)

Type of Bill		Inpatient/Outpatient General Designation/ Exception # on FL04
044x-064x	Reserved for assignment by NUBC	--
065x	Intermediate Care - Level I	*IP
066x	Intermediate Care - Level II	*IP
067x-070x	Reserved for assignment by NUBC	--
071x	Clinic - Rural Health	OP
072x	Clinic - Hospital Based or Independent Renal Dialysis Center	OP
073x	Clinic – Freestanding	OP
074x	Clinic - Outpatient Rehabilitation Facility (ORF)	OP
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility	OP
076x	Clinic - Community Mental Health Center	OP
077x	Clinic – Federally Qualified Health Center (FQHC)	OP
078x	Licensed Freestanding Emergency Medical Facility	OP
079x	Clinic – Other	OP
080x	Reserved for assignment by NUBC	--
081x	Special Facility - Hospice (non-hospital based)	OP
082x	Special Facility - Hospice (hospital based)	OP
083x	Special Facility - Ambulatory Surgery Center	OP
084x	Special Facility - Free Standing Birthing Center	OP
085x	Special Facility - Critical Access Hospital	OP
086x	Special Facility - Residential Facility	*IP
087x-088x	Reserved for assignment by NUBC	--
089x	Special Facility – Other	OP
090x-9999	Reserved for assignment by NUBC	--

Type of Bill
UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
__NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.__

Exceptions to Inpatient/Outpatient General Designation by Data Element/Form Locator

	Data Element	Usage Requirement by Type of Bill
FL 12	Admission/Start of Care Date Usage Note in 005010 837: on inpatient claims	Required on all inpatient claims (IP), 012x, 022x, 032x, 033x, 034x, 081x and 082x.
FL 13	Admission Hour Usage Note in 005010 837: Selection of the appropriate qualifier is designated by the NUBC Billing Manual	Required on all inpatient claims (IP) except for 021x
FL 69	Admitting Diagnosis Usage Note in 005010 837: when claim involves an inpatient admission	Required on 012x, 022x and inpatient claims (IP) except 028x, 065x, 066x, 084x, and 086x.
FL 16	Discharge Hour Usage Note in 005010 837: on all final inpatient claims	Required on inpatient claims (IP) with a Frequency Code of 1 or 4, except for 021x
FL 70A-C	Patient's Reason for Visit Usage Note in 005010 837: when claim involves outpatient visits	Not on any claim except for 013x and 085x when: a) Priority (Type) of Admission/Visit codes 1, 2 or 5 reported AND b) Revenue Codes 045x, 0516, 0526 or 0762 are reported. May be reported on all other 013x and 085x types of bills at submitter's discretion when this information provides additional information to support medical necessity. See FL 70a=c for more information.

Type of Bill

UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*

*NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Type of Bill Frequency Codes

0	Non-Payment/Zero	Use this code when the bill is submitted to a payer for informational purposes, the provider does not anticipate payment to result from submitting the bill, but needs to inform the payer of the non-reimbursable periods of confinement or termination of care.
1	Admit Through Discharge Claim	Use this code when billing for a confined treatment or inpatient period. This will include bills representing a total confinement or course of treatment, and bills that represent an entire benefit period of the primary third party payer.
2	Interim - First Claim	This code is to be used for the first of a series of bills to the same third party payer for the same confinement or course of treatment.
3	Interim - Continuing Care	This code is to be used when a bill for the same confinement or course of treatment has previously been submitted and it is expected that further bills for the same confinement or course of treatment will be submitted.
4	Interim - Last Claim	Use this code for the last of a series of bills for which payment is expected to the same third party payer for the same confinement or course of treatment. NOTE: Do not use this code in lieu of a code for Late Charges or Non-Payment/Zero Claims.

