Kentucky
Inpatient and Outpatient
Data Coordinator's Manual
For Hospitals

Revised
December 1, 2014

Data Collection Help Desk
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www.KYIPOP.org

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KY IPOP Data Coordinator's Manual for Hospitals Highlight of changes

The following changes were made to this version of the manual.

- **Cover Page** - Revised date changed to December 1, 2014
- **Page 4 What is Kentucky IPOP** – change language to state Kentucky Inpatient Outpatient Data Collection System (KY IPOP) is an online system that securely allows for the submission, collection, and editing of all inpatient and all outpatient case level data from facilities, as required by statute and administrative regulation, to the Commonwealth of Kentucky.
- **Page 4 What is Kentucky IPOP** – change language to state Patient accounts that should be included are all outpatient procedure codes.
- **Page 10 Mandatory Data Submissions (Types of data required to be submitted)** – delete language "which is collecting mandated Outpatient Observation Care (OC), Emergency Department (ED), Outpatient Surgical (OS), Mammography (MM), and Other Outpatient Procedure (OP) data. Specific revenue codes and CPT / HCPCS codes are used to determine whether or not the case should be submitted".
- **Page 10 Mandatory Data Submissions (Types of data required to be submitted)** – changed language to state In order to be HIPAA compliant, Hospitals and related facilities must have signed business associate agreement to submit the mandated outpatient records.
- **Page 10 Mandatory Data Submissions (Types of data required to be submitted)** – delete Observation Care – data for observation care will be determined based upon Revenue Codes or Procedure Codes. Data will be determined based upon Revenue Codes or Procedure Codes

Observation Revenue Codes	OR	Observation Procedure Codes
0762	OR	99234, 99235, 99236, 99217 – 99220, 99224 – 99226, and G0378 – G0379

- Delete -Emergency Department - data for Emergency Department will be determined based upon Revenue Codes OR Procedure Codes
- Data will be determined based upon Revenue Codes or Procedure Codes

Emergency Department Revenue Codes	OR	Emergency Department Procedure Codes
0450 – 0452, 0456, 0459, 0680 -0684, 0689	OR	99281 – 99288 G0380 – G0384

- **Page 12 delete Outpatient Surgical, Mammography and Other Outpatient Procedure data** are to be reported according to the Medicare definition, as those procedures that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, manipulation or imaging.
- **Page 12** change language to state IPOP includes all CPT / HCPCS procedure codes.
- **Page 12** delete A patient record must contain one of the following procedure codes to qualify for inclusion in our outpatient data base.
- **Page 12** change language to state Patient Accounts that should be included are:
    - All Outpatient Procedure Codes (all CPT/HCPCS codes)
- **Page 12** delete all outpatient surgery, all observation care, all emergency department, mammography (screening and diagnostic), CT Scan, MRI, PET, SPECT, radiation therapy, cardiac catheterization (diagnostic and therapeutic), all other procedure codes as specified in the regulation. All codes will be evaluated on an annual basis for possible new procedures reflection changes in CMS coding requirements and new technology.
- **Page 13** revise date 01/01/2015
- **Page 13** change language to state All outpatient CPT and HCPCS procedure codes are required
- **Page 13** delete outpatient surgical and other outpatient procedures table
- **Page 14** delete revenue codes: the following revenue codes would fall within the categories specified below and the table
- **File Formats**
    - Page 67 - 1st Position Procedure Date change language to state procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date
    - Page 72 - 1st Other Procedure Date change language to state procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date
    - Page 91 - Operating Clinician ID Number NPI delete language Reference the table of CPT/HCPCS codes on page 15
    - Page 128 - Operating Clinician ID Number NPI delete language Reference the table of CPT/HCPCS codes on page 15

What is Kentucky IPOP?

Kentucky Inpatient Outpatient Data Collection System (KY IPOP) is an online system that securely allows for the submission, collection, and editing of all inpatient and all outpatient case level data from facilities, as required by statute and administrative regulation, to the Commonwealth of Kentucky.

The Kentucky IPOP data collection system is to include all inpatient visits on discharge and should not be submitted as interim or partial bills. Do not include discharge cases from the following facility types: skilled nursing facility, intermediate care (long-term care), custodial/respite, and hospice patients.

The Kentucky IPOP data collection system is to include all outpatient visits to Kentucky hospitals and related facilities. Outpatient is defined as any patient visit that is not considered inpatient. Patient accounts that should be included are all outpatient procedure codes.

Kentucky IPOP data collection system will begin collecting 2010 third calendar quarter (having a discharge date greater than or equal to July 1, 2010) for all required inpatient and outpatient cases. Use this manual to guide you through the IPOP system.

The most critical component for utilizing information is the data from which the information is derived. The integrity and usefulness of the KHA Kentucky IPOP information are based on the accurate and complete reporting of the data from each individual facility.

State Mandates and Data Uses

This manual was developed according to mandated data reporting requirements set forth in the following statues and regulations:

- KRS 216.2920-2929 which authorizes the Kentucky Cabinet for Health and Family Services to collect and analyze health care data contained on claims documents.
  - Data reporting requirements have been approved by the Cabinet, and are published as Administrative Regulation 900 KAR 7:030.
  - Data is used to develop the Cabinet's mandated legislative reports and public information focusing on the cost, quality, and outcomes of health services provided in the Commonwealth.
  - Used to support different health related programs:
    - Office of Health Policy's work on health care Policy
    - Quality and outcomes reporting to the legislature
    - Department of Public Health
  - Data reporting regulations can be obtained at www.lrc.state.ky.us/KAR/title900htm.

- KRS 211.651-670 authorizes the Department for Public Health to establish and maintain the Kentucky Birth Surveillance Registry (KBSR) for tracking birth defects in children under 5.
  - KBSR provides information on:
    - The incidence, prevalence and trends of congenital anomalies, still births, and disabling conditions
    - Possible causes for these conditions
    - Development of preventative strategies to reduce the incidence and secondary complications of the conditions
    - To link affected children and their family to intervention services

  - Administrative Regulation 902 KAR 19:010 establish the uniform procedures for the KBSR to collect data from acute care licensed hospitals in KY, and specific data elements and reporting requirements.
    - Children ages birth to 5 years, with specific ICD-9 diagnostic codes **and/or ICD-10-CM diagnostic codes (effective 10/1/2015)** are reported to the KBSR.
    - The applicable ICD-9-CM codes **and ICD-10-CM codes** are provided below.
  - Contact KBSR at 502.564.2154 or kbsr@mail.state.ky.us for policy questions or additional information.
  - A copy of birth registry administrative regulations can be obtained from the Kentucky Legislative Research Commission at www.lrc.state.ky.us/KAR/title902/htm

KBSR Applicable Conditions and ICD-9 Codes

The Kentucky Birth Surveillance Registry accepts data for children ages birth to 5 years, for the following conditions:

1. All congenital anomalies coded 740 – 759. For example:
    a. Microcephaly 742.1
    b. Macrocephaly 742.4
    c. Upper GI anomalies 750
    d. Lower GI anomalies 751
    e. Gastroschisis and omphalocele 756.79
    f. Chromosome anomalies 758

2. Dwarfism not elsewhere classified 259.4
3. Metabolic / storage disorders 270 – 279 (excluding codes 274, 276, and 278)
4. Hereditary hemolytic anemia 282
5. Neurologic disorders of brain and cord 334 – 335
6. Cerebral palsy 343
7. Teratogens (noxious influences) 760.7
    a. (include all 760.7 sub categories, current .70 - .79)
8. Infant of diabetic mother 775.0
9. Failure to thrive 783.4
10. Small for gestational age 764.0

As of October 1, 2015 the Kentucky Birth Surveillance Registry accepts data for children ages birth to 5 years, for the following conditions in Appendix B

Other KBSR Required Data

UB / 837 records that meet the above conditions must have additional data elements, which are detailed in this section, reported on each claim. These elements are noted as specific to the KBSR on both file formats. They include, but are not limited to:

- First and last name of the child (patient)
- Complete address of the patient
- First and last name of the insured
- SSN of insured
- Patient relationship to the insured

KENTUCKY IPOP Data Coordinator Guidelines

Each data coordinator will be responsible for submitting, correcting, and monitoring their hospital's data for inclusion in the KENTUCKY IPOP database as outlined in this manual. The Data Coordinator should review the Kentucky IPOP Manual, and address any questions with KHA staff at HELP LINE or Website Address prior to any data submission.