Type of Bill

UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to <u>Appendix II</u> for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Type of Bill Frequency Codes (cont)

5	Late Charge(s) Only	Use this code for submitting charges to the payer which were received by the provider after the Admit Through Discharge or the Last Interim Claim has been submitted. NOTE: This code is not intended to be used in lieu of a Replacement Claim.
6		Reserved for assignment by the NUBC.
7	Replacement of Prior Claim	This code is used when a specific bill has been issued for a specific Provider, Patient, Payer, Insured and "Statement Covers Period" and it needs to be restated in its entirety except for the same identity information. In using this code, the payer is to operate on the principle to void the original bill and that the information present on this bill represents a complete replacement of the previously issued bill. However, this code is not intended to be used in lieu of a Late Charge(s) Only claim.
8	Void/Cancel of Prior Claim	This code reflects the elimination in its entirety of a previously submitted bill for a specific Provider, Patient, Payer, Insured and "Statement Covers Period. The provider may wish to follow a Void Bill with a bill containing the correct information when a Payer is unable to process a Replacement to a Prior Claim. The appropriate Frequency Code must be used when submitting the new bill.
9	Final Claim for a Home Health PPS Episode	This code indicates that HH bill should be processed as a debit or credit adjustment to the initial home health PPS bill. This code is specific to home health and does not replace Frequency Codes 7 and 8.

Type of Bill
UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
__NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.__

Type of Bill Frequency Codes (cont)

A	Admission/Election Notice	This code is used when a hospice, home health agency, CMS Coordinated Care Demonstration entity, Centers for Excellence Demonstration entity, Provider Partnerships Demonstration entity or Religious Non-medical Health Care Institution is submitting the UB-04 as an admission or election notice.
B	Hospice/CMS Coordinated Care Demonstration/Religious Non-Medical Care Institution/Centers of Excellence Demonstration/Provider Partnerships Demonstration	This code is used when the UB-04 is used as a Termination/Revocation of a hospice, Medicare Coordinated Care Demonstration, Centers of Excellence Demonstration, Provider Partnerships Demonstration, or Religious Non-Medical Care Institution election.
C	Hospice Change of Provider Notice	Use when UB-04 is used as a Notice of Change to the hospice provider.
D	Hospice/CMS Coordinated Care Demonstration/Religious Non-Medical Care Institution/Centers of Excellence Demonstration/Provider Partnerships Demonstration Void/Cancel	This code is used when the UB-04 is used as a Notice of a Void/Cancel of a hospice, Medicare Coordinated Care Demonstration, Centers of Excellence Demonstration, Provider Partnerships Demonstration, or Religious Non-Medical Care Institution election.
E	Hospice Change of Ownership	This code is used to indicate a Notice of Change in Ownership for the hospice.

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Type of Bill

UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
*NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Type of Bill Frequency Codes (cont)

F	Beneficiary Initiated Adjustment Claim	For intermediary user only, use to identify adjustments initiated by the beneficiary.
G	CWF Initiated Adjustment Claim	For intermediary user only, use to identify adjustments initiated by the CWF.
H	CMS Initiated Adjustment	For intermediary user only, use to identify adjustments initiated by CMS.
I	Intermediary Adjustment Claim (Other than QIO or Provider)	For intermediary user only, use to identify adjustments initiated by the intermediary.
J	Initiated Adjustment Claim - Other	For intermediary user only, use to identify adjustments initiated by other entities.
K	OIG Initiated Adjustment Claim	For intermediary user only, use to identify adjustments initiated by OIG.
L		Reserved for assignment by the NUBC.
M	MSP Initiated Adjustment Claim	For intermediary user only, use to identify adjustments initiated by MSP.
N	QIO Adjustment Claim	For intermediary user only, use to identify adjustments initiated because of a QIO review.

Type of Bill
UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
__NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to <u>Appendix II</u> for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.__

Type of Bill Frequency Codes (cont)

O	Nonpayment/Zero Claims	This code is used when you do not anticipate payment from the payer for the bill but you are informing the payer about a period of non-payable confinement or termination of care. The "Through" date of this bill (FL 06) is the discharge date for this confinement. Medicare requires "nonpayment" bills only to extend the spell-of-illness in inpatient cases. Other nonpayment bills are not needed and may be returned.
Q	Claim Submitted for Reconsideration/Reopening Outside of Timely Limits	This code is used to identify claims submitted for reconsideration that fall outside of the payer's timely filing limits.
R-W		Reserved for assignment by the NUBC.
X	Void/Cancel a Prior Abbreviated Encounter Submission	This code is used by a Medicare Advantage contractor or other plan to submit encounter data that indicates that this encounter data submission is an exact duplicate of an incorrect previous encounter data submission using the abbreviated UB-04 format. A code "Y" (Replacement of Prior Abbreviated Encounter Submission) is also submitted by the plan showing corrected information.
Y	Replacement of Prior Abbreviated Encounter Submission	This code is used by a Medicare Advantage contractor or other plan to submit encounter data when it wants to correct a pervious encounter submission using the abbreviated UB-04 format. This is the code applied to the corrected or new encounter.

Type of Bill

UB-04 Form Locator 4

Definition: *NUBC codes specifying all valid Bill Types (e.g. inpatient, outpatient, adjustments, voids, etc.)*
*NUBC Inpatient Bill Types may not appear as inpatient records when submitted. Refer to Appendix II for MISSISSIPPI-specific Bill Types required to communicate Patient Type and inpatient Place of Service.

Type of Bill Frequency Codes (cont)

Z	New Abbreviated Encounter Submission	This code is used by a Medicare Advantage contractor or other plan to submit encounter data to indicate it is submitting new encounter data using the abbreviated UB-04 format. It is applicable for both inpatient and outpatient services.

State Code Abbreviations
UB-04 Form Locator 9-2C

Definition: *The patient's state of residence.*

Alabama	AL	North Dakota	ND
Alaska	AK	Ohio	OH
Arizona	AZ	Oklahoma	OK
Arkansas	AR	Oregon	OR
California	CA	Pennsylvania	PA
Colorado	CO	Rhode Island	RI
Connecticut	CT	South Carolina	SC
Delaware	DE	South Dakota	SD
District of Columbia	DC	Tennessee	TN
Florida	FL	Texas	TX
Georgia	GA	Utah	UT
Hawaii	HI	Vermont	VT
Idaho	ID	Virginia	VA
Illinois	IL	Washington	WA
Indiana	IN	West Virginia	WV
Iowa	IA	Wisconsin	WI
Kansas	KS	Wyoming	WY
Kentucky	KY		
Louisiana	LA	Puerto Rico	PR
Maine	ME	Virgin Islands	VI
Maryland	MD	Guam	GU

Armed Forces (APO/FPO)

Massachusetts	MA	In America	AA
Michigan	MI	In Europe	AE
Minnesota	MN	In Pacific	AP
Mississippi	MS		
Missouri	MO		
Montana	MT	Unknown	00
Nebraska	NE	Foreign	99
Nevada	NV		
New Hampshire	NH		
New Jersey	NJ		
New Mexico	NM		
New York	NY		
North Carolina	NC		

Race Codes

Definition: The Race code assigned to the patient's record.

R1	**White**	A person having origins in any of the peoples of Europe, North Africa or the Middle East.
R2	**African American/ Black**	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian," "Dominican" or "Somali" can be used in addition to "African American" or "Black."
R3	**American Indian/ Alaska Native**	A person having origins in any of the people of North and South America (including Central America) and who maintains tribal or community attachment.
R4	**Asian**	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
R5	**Native Hawaiian/ Other Pacific Islander**	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
R7	**Multiracial /Two or More Races**	A person having origins that include more than one of the above-stated categories.
R8	**Declined**	A person NOT wanting to respond to the question regarding race.
R9	**Unavailable/ Unknown**	Attempts to capture race were unattainable due to other circumstances.

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Ethnicity Codes

Definition: The Ethnicity code assigned to the patient's record.

E1 **Hispanic or Latino**   A person of Mexican, Puerto Rico, Cuban or South American or other Spanish culture or origin, regardless of race.

E2 **Not Hispanic or Latino**   A person not of Spanish culture or origin.