- Each hospital will designate a primary and secondary (backup) Data Coordinator.
- Inform Kentucky Hospital Association of personnel changes.
- Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process.
- A facility that utilizes a vendor for claims processing may request a username and password for the vendor.

Data Submission Highlights

Facilities submit data directly to Kentucky Hospital Association using KENTUCKY IPOP, in one of the file layouts specified in this manual.

- Quarterly deadlines will be established for the submission of data.
- Facilities will be notified of the data submission deadlines in advance, and will also receive submission deadline reminders via email.
- The method of data submission is via KENTUCKY IPOP secure internet EFT. You must have access to the internet to send files via EFT.
- Each data batch file submitted may contain records for multiple weeks or months within a specific quarter year. Error correction does not require resubmission of the record.
- Corrections are made through our secure website though a real-time edit process. If the batch contains significant numbers of records with errors, the data coordinator may choose to delete the batch, correct the submission issue and resubmit the batch. Batches that have specific problems may be rejected by the system.

  Examples:

  - If the batch layout format has significant structural failure, the entire batch will be rejected.
  - If the patient control number or facility number is missing from the record, the entire batch will be rejected.
  - For flat file submissions, if the page number is missing, the batch will be rejected.
  - If the DNR field = P1 for over 50% of the records in the batch, the batch will be rejected.
  - For 837 file submissions, the hierarchy HL segments must have a unique ID and the HL segments must properly link.
  - If the batch contains 80% of duplicate patient control numbers the batch will be rejected.
  - The batch will reject if it contains more than 3% of records with Race of ‘R9’.
  - The batch will reject if it contains more than 1% of records with Payer Code ‘00000’.
  - The batch will reject if it contains more than 1% of records with Admit Type of ‘9’.

- No paper administrative data submission will be accepted.

Mandatory Data Submissions (Types of data required to be submitted)

Inpatients

All inpatient cases are to be submitted.

Inpatient Bill Types:

- 110 - Hospital; inpatient (including Medicare Part A); non-payment/zero claim
- 111 - Hospital; inpatient (including Medicare Part A); admit through discharge claim
- 121 - Hospital; inpatient (including Medicare Part B only); admit through discharge claim
- 117 – Hospital, Inpatient (including Medicare Part A), Replacement of Prior Claim

Outpatients

All outpatient visits to Kentucky Hospitals and related facilities are required to be submitted to IPOP. In order to be HIPAA compliant, Hospitals and related facilities must have signed business associate agreement to submit the mandated Outpatient records. If you are not sure if your facility has a business associate agreement with KHA for this purpose, please contact the help line.

Coordination of Procedure Codes between Procedure Fields and Revenue Code Fields

Flat File Formats

For flat file submitters, CPT®/HCPCS codes must be reported in the 1st Position Procedure Code through the 24th Other Procedure Code if codes are found in the billing record. These codes also are independently reported in the 1st CPT®/HCPCS Service Line Item Fields, as shown for the flat file layout in the diagram in Figure 1.

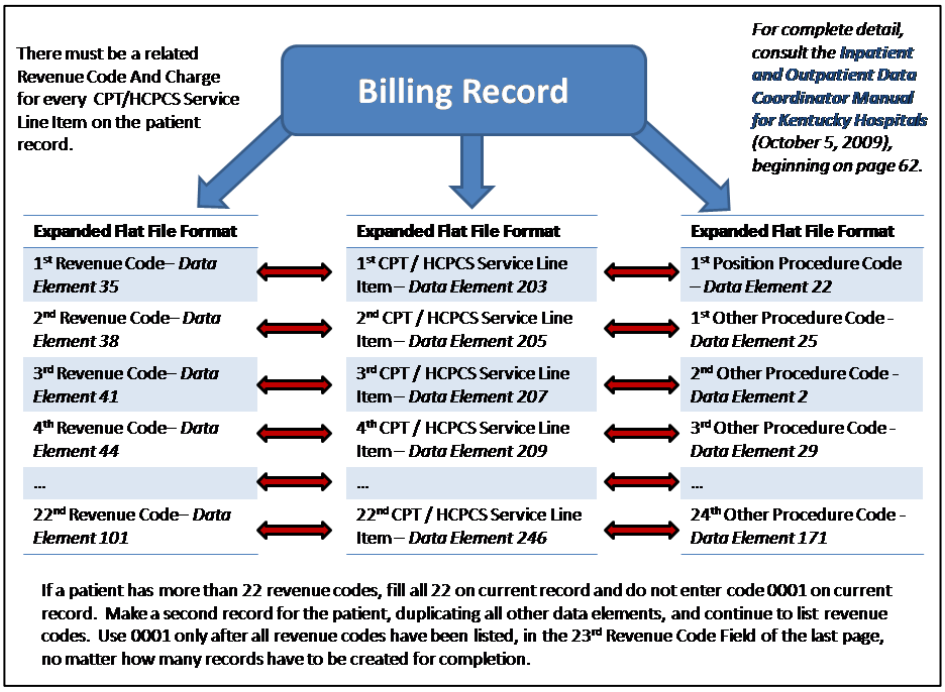

Figure 1

837 Formats

As in the flat file format, the 837 4010 File Format has similar fields and similar problems with missing CPT®/HCPCS codes (see Figure 2 for fields).

In summary, the CPT®//HCPCS fields are "required if present in the record". So, if the codes are present in the billing record, they should be included in the above mentioned fields.

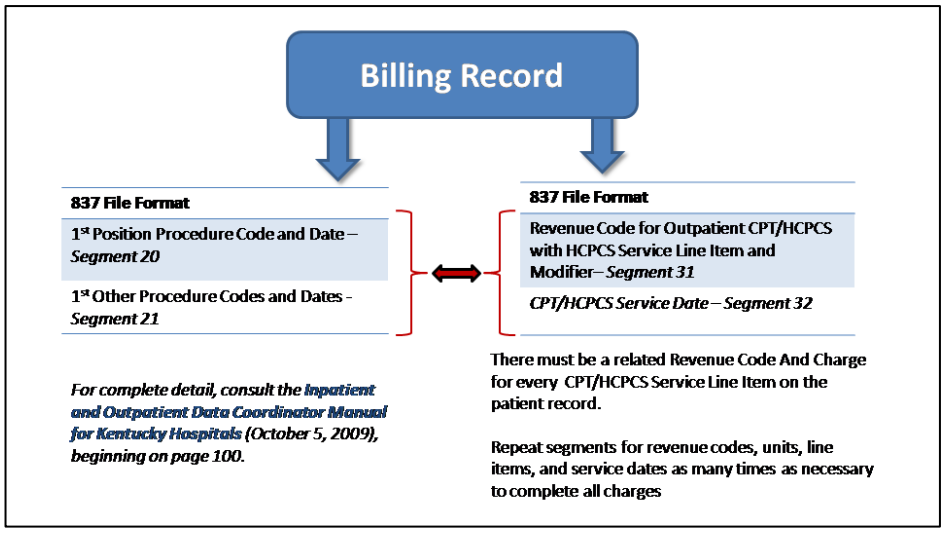

Figure 2

- IPOP includes all CPT®/HCPCS procedure codes that are accepted for inclusion in our database.
- Patient Accounts that should be included are:
    - All Outpatient Procedure Codes (CPT and HCPCS codes)

Effective **01/01/2015**

All Outpatient CPT and HCPCS procedure codes are required

Outpatient Bill Types

- 131 – Hospital; Outpatient; Admit through Discharge Claim
- 431 – Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit through Discharge Claim
- 731 – Clinic; Freestanding; Admit through Discharge
- 831 – Special Facility or ASC Surgery; Freestanding; Admit through Discharge
- 851 – Special Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit through Discharge Claim

Data Submission Timetable

Hospitals and related ambulatory facilities are required to submit data to the Cabinet through Kentucky IPOP on a quarterly basis, at a minimum. Facilities may submit cases more frequently and KHA encourages a more frequent submission schedule.

Calendar quarters are:

January 1 through March 31
April 1 through June 30
July 1 through September 30
October 1 through December 31

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Through the above schedule, facilities are provided thirty (30) days in which to submit corrections. Submitting on a more-frequent schedule will allow facilities more lead time to identify and correct errors.

Late Load Policy

KHA will charge $500 per provider for each calendar quarter of data to be late loaded after a given quarter is closed (e.g. the fee to submit both inpatient and outpatient data for the same quarter would be $1,000). The $500 fee is in effect for late loaded data for any time period (e.g. one month of data) within a closed quarter.

Data is considered a “late load” after KHA has “closed” a calendar quarter and stopped accepting data for that given quarter.

To be considered “clean” – all data must pass each KENTUCKY IPOP edit and audit prior to loading into the KENTUCKY IPOP finished databases.

Late load data will be loaded into the KENTUCKY IPOP databases at one time each month.

The following page contains the necessary form and instructions for submitting a late load request. The actual form is available at the KY IPOP website.

LATE DATA LOAD SUBMISSION FORM

Facility Information:	
Facility Name	
City	
State	
Facility Contact:	
Name	
Email Address	
Phone Number	
Person Completing Form: __Same as Facility Contact	
Name	
Title	
Email Address	
Phone Number	

Process Type (Check Applicable):

☐ Inpatient ☐ Outpatient

Data Time Period to be submitted:

Year: _____ Quarter: _____

Reason for Requesting Late Load:

Late Load for (Check One):

☐ Entire Quarter ☐ Specific Batch (enter batch number) _____

Will monthly reported counts remain as reported? (Check One)

☐ Yes ☐ No *(enter new count or counts)*

Month	Count

Data will be submitted to KY IPOP by:	(MM/DD/YYYY)

I understand the Late Load policy and that my facility will be invoiced by KHA for a late load fee totaling _____ *($500 per quarter per data type – IP or OP)*

Signature:	Date:

Case Count Submission

Your facility must report the actual number of both inpatient discharges and outpatient cases for each quarter.

Month - Year	**Inpatient Reported Counts**	**Outpatient Reported Counts**
January		
February		
March		
Q1 Total		
April		
May		
June		
Q2 Total		
July		
August		
September		
Q3 Total		
October		
November		
December		
Q4 Total		

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Case counts may not be changed after the close of the quarter unless approved by the Office of Health Policy. Requests for changes in case counts (without late load submission) may be made by e-mail to the KY IPOP administrator.

Facility Verification Information

Each quarter, facilities will be asked to verify key information before the edited data can be final-submitted. The following information will be present on a verification screen:

- Data Collection ID (21xxxxxx or KASxxx)
- Facility Name
- Facility License Number
- Facility NPI (primary facility ID used in the data submission)
- Facility Mailing Address
- City, State ZIP Code
- Administrator (CEO) Name
- Administrator (CEO) Telephone Number
- Administrator (CEO) Fax
- Administrator (CEO) E-mail
- Primary Data Coordinator Name
- Primary Data Coordinator Telephone Number
- Primary Data Coordinator Fax
- Primary Data Coordinator E-mail
- Secondary Data Coordinator Name
- Secondary Data Coordinator Telephone Number
- Secondary Data Coordinator Fax
- Secondary Data Coordinator E-mail

The facility is required to verify these elements and submit any changes to KHA. The verification screen will have a link to submit corrections.

A form for initial submission of the information is available at the KY IPOP website and is shown on the next page.

Data Coordinator Information

Please submit information changes on this form.

Facility General Information (please print):

Facility Information						
	Facility Name					
	Facility License #		KY IPOP Facility Data Collection ID #			
	Facility Address					
	City		State		ZIP Code	
	Administrator Name		Administrator Telephone	( ) -		
	Administrator Title		Administrator E-mail			

Primary Data Coordinator (please print):

The Primary Data Coordinator receives submission verification reports and other communications.

Primary Data Coordinator						
	Name					
	Title					
	☐ Check Here if Same as Facility Address					
	Address					
	City		State		ZIP Code	
	Telephone	( ) -	Fax	( ) -		
	e-mail					

Secondary Data Coordinator (please print):

Secondary Data Coordinator						
	Name					
	Title					
	☐ Check Here if Same as Facility Address					
	Address					
	City		State		ZIP Code	
	Telephone	( ) -	Fax	( ) -		
	e-mail					

FAX this completed form to: 502-814-0328

Inpatient Flat File Format Layout

The following pages contain the inpatient flat file format layout for submitting data records.

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
1*	Patient DOB	1	8	8		X		14 (UB92), 10 (UB04)	~ MMFFYYYY Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures	
2*	Patient Sex	9	9	1	X			15 (UB92), 11 (UB04)	M = Male F = Female U = Unknown	
3*	Patient ZIP Code	10	14	5		X		13 (UB92), 09 (UB04)	Zip Code of patient's resident	Unknown = 00000, Foreign = 99999 *No more than 1% of records may contain the above values.*
4	ZIP plus 4	15	18	4	X			As Above		
5*	1st Individual Payer ID #	19	27	9	X		L	50A (UB92), 51A (UB04)	Expected Principal Payment Source ~ Do not include hyphens, commas, periods or slashes ~ Space fill right ~ Use only the 5 digit codes to the right ~ Appropriate code must also be used for Self Pay and Charity patients	Payer Mapping Codes 98910 = Medicare (Excl. Managed Care) 98911 = Black Lung 98912 = Charity –defined according to the Hospital policy at time of discharge 98913 = Hill Burton Free Care 98914 = Tricare (Champus) 98915 = ChampVA 98916 = In State Medicaid 98917 = Out of State Medicaid 98918 = Self Pay 98921 = Commercial – Indemnity 98922 = Commercial – HMO 98923 = Commercial – PPO 98924 = Commercial - Other