E3 **Declined**   A person NOT wanting to respond to the question regarding ethnicity.

E4 **Unavailable/ Unknown**   Attempts to capture ethnicity were unattainable due to other circumstances.

Expected Source of Payment

UB-04 Form Locator 50A-50C

Definition: *The code(s) identifying the health plan(s), either primary or secondary that might be expected to pay on the hospital bill.* *Self-pay or no-pay claims must be included.* **Source of Payment codes need to be mapped from hospital system to one of these five-digit code.**

98910	Medicare
98912	Charity
98914	Champus/Tricare
98915	ChampVA
98916	In-State Medicaid
98917	Out-of-State Medicaid
98918	Self Pay
98919	Miscellaneous Self Pay (Identified but not an insurance plan list)
98920	Commercial Insurance (HMO, PPO, Alliance)
98930	Other Self-Administered Plan
98950	Worker's Compensation
98960	Blue Cross Blue Shield
00000	Other

Admission/Discharge Hour
UB-04 Form Locator 12/UB-04 Form Locator 16

Definition: Two-digit code to use when submitting Admission Hour and Discharge Hour.

Code	Time - AM	Code	Time - PM
00	12:00 - 12:59 Midnight	12	12:00 - 12:59 Noon
01	01:00 - 01:59	13	01:00 - 01:59
02	02:00 - 02:59	14	02:00 - 02:59
03	03:00 - 03:59	15	03:00 - 03:59
04	04:00 - 04:59	16	04:00 - 04:59
05	05:00 - 05:59	17	05:00 - 05:59
06	06:00 - 06:59	18	06:00 - 06:59
07	07:00 - 07:59	19	07:00 - 07:59
08	08:00 - 08:59	20	08:00 - 08:59
09	09:00 - 09:59	21	09:00 - 09:59
10	10:00 - 10:59	22	10:00 - 10:59
11	11:00 - 11:59	23	11:00 - 11:59

Priority (Type) of Admission
UB-04 Form Locator 14

Definition: *The code indicating the priority of the admission or visit.*

1	**Emergency**	The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
2	**Urgent**	The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.
3	**Elective**	The patient's condition permits adequate time to schedule the services.
4	**Newborn**	Use of this code necessitates the use of special Source of Admission code. See Appendix IV.
5	**Trauma Center**	Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons <u>and</u> involving trauma activation. (Use Revenue Code 068x to capture trauma activation charges involving pre-hospital notification.)
6-8		Reserved for national assignment.
9	**Information Not Available**	The hospital does not have this information in its records.

Point of Origin/Source of Admission
UB-04 Form Locator 15

Definition: The code indicating the source of the referral for this admission or visit. This list is designed to focus on patients' place or point of origin rather than the source of a physician order or referral.

1	**Non-health Care Facility Point of Origin**	Inpatient: The patient was admitted to this facility.
		Outpatient: The patient presented for outpatient services.
		Examples: Includes patients coming from home or workplace and patients receiving care at home (such as home health services).
2	**Clinic or Physician's Office**	Inpatient: The patient was admitted to this facility.
		Outpatient: The patient presented to this facility for outpatient services.
3		Reserved for assignment by the NUBC.
4	**Transfer From a Hospital (Different Facility)**	Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.
		Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.
		Usage notes: Excludes transfers from hospital inpatient in the same facility (see Code D).

Point of Origin/Source of Admission
UB-04 Form Locator 15

Definition: *The code indicating the source of the referral for this admission or visit. This list is designed to focus on patients' place or point of origin rather than the source of a physician order or referral.*

5 **Transfer From a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)**

Inpatient: The patient was admitted to this facility as a transfer from a SNF, ICF or ALF where he or she was a resident.

Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from a SNF, ICF or ALF where he or she was a resident.

6 **Transfer From Another Health Care Facility**

Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.

Outpatient: The patient presented to this facility for services from another health care facility not defined elsewhere in this code list.

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Reserved for assignment by the NUBC.

8 **Court/Law Enforcement**

Inpatient: The patient was admitted to this facility upon the direction of a court of law or upon the request of a law enforcement agency representative.