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										98930 = Other Self Administered Plan 98940 = Passport Medicaid Mgd. Care 98945 = Medicare Managed Care 98950 = Workers Compensation 98960 = Blue Cross Blue Shield 00000 = Other 98970 = Coventry Care of Kentucky 98980 = WellCare of Kentucky 98990 = Kentucky Spirit Health Plan 98925 = VA 98926 = Auto Insurance 98927 = Other Facility 98928 = Pending Insurance 98929 = Humana Medicaid Managed Care 98991 = BCBS Medicaid Managed Care **98992 =WellCare Health Commercial Plan (effective 01/01/2015)** **98993 =Care Source KY Commercial Plan (effective 01/01/2015)** **98994 =Kentucky Health Cooperative Plan** *No more than 1% of records may contain 00000.*

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
6	2nd Individual Payer ID #	28	36	9	X		L	50B (UB92), 51B (UB04)	Expected Secondary Payment Source ~ Instructions as above ~ If no source of payment, space fill	
7	3rd Individual Payer ID #	37	45	9	X		L	50C (UB92), 51C (UB04)	Expected Tertiary Payment Source ~ As above	
8*	Date of Admission	46	51	6		X		17 (UB92), 12 (UB04)	~ MMDDYY Format ~ No hyphens or slashes ~ Admission date cannot precede birth date or 1993 ~ Discharge date cannot precede admission date	
9*	Point of Origin / Source of Admission	52	52	1	X			20 (UB92), 15 (UB04)	Data element becomes **Point of Origin** as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit.	1 = Non-Health Care Facility 2 = Clinic 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF/ICF 6 = Transfer from Another Health Care Facility 7 = Emergency Room 8 = Court/Law Enforcement 9 = Information not Available B = Transferred from another Home Health Agency C = Readmission to Same Home Health Agency 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

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										E = Transfer from Ambulatory Surgery Center F = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program *No more than 1% of cases may contain 9 – Information not Available*
9* Cont.	Point of Origin / Source of Admission (cont.)									If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following: 5 = Born Inside the Hospital 6 = Born outside the hospital
10*	Priority (Type) of Visit / Type of Admissions	53	53	1		X		19 (UB92), 14 (UB04)	Code indicates the priority (type) of the admission ~ If Priority of Visit is newborn (4), patient age must be 0 years old ~ Additional instructions as	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma center 9 = Information not Available

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									above	*No more than 1% of cases may contain 9 – Information not Available*
11*	Type of Bill	54	56	3		X		4	~ Submit final bills only. No interim bills accepted ~ XX8 bill types are not accepted by KY IPOP	The only valid codes are: 110 = Hospital; inpatient (including Medicare Part A); non-payment/zero claim 111 = Hospital; inpatient (including Medicare Part A); admit through discharge claim 121 = Hospital; inpatient (including Medicare Part B only); admit through discharge claim 117 = Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim
12*	Principal Diagnosis	57	63	7	X		L	67	Must be valid ICDE-9-CM **or valid ICD-10-CM code after October 1, 2015** established after admission as responsible for inpatient/outpatient care necessity ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals ~ Principal DX is V30 – V39 (with 0 as 4th digit)admission type must be 4 **Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015**	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
13*	Present on Admission Indicator for Principal Diagnosis	64	64	1	X		L	68 (UB92), 67 (UB04)	Designates whether diagnosis was present at the time that the patient was admitted as an inpatient	Y = Yes N = No W = Clinically Undetermined U = Information not in Record (Blank) or 1 = Exempt from POA Reporting (for specified diagnoses only)
14**	1st Other Diagnosis	65	71	7	X		L	68 (UB92), 67 (UB04)	Additional condition that coexists at the time of admission, or develops during hospital stay, and has effect on the treatment provided or the length of stay ~ Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom codes. ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	If additional room is available in the Other Diagnosis fields, after all clinical diagnoses have been entered; additional E-Codes can also be mapped to the remaining fields. **As of 10/1/2015 additional External Causes of Morbidity codes can also be mapped to the remaining fields.**
15**	Present on Admission Indicator for 1st Other Diagnosis	72	72	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
16**	2nd Other Diagnosis	73	79	7	X		L	69(UB92), 67 (UB04)	Same as element # 14	Same as element # 14

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
17**	Present on Admission Indicator for 2nd Other Diagnosis	80	80	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
18**	3rd Other Diagnosis	81	87	7	X		L	70 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
19**	Present on Admission Indicator for 3rd Other Diagnosis	88	88	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
20**	4th Other Diagnosis	89	95	7	X		L	71 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
21**	Present on Admission Indicator for 4th Other Diagnosis	96	96	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
22**	5th Other Diagnosis	97	103	7	X		L	72 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
23**	Present on Admission Indicator for 5th Other Diagnosis	104	104	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
24**	6th Other Diagnosis	105	111	7	X		L	73 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
25**	Present on Admission Indicator for 6th Other Diagnosis	112	112	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
26**	7th Other Diagnosis	113	119	7	X		L	74 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
27**	Present on Admission Indicator for 7th Other Diagnosis	120	120	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
28**	8th Other Diagnosis	121	127	7	X		L	75 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
29**	Present on Admission Indicator for 8th Other Diagnosis	128	128	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
30	Filler	129	129	1	X				Blank Fill	
31**	1st Position Procedure Code	130	136	7	X		L	80 (UB92), 74 (UB04)	Use procedure performed for definitive treatment, not for exploratory purposes ~ **Only ICD-9-CM accepted for Inpatient prior to October 1, 2014. October 1, 2015 and forward only ICD-10-PCS codes will be accepted** ~ No decimals or hyphens, space fill right ~ Must be consistent with patient's gender	
32	Filler	137	143	7	X				Blank Fill	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction		Reference Charts
33**	1st Position Procedure Date	144	149	6		X		80 (UB92), 74 (UB04)	~	MMDDYY format	
									~	No hyphens or slashes	
									~	Procedure date cannot occur after discharge date	
									~	Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
34*	Patient Discharge Status	150	151	2		X		22 (UB92), 17 (UB04)	Patients status at time of discharge	01	= Discharged to home or self care (routine discharge)
										02	= Discharged/transferred to another short term general hospital for inpatient care
										03	= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care
										04	= Discharged/transferred to ICF
										05	= **As of 04/01/08** – Discharged/transferred to a Designated Cancer Center or Children's Hospital **Prior to 04/01/08** Discharged/transferred to another type of institution not defined elsewhere n this code list
										06	= Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
										07	= Left against medical advice or discontinued care
										09	= Admitted as inpatient to this hospital
										10-19	= Discharge defined at state level
										20	= Expired
										21	= Discharged/transferred to

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
34* Cont.											court/law enforcement **(Eff 10/01/09)**
										22-29	= Expired to be defined at state level
										30	= Still patient
										31-39	= Still patient defined at state level
										40	= Expired at home (Medicare, CHAMPUS claims only for hospice care)
										41	= Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
										42	= Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
										43	= Discharged/transferred to a Federal hospital
										44-49	= Reserved for National assignment
										50	= Hospice – home
										51	= Hospice – medical facility
										52-60	= Reserved for National assignment
										61	= Discharged/transferred within this institution to hospital-based Medicare approved swing bed
										62	= Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a hospital
										63	= Discharged/transferred to

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
											a Medicare certified long term care hospital (LTCH)
										64	= Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
										65	= Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
										66	= Discharged/transferred to a Critical Access Hospital (CAH) **(Effective 01/01/06)**
										67-68	= Reserved for National assignment
										69	**=** Discharge transferred to a designated disaster alternate care
										70	= Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08
										73-81	= Reserved for National assignment
										81	= Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
										82	= Discharged/Transferred to a Short Term General Hospital for IP Care with a Planned Acute Care Hospital IP Readmission

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
										83	= Discharge/Transferred to a SNF with Medicare Certification with a Planned Acute Care Hospital IP Readmission
										84	= Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
										85	= Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
										86	= Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
										87	= Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital IP Readmission
										88	= Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
										89	= Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital IP Readmission

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
										90	= Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
										91	= Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
										92	= Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
										93	=Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
										94	= Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission
										95	= Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
35**	1st Other Procedure Code	152	158	7	X		L	81 (UB92), 74 (UB04)	Additional procedure performed other than 1st Position procedure ~ Must be consistent with patient's gender ~ Space fill right, no decimals or hyphens	Up to 24 Other Procedure Codes are allowed. Same instructions as for element #31
36	Filler	159	165	7	X				Blank Fill	
37**	1st Other Procedure Date	166	171	6		X		81 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date ~ Required if corresponding procedure is recorded	Same instructions as for element #33
38**	2nd Other Procedure Code	172	178	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
39	Filler	179	185	7	X				Blank Fill	
40**	2nd Other Procedure Date	186	191	6		X		81 (UB92), 74 (UB04)	Same as element #37	
41**	3rd Other Procedure Code	192	198	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
42	Filler	199	205	7	X				Blank Fill	
43**	3rd Other Procedure Date	206	211	6		X		81 (UB92),	Same as element #37	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								74 (UB04)		
44**	4th Other Procedure Code	212	218	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
45	Filler	219	225	7	X				Blank Fill	
46**	4th Other Procedure Date	226	231	6		X		81 (UB92), 74 (UB04)	Same as element #37	
47**	5th Other Procedure Code	232	238	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
48	Filler	239	245	7	X				Blank Fill	
49**	5th Other Procedure Date	246	251	6		X		81 (UB92), 74 (UB04)	Same as element #37	
50*	1st Revenue Code	252	255	4		X	R	42	Identifies an accommodation, ancillary service, or billing calculation ~ Right justify, zero fill left ~ Report any applicable Revenue Codes appearing on the patient case ~ Room and Board charges must be reported for inpatient cases	If a patient has more than 22 revenue codes, fill all 22 current record, and do not enter code 0001 on current record. Make additional records for the patient, duplicating all other data elements, and continue to list revenue codes. Use 0001 only after all revenue codes have been listed, in the 23rd Revenue Code field of the last page, no matter how many records have to be created for completion. Revenue code 0001, Total Charges for the Patient, should be used only once per patient case, in the 23rd Revenue Code field. See element #116.

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
51*	Units of Service	256	262	7		X	R	46	A quantitative measure of services rendered by revenue code ~ Right justify, zero fill left ~ Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays ~ Required if corresponding revenue code is recorded	
52*	Charges	263	272	10		X	R	47	Total charges for the corresponding revenue code ~ The sum of all charges minus the total charges must = the total charges for revenue code 0001 ~ The sum of all charges must be positive ~ Right justify, zero fill left	Programming notes: ~ Programming Format: S9(8)V99 ~ Signed fields are unpacked, signed, right justified, zero filled to left ~ When including sign, use zoned decimal representation See Appendix A for Zoned Decimal Representation Table ~ May be negative (credit) ~ Charge fields have an assumed decimal with 2 positions to the right for cents
53**	2nd Revenue Code	273	276	4		X	R	42	Same as element #50	
54**	Units of Service	277	283	7		X	R	46	Same as element #51	
55**	Charges	284	293	10		X	R	47	Same as element #52	
56**	3rd Revenue Code	294	297	4		X	R	42	Same as element #50	
57**	Units of Service	298	304	7		X	R	46	Same as element #51	
58**	Charges	305	314	10		X	R	47	Same as element #52	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
59**	4th Revenue Code	315	318	4		X	R	42	Same as element #50	
60**	Units of Service	319	325	7		X	R	46	Same as element #51	
61**	Charges	326	335	10		X	R	47	Same as element #52	
62**	5th Revenue Code	336	339	4		X	R	42	Same as element #50	
63**	Units of Service	340	346	7		X	R	46	Same as element #51	
64**	Charges	347	356	10		X	R	47	Same as element #52	
65**	6th Revenue Code	357	360	4		X	R	42	Same as element #50	
66**	Units of Service	361	367	7		X	R	46	Same as element #51	
67**	Charges	368	377	10		X	R	47	Same as element #52	
68**	7th Revenue Code	378	381	4		X	R	42	Same as element #50	
69**	Units of Service	382	388	7		X	R	46	Same as element #51	
70**	Charges	389	398	10		X	R	47	Same as element #52	
71**	8th Revenue Code	399	402	4		X	R	42	Same as element #50	
72**	Units of Service	403	409	7		X	R	46	Same as element #51	
73**	Charges	410	419	10		X	R	47	Same as element #52	
74**	9th Revenue Code	420	423	4		X	R	42	Same as element #50	
75**	Units of Service	424	430	7		X	R	46	Same as element #51	
76**	Charges	431	440	10		X	R	47	Same as element #52	
77**	10th Revenue Code	441	444	4		X	R	42	Same as element #50	
78**	Units of Service	445	451	7		X	R	46	Same as element #51	
79**	Charges	452	461	10		X	R	47	Same as element #52	
80**	11th Revenue Code	462	465	4		X	R	42	Same as element #50	
81**	Units of Service	466	472	7		X	R	46	Same as element #51	
82**	Charges	473	482	10		X	R	47	Same as element #52	
83**	12th Revenue Code	483	486	4		X	R	42	Same as element #50	
84**	Units of Service	487	493	7		X	R	46	Same as element #51	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
85**	Charges	494	503	10		X	R	47	Same as element #52	
86**	13th Revenue Code	504	507	4		X	R	42	Same as element #50	
87**	Units of Service	508	514	7		X	R	46	Same as element #51	
88**	Charges	515	524	10		X	R	47	Same as element #52	
89**	14th Revenue Code	525	528	4		X	R	42	Same as element #50	
90**	Units of Service	529	535	7		X	R	46	Same as element #51	
91**	Charges	536	545	10		X	R	47	Same as element #52	
92**	15th Revenue Code	546	549	4		X	R	42	Same as element #50	
93**	Units of Service	550	556	7		X	R	46	Same as element #51	
94**	Charges	557	566	10		X	R	47	Same as element #52	
95**	16th Revenue Code	567	570	4		X	R	42	Same as element #50	
96**	Units of Service	571	577	7		X	R	46	Same as element #51	
97**	Charges	578	587	10		X	R	47	Same as element #52	
98**	17th Revenue Code	588	591	4		X	R	42	Same as element #50	
99**	Units of Service	592	598	7		X	R	46	Same as element #51	
100**	Charges	599	608	10		X	R	47	Same as element #52	
101**	18th Revenue Code	609	612	4		X	R	42	Same as element #50	
102**	Units of Service	613	619	7		X	R	46	Same as element #51	
103**	Charges	620	629	10		X	R	47	Same as element #52	
104**	19th Revenue Code	630	633	4		X	R	42	Same as element #50	
105**	Units of Service	634	640	7		X	R	46	Same as element #51	
106**	Charges	641	650	10		X	R	47	Same as element #52	
107**	20th Revenue Code	651	654	4		X	R	42	Same as element #50	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
108**	Units of Service	655	661	7		X	R	46	Same as element #51	
109**	Charges	662	671	10		X	R	47	Same as element #52	
110**	21st Revenue Code	672	675	4		X	R	42	Same as element #50	
111**	Units of Service	676	682	7		X	R	46	Same as element #51	
112**	Charges	683	692	10		X	R	47	Same as element #52	
113**	22nd Revenue Code	693	696	4		X	R	42	Same as element #50	
114**	Units of Service	697	703	7		X	R	46	Same as element #51	
115**	Charges	704	713	10		X	R	47	Same as element #52	
116*	23rd Revenue Code (Total Charges for the Patient	714	717	4		X	R	47 (UB04)	The only allowed revenue code entry for this field is 0001. Total Charges for the Patient. ~ Use 0001 only on the last page of the record, as the very last revenue code ~ This field should be empty for all other pages of the patient record	For empty pages, acceptable entries are: blank spaces; or zeros filled left. Right justify
117	Filler	718	724	7	X				Blank Fill	
118*	Charges	725	734	10		X	R	47 (UB04)	Report ONLY the Total Charges for the patient in this field, on the very last page of the patient record	Use only when 0001 is reported in element #116
119*	Page Number	735	738	4		X	R	47 (UB04)	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 6 = 0206
120*	Attending Clinician ID # (NPI)	739	748	10	X		L	82 (UB92), 76 (UB04)	Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									care and treatment ~ Enter clinician's NPI number ~ State license number or UPIN are no longer accepted ~ Blank fill right	
121	Filler	749	760	12	X				Blank fill	
122*	**Patient Control Number / ID #**	761	780	20	X		L	3	Uniquely identifies each patient ~ Blank fill right	
123	1st Insur Group #	781	797	17	X		L	62a	The ID#, control# or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered ~ Space fill right ~ Recorded only if corresponding payer ID# is present	
124	2nd Insur Group #	798	814	17	X		L	62b	As above	
125	3rd Insur Group #	815	831	17	X		L	62c	As above	
126**	Admitting (1st Other) Clinician ID # / NPI	832	841	10	X		L	83a (UB92), 78-79 (UB04)	ID# of the clinician who admitted the patient ~ Enter clinician's NPI ~ UPIN no longer accepted ~ Space fill right	
127**	2nd Other Clinician ID # / NPI	842	851	10	X		L	83b (UB92), 78-79 (UB04)	ID# of the clinician who consulted on the patient's case. Instructions as above.	
128	Filler	852	858	7	X				Blank fill	
129*	ICD Diagnosis Code Version Qualifier	859	859	1		X	L	69 (UB92), 66 (UB04)	The qualifier code value for the version of International Classification of Diseases being used by the hospital	9 = ICD-9 Version 0 ICD-10 Version effective 10/1/2015