Outpatient: The patient presented to this facility upon the direction of a court of law or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.

Usage note: Includes transfers from incarceration facilities.

Point of Origin/Source of Admission
UB-04 Form Locator 15

Definition: *The code indicating the source of the referral for this admission or visit. This list is designed to focus on patients' place or point of origin rather than the source of a physician order or referral.*

9	**Information not Available**	Inpatient: The patient's Point of Origin is not known.
		Outpatient: The patient's Point of Origin is not known.
A		Reserved for assignment by the NUBC.
B		Reserved for assignment by the NUBC.
C		Reserved for assignment by the NUBC.
D	**Transfer From One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer**	Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.
		Outpatient: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.
		Usage note: For purposes of this code, "Distinct Unit" is defined as a unique level of care at the hospital requiring the issuance of a separate claim to the payer. Examples could include observation services, psychiatric services, rehab units, a unit in a critical access hospital or a swing bed located in an acute hospital.

Point of Origin/Source of Admission
UB-04 Form Locator 15

Definition: *The code indicating the source of the referral for this admission or visit. This list is designed to focus on patients' place or point of origin rather than the source of a physician order or referral.*

E	**Transfer From Ambulatory Surgery Center**	Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center.
		Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.
F	**Transfer From Hospice Facility**	Inpatient: The patient was admitted to this facility as a transfer from a hospice facility.
		Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from a hospice facility.
G-Z		Reserved for assignment by the NUBC.

Point of Origin/Source of Admission
Newborn Point of Origin Codes
UB-04 Form Locator 15

Definition: Newborn coding structure must be used when the Type of Admission Code 4 is used.

1		Reserved for assignment by the NUBC.
2		Reserved for assignment by the NUBC.
3		Reserved for assignment by the NUBC.
4		Reserved for assignment by the NUBC.
5	**Born Inside this Hospital**	A baby is born inside this hospital
6	**Born Outside this Hospital**	A baby is born outside of this hospital.
7-9		Reserved for assignment by the NUBC.

Patient Discharge Status
UB-04 Form Locator 17

Definition: A code indicating patient status as of the ending service date of the period covered on the record.

01   Discharged to home or self-care (routine discharge). (see Code 81 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

              Usage Note:
              Includes discharge to home, home on oxygen if DME only, any other DME only, group home, foster care, independent living and other residential care arrangements, outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.

02   Discharged/transferred to a Short Term General Hospital for inpatient care. (see Code 82 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

03   Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare certification in anticipation of Skilled Care. . (see Code 83 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

              Usage Note:
              Medicare – Indicates that the patient is discharged/transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61 - Swing Bed. For reporting other discharge/transfers to nursing facilities see 04 and 64

I04   Discharged/transferred to a facility that provides Custodial or Supportive Care. (see Code 84 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

              Usage Note:
              Includes intermediate care facilities (ICFs) if specifically designated at the state level. Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.

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Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

05   Discharged/transferred to a designated cancer center or children's hospital. (see Code 85 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
<u>Usage Note</u>:
Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) designated cancer centers can be found at
<u>http://www3.cancer.gov/cancercenters/centerslist.html</u>.

06   Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care. (see Code 86 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

     Usage Note:
Report this code when the patient is discharged/transferred to home with a written plan of care (tailored to the patient's medical needs) for home care services. Not used for home health services provided by a DME supplier or from a Home IV provider for home IV services.

07   Left against medical advice or discontinued care.

08   Reserved for national assignment.

09   Admitted as an Inpatient to this hospital. <u>Usage Note</u>: For use only on Medicare outpatient claims. Applies only to those Medicare outpatient services that begin greater than three days prior to an admission.

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

10-19	Reserved for assignment by the NUBC.
20	Expired.
21	Discharged/transferred to Court/Law Enforcement. (see Code 87 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:
Includes transfers to incarceration facilities such as jail, prison or other detention facilities.

22 – 29	Reserved for assignment by the NUBC.
30	Still Patient.