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
130**	9th Other Diagnostic Code	860	866	7	X		L	67 (UB04)	Same as element #14	Same as element #14
131**	Present on Admission Indicator for 9th Other Diagnosis	867	867	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
132**	10th Other Diagnostic Code	868	874	7	X		L	67 (UB04)	Same as element #14	Same as element #14
133**	Present on Admission Indicator for 10th Other Diagnosis	875	875	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
134**	11th Other Diagnosis Code	876	882	7	X		L	67 (UB04)	Same as element #14	Same as element #14
135**	Present on Admission Indicator for 11th Other Diagnosis	883	883	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
136**	12th Diagnosis Code	884	890	7	X		L	67 (UB04)	Same as element #14	Same as element #14
137**	Present on Admission Indicator for 12th Other Diagnosis	891	891	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
138**	13th Other Diagnosis Code	892	898	7	X		L	67 (UB04)	Same as element #14	Same as element #14
139**	Present on Admission Indicator for 13th Other Diagnosis	899	899	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
140**	14th Other Diagnosis Code	900	906	7	X		L	67 (UB04)	Same as element #14	Same as element #14
141**	Present on Admission	907	907	1	X		L	68 (UB92),	Same as element #13	Same as element #13

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Indicator for 14th Other Diagnosis							67 (UB04)		
142**	15th Other Diagnosis Code	908	914	7	X		L	67 (UB04)	Same as element #14	Same as element #14
143**	Present on Admission Indicator for 15th Other Diagnosis	915	915	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
144**	16th Other Diagnosis Code	916	922	7	X		L	67 (UB04)	Same as element #14	Same as element #14
145**	Present on Admission Indicator for 16th Other Diagnosis	923	923	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
146**	17th Other Diagnosis Code	924	930	7	X		L	67 (UB04)	Same as element #14	Same as element #14
147**	Present on Admission Indicator for 17th Other Diagnosis	931	931	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
148**	18th Other Diagnosis Code	932	938	7	X		L	67 (UB04)	Same as element #14	Same as element #14
149**	Present on Admission Indicator for 18th Other Diagnosis	939	939	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
150**	19th Other Diagnosis Code	940	946	7	X		L	67 (UB04)	Same as element #14	Same as element #14
151**	Present on Admission Indicator for 19th Other Diagnosis	947	947	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
152**	20th Other Diagnosis Code	948	954	7	X		L	67 (UB04)	Same as element #14	Same as element #14

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
153**	Present on Admission Indicator for 20th Other Diagnosis	955	955	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
154**	21th Other Diagnosis Code	956	962	7	X		L	67 (UB04)	Same as element #14	Same as element #14
155**	Present on Admission Indicator for 21th Other Diagnosis	963	963	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
156**	22th Other Diagnosis Code	964	970	7	X		L	67 (UB04)	Same as element #14	Same as element #14
157**	Present on Admission Indicator for 22th Other Diagnosis	971	971	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
158**	23th Other Diagnosis Code	972	978	7	X		L	67 (UB04)	Same as element #14	Same as element #14
159**	Present on Admission Indicator for 23th Other Diagnosis	979	979	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
160**	24th Other Diagnosis Code	980	986	7	X		L	67 (UB04)	Same as element #14	Same as element #14
161**	Present on Admission Indicator for 24th Other Diagnosis	987	987	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
162**	**1ST E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM**	988	994	7	X		L	67a (UB92), 72 (UB04)	ICD External Cause of Injury (ECI) code to designate causative event of condition or injury **As of 10/1/2015 ICD-10-CM External Causes of Morbidity codes will be**	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	as of 10/1/2015)								**accepted.** ~ Must be consistent with patient's age and gender ~ Must be valid ICD E-Code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External Cause of Morbidity code ~ Space fill right ~ No decimals	
163**	**Present on Admission Indicator for 1st E-Code As of 10/1/2015 Present on Admission Indicator for 1st External Cause of Morbidity Code**	995	995	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
164**	**2nd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	996	1002	7	X		L	67b (UB92), 72 (UB04)	Same as element #162	
165**	**Present on Admission Indicator for 2nd E-Code As of 10/1/2015 Present on Admission Indicator for 2nd**	1003	1003	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	External Cause of Morbidity Code									
166**	**3rd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	1004	1010	7	X		L	67b (UB92), 72 (UB04)	Same as element #162	
167**	**Present on Admission Indicator for 3rd E-Code As of 10/1/2015 Present on Admission Indicator for 3rd External Cause of Morbidity Code**	1011	1011	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
168**	6th Other Procedure Code	1012	1018	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
169	Filler	1019	1025	7	X				Blank fill	
170**	6th Other Procedure Date	1026	1031	6		X		81 (UB92), 74 (UB04)	Same as element #37	
171**	7th Other Procedure Code	1032	1038	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
172	Filler	1039	1045	7	X				Blank fill	
173**	7th Other	1046	1051	6		X		81	Same as element #37	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Procedure Date							(UB92), 74 (UB04)		
174**	8th Other Procedure Code	1052	1058	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
175	Filler	1059	1065	7	X				Blank fill	
176**	8th Other Procedure Date	1066	1071	6		X		81 (UB92), 74 (UB04)	Same as element #37	
177**	9th Other Procedure Code	1072	1078	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
178	Filler	1079	1085	7	X				Blank fill	
179**	9th Other Procedure Date	1086	1091	6		X		81 (UB92), 74 (UB04)	Same as element #37	
180**	10th Other Procedure Code	1092	1098	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
181	Filler	1099	1105	7	X				Blank fill	
182**	10th Other Procedure Date	1106	1111	6		X		81 (UB92), 74 (UB04)	Same as element #37	
183**	11th Other Procedure Code	1112	1118	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
184	Filler	1119	1125	7	X				Blank fill	
185**	11th Other Procedure Date	1126	1131	6		X		81 (UB92), 74 (UB04)	Same as element #37	
186**	12th Other Procedure Code	1132	1138	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
187	Filler	1139	1145	7	X				Blank fill	
188**	12th Other Procedure Date	1146	1151	6		X		81 (UB92), 74 (UB04)	Same as element #37	
189**	13th Other Procedure Code	1152	1158	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
190	Filler	1159	1165	7	X				Blank fill	
191**	13th Other Procedure Date	1166	1171	6		X		81 (UB92), 74 (UB04)	Same as element #37	
192**	14th Other Procedure Code	1172	1178	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
193	Filler	1179	1185	7	X				Blank fill	
194**	14th Other Procedure Date	1186	1191	6		X		81 (UB92), 74	Same as element #37	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
195**	15th Other Procedure Code	1192	1198	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
196	Filler	1199	1205	7	X				Blank fill	
197**	15th Other Procedure Date	1206	1211	6		X		81 (UB92), 74 (UB04)	Same as element #37	
198**	16th Other Procedure Code	1212	1218	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
199	Filler	1219	1225	7	X				Blank fill	
200**	16th Other Procedure Date	1226	1231	6		X		81 (UB92), 74 (UB04)	Same as element #37	
201**	17th Other Procedure Code	1232	1238	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
202	Filler	1239	1245	7	X				Blank fill	
203**	17th Other Procedure Date	1246	1251	6		X		81 (UB92), 74 (UB04)	Same as element #37	
204**	18th Other Procedure Code	1252	1258	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
205	Filler	1259	1265	7	X				Blank fill	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
206**	18th Other Procedure Date	1266	1271	6		X		81 (UB92), 74 (UB04)	Same as element #37	
207**	19th Other Procedure Code	1272	1278	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
208	Filler	1279	1285	7	X				Blank fill	
209**	19th Other Procedure Date	1286	1291	6		X		81 (UB92), 74 (UB04)	Same as element #37	
210**	20th Other Procedure Code	1292	1298	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
211	Filler	1299	1305	7	X				Blank fill	
212**	20th Other Procedure Date	1306	1311	6		X		81 (UB92), 74 (UB04)	Same as element #37	
213**	21st Other Procedure Code	1312	1318	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
214	Filler	1319	1325	7	X				Blank fill	
215**	21st Other Procedure Date	1326	1331	6		X		81 (UB92), 74 (UB04)	Same as element #37	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
216**	22nd Other Procedure Code	1332	1338	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
217	Filler	1339	1345	7	X				Blank fill	
218**	22nd Other Procedure Date	1346	1351	6		X		81 (UB92), 74 (UB04)	Same as element #37	
219**	23rd Other Procedure Code	1352	1358	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
220	Filler	1359	1365	7	X				Blank fill	
221**	23rd Other Procedure Date	1366	1371	6		X		81 (UB92), 74 (UB04)	Same as element #37	
222**	24th Other Procedure Code	1372	1378	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
223	Filler	1379	1385	7	X				Blank fill	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
224**	24th Other Procedure Date	1386	1391	6		X		81 (UB92), 74 (UB04)	Same as element #37	
225**	Operating Clinician ID Number / NPI	1392	1402	11	X		L	77 (UB04)	ID# of the individual with the primary responsibility for performing the surgical procedure(s). Required for inpatient if the record qualifies as a surgical record ~ Enter clinician's NPI number ~ State license number or UPIN are no longer accepted ~ Space fill right	
226*	Billing Provider Facility NPI (Facility Specific NPI or NPI Sub-ID)	1403	1417	15	X		L	1 (UB92), 56 (UB04)	The NPI assigned to the provider submitting the bill. Submit the FACILITY SPECIFIC NPI or NPI subpart on each patient record. ~ Space fill right	
227	Filler	1418	1432	15	X				Blank fill	
228**	Other Provider Identifier	1433	1447	15	X		L		Field to be used to submit facility's current Provider Data Collection ID#, until NPI or NPI subpart is assigned	
229	Filler	1448	1522	75	X				Blank fill	

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
230*	Statement Covers Period	1523	1534	12		X	R	06 (UB04)	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" ~ MMDDYY format	
231*	Primary Payer Name	1535	1557	23	X		L	50a (UB04)	Name of the Primary Payer source for the patient ~ Space fill right	
232**	Secondary Payer Name	1558	1580	23	X		L	50b (UB04)	Name of the Secondary Payer source for the patient ~ Space fill right	
233**	Tertiary Payer Name	1581	1603	23	X		L	50c (UB04)	Name of the Tertiary Payer source for the patient ~ Space fill right	
234	Filler	1604	1606	3	X				Blank fill	
235*	Race	1607	1608	2	X				2 digit code designating patient's race, reported according to official OMB categories. ~ Must have one of the two digit code values to the right ~ Latino patients should be classified using a Race code to the right, used in conjunction with the appropriate Ethnicity code below	R1 = American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White R9 = Other *No more than 3% of cases may contain R9 – Other*
236*	Ethnicity	1609	1610	2	X				2 digit code designating patient's ethnic background, reported according to official OMB categories. ~ Must have one of the two digit code values to the right	E1 = Hispanic or Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity
237	Filler	1611	1612	2	X				Blank fill	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
238	Filler	1613	1614	2	X				Blank fill	
239*	Admitting Diagnosis	1615	1621	7	X		L	69 (UB04)	**Must be valid ICD-9-CM diagnosis code or after October 1, 2015 a valid ICD-10-CM code describing the patient's diagnosis at time of inpatient admission.** ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	
240	Filler	1622	1623	2	X				Blank fill	
241	Filler	1624	1629	6	X				Blank fill	
242	Filler	1630	1635	6	X				Blank fill	
243**	Do Not Resuscitate Order (DNR)	1636	1637	2	X			18-28 (UB04)	Condition code designating whether the patient has a signed order to not resuscitate. ~ Only 1 code is acceptable, noted to the right.	Condition Code = P1 (Code indicates that a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital and is clearly documented in the patient's medical record. For public health reporting only.)
244	Filler	1638	1639	2	X				Blank fill	
245	Filler	1640	1641	2	X				Blank fill	
246	Filler	1642	1643	2	X				Blank fill	
247	Filler	1644	1649	6	X				Blank fill	
248	Filler	1650	1651	2	X				Blank fill	
249	Filler	1652	1657	6	X				Blank fill	
250**	Newborn Birth weight in Grams: Value Amount	1658	1659	2	X		L	39-41 (UB04)	Value Code designating that a birth weight in grams is in existence. Required for Priority of Visit 4 ~ Only 1 code is acceptable, noted to the right	Value Code = 54 (Code indicates that an actual birth weight or weight at time of admission for an extramural birth, in grams, is in existence)
251**	Newborn Birth Weight in Grams:	1660	1663	4		X	R	39-41 (UB04)	The actual value amount, reported in grams, for birth weight, as described	Based on Value Code 54 amounts