Usage Note:
Used when the patient is still within the same facility, typically used when billing for leave of absence days or interim bills.

31-39	Reserved for assignment by the NUBC.
40	Expired at home – Not accepted in IODS as valid patient status code.

Usage Note:
For use only on Medicare and TRICARE claims for hospice care.

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

40   Expired at home – Not accepted in IODS as valid patient status code.

                Usage Note:
                For use only on Medicare and TRICARE claims for hospice care.

41   Expired in a medical facility (e.g. hospital, SNF, ICF, or free standing hospice) – Not accepted in IODS as valid patient code.

                Usage Note:
                For use only on Medicare and TRICARE claims for hospice care.

42   Expired – Place unknown – Not accepted in IODS as valid patient status code. (see Code 88 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

                Usage Note:
                For use only on Medicare and TRICARE claims for hospice claims.

43   Discharged/transferred to a Federal Health Care Facility. (See Code 88 for a discharge with a Planned Acute Care Hospital Inpatient Readmission effective 10/1/2013)

                Usage Note:
                Discharges and transfers to a government operated health facility such as a Department of Defense Hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient lives there or not.

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

44-49	Reserved for assignment by the NUBC.
50	Hospice – Home.
51	Hospice – Medical facility (certified) providing hospice-level care.
52-60	Reserved for assignment by the NUBC.

61   Discharged/transferred to a Hospital-based Medicare approved Swing Bed. (see Code 89 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:
Medicare – Used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement.

62   Discharged/ transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital. (see Code 90 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

63   Discharged/transferred to a Medicare-certified Long Term Care Hospital (LTCH). (see Code 91 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:
For hospitals that meet Medicare criteria for LTCH certification.

64   Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. (see Code 92 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

65   Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. (see Code 93 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

66   Discharged/transferred to a Critical Access Hospital (CAH). (Effective 1/1/2006) (see Code 94 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

67-68   Reserved for assignment by the NUBC.

69   Discharged/transferred to a Designated Disaster Alternative Care Site (Effective 10/1/13)

70   Discharged/transferred to another type of health care institution not defined elsewhere in this code list (see Code 95 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

71-72   Discontinued 4/1/03

73 – 80   Reserved for Assignment by the NUBC.

81   Discharged/transferred to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

82   Discharged/transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

83   Discharged/transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

84   Discharged/transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

86 Discharged/transferred to Home Under the Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

87 Discharged/transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

88 Discharged/transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

89 Discharged/transferred to a Hospital-based Medicare Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

90 Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

91 Discharged/transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

92 Discharged/transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

93 Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

Patient Discharge Status
UB-04 Form Locator 17

Definition: *A code indicating patient status as of the ending service date of the period covered on the record.*

94   Discharged/transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

95   Discharged/transferred to Another Type or Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

96 – 99   Reserved for Assignment by the NUBC.

Present on Admission

UB-04 Form Locator 67 and 67A-67Q (8th position)

Definition: Present on Admission is required only on Inpatient, Place of Service = 1 (Acute Care) ICD-9/10-CM principal, E-codes and other/additional codes unless the ICD-9/10 code is exempt. Other inpatient Places of Service and Outpatient records should not have a POA indicator.

Code	Description
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
Blank or 1 (Unreported/Not used)	Code exempt from Present on Admission Reporting

Revenue Codes Requiring CPT/HCPCS

Definition: *The following Outpatient Revenue Codes require CPT/HCPCS codes.*

Revenue Code	Description	Place of Service
032X	Diagnostic X-ray	1-5
0333	Radiation Therapy	1-5
0339	Other Radiology – Therapeutic	1-5
034X	Nuclear Med	1-5
035X	CT scan	1-5
036X	Operating Room Services	2
040X	Imaging Services	1-5
045X	Emergency Room	1
0480	Cardiology – General Classification	2
0481	Cardiology – Cardiac Cath Lab	2
049X	Ambulatory Surgery	2
061X	MRT	1-5
075X	Gastrointestinal Services	2
079X	Extra-corporeal Shock Wave Therapy	5