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Value Amount								above ~ Value must be > 0	
252	Filler	1664	2124	461	X				Blank fill	
253	Filler	2125	2129	5	X				Blank fill	
254**	Patient's Name (Last name, First Name, Middle Initial)	2130	2158	29	X		L	12 (UB92), 8 (UB04)	Patient's legal name represented using Last Name, First Name, and Middle Initial. ~ Use a comma or space to separate each portion of the patient's name ~ No space should be left between a prefix and name E.g. McDonald ~ Report hyphenated names with the hyphen. E.g. Smith-Jones, Jane ~ Report suffixes as Smith III,John	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses**
255**	Patient's Address (street)	2159	2198	40	X		L	13 (UB92), 9 Subfield a (UB04)	The street address where the patient resides	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses**
256**	Patient's City	2199	2228	30	X		L	13 (UB92), 9 Subfield b (UB04)	The city where the patient resides	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses**
257**	Patient's State	2229	2230	2	X		L	13 (UB92), 9 Subfield	The 2 digit state abbreviation of the state where the patient resides	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses**

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								c (UB04)		
258**	Primary Insured's Name	2231	2255	25	X		L	58a (UB92), 58 Line a (UB04)	The name of the individual under whose name the **Primary** insurance benefit is carried. ~ Instructions as for element #254	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.**
259**	Patient's Relationship to Insured	2256	2257	2	X		L	59a (UB92), 59 Line a (UB04)	The 2 digit code indicating the relationship of the patient to the identified insured ~ Any codes submitted other than those to the right will be mapped to one of the codes listed	01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 =Nephew or Niece 10 = Foster Child 15 = Ward of the Court 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent to a Minor Dependent 29 = Significant Other 32 = Mother 33 = Father 36 = Emancipated Minor 39 = Organ Donor 40 = Cadaver Donor 41 = Injured Plaintiff 43 = Child Where Insured Has No Financial Responsibility 53 = Life Partner G8 = Other Relationship

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.
260**	Primary Insured's Unique Identifier	2258	2277	20	X		L	60a (UB92), 60 Line a (UB04)	The unique number assigned by the health plan to the individual under whose name the **Primary** insurance benefit is carried.	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.**
261**	Medical Health Record Number	2278	2301	24	X		L	23 (UB92), 3b (UB04)	The number assigned to the patient's medical / health record by the provider	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses**
262	Filler	2302	2500	199	X				Blank Fill	

THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD

SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE

Outpatient Flat File Format Layout

The following pages contain the outpatient flat file format layout for submitting data records.

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
1*	Patient DOB	1	8	8		X		14 (UB92), 10 (UB04)	~ MMDDYYYY Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures	
2*	Patient Sex	9	9	1	X			15 (UB92), 11 (UB04)	M = Male F = Female U = Unknown	
3*	Patient ZIP Code	10	14	5		X		13 (UB92), 09 (UB04)	Zip Code of patient's residence	Unknown = 00000, Foreign = 99999
4	ZIP plus 4	15	18	4	X			As Above		
5*	1st Individual Payer ID #	19	27	9	X		L	50A (UB92), 51A (UB04)	Expected Principal Payment Source ~ Do not include hyphens, commas, periods or slashes ~ Space fill right ~ Use only the 5 digit codes to the right ~ Appropriate code must also be used for Self Pay and Charity patients	Payer Mapping Codes 98910 = Medicare (Excl. Managed Care) 98911 = Black Lung 98912 = Charity – defined according to the Hospital policy at time of discharge 98913 = Hill Burton Free Care 98914 = Tricare (Champus) 98915 = ChampVA 98916 = In State Medicaid 98917 = Out of State Medicaid 98918 = Self Pay 98921 = Commercial – Indemnity

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										98922 = Commercial – HMO 98923 = Commercial – PPO 98924 = Commercial - Other 98930 = Other Self Administered Plan 98940 = Passport Medicaid Mgd. Care 98945 = Medicare Managed Care 98950 = Workers Compensation 98960 = Blue Cross Blue Shield 00000 = Other 98970 = Coventry Care of Kentucky 98980 = WellCare of Kentucky 98990 = Kentucky Spirit Health Plan 98925 = VA 98926 = Auto Insurance 98927 = Other Facility 98928 = Pending Insurance 98929 = Humana Medicaid Managed Care 98991 = BCBS Medicaid Managed Care **98992 =WellCare Health Commercial Plan (effective 01/01/2015)** **98993 =Care Source KY Commercial Plan (effective 01/01/2015)** **98994 =Kentucky Health Cooperative Plan** *No more than 1% of records may contain 00000.*

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
6	2nd Individual Payer ID #	28	36	9	X		L	50B (UB92), 51B (UB04)	Expected Secondary Payment Source ~ Instructions as above ~ If no source of payment, space fill	
7	3rd Individual Payer ID #	37	45	9	X		L	50C (UB92), 51C (UB04)	Expected Tertiary Payment Source ~ Instructions as above	
8*	Date of Admission	46	51	6		X		17 (UB92), 12 (UB04)	~ MMDDYY Format ~ No hyphens or slashes ~ Admission date cannot precede birth date or 1993 ~ Discharge date cannot precede admission date	
9*	Point of Origin / Source of Admission	52	52	1	X			20 (UB92), 15 (UB04)	Data element becomes **Point of Origin** as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit. **Source of Admission** code indicates the source of the patient referral for cases discharged prior to 10/01/07.	1 = Non-Health Care Facility 2 = Clinic 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF/ICF 6 = Transfer from Another Health Care Facility 7 = Emergency Room 8 = Court/Law Enforcement 9 = Information not Available B = Transferred from another Home Health Agency C = Readmission to Same Home Health Agency 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

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										E = Transfer from Ambulatory Surgery Center F = Transfer from hospice and is under a hospice plan of carte or enrolled in a hospice program *No more than 1% of cases may contain 9 – Information not Available*
9* Cont.	Point of Origin / Source of Admission (cont.)									If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following: 5 = Born Inside the Hospital 6 = Born outside the hospital
10*	Priority (Type) of Visit / Type of Admissions	53	53	1		X		19 (UB92), 14 (UB04)	Code indicates the priority (type) of the admission ~ If Priority of Visit is newborn (4), patient age must be 0 years old ~ Additional instructions as above	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma center 9 = Information not Available *No more than 1% of cases may contain 9 – Information not Available*
11*	Type of Bill	54	56	3		X		4	~ Submit final bills only. No interim bills accepted ~ XX8 bill types are not accepted by KY IPOP	The only valid codes are: 131 = Hospital; Outpatient; Admit Through Discharge Claim 431 = Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit Through

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										Discharge Claim 731 = Clinic; Freestanding; Admit Through Discharge Claim 831 = Specialty Facility or ASC Surgery; Freestanding; Admit Through Discharge Claim 851 = Specialty Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit Through Discharge Claim
12*	Principal Diagnosis	57	64	8	X		L	67	**Must be valid ICDE-9-CM code or after October 1, 2015 a valid ICD-10-CM code established after admission as responsible for inpatient/outpatient care necessity** ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals ~ Principal DX is V30 – V39 (with 0 as 4th digit), admission type must be 4 **Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015**	
13**	1st Other Diagnosis	65	72	8	X		L	68 (UB92), 67 (UB04)	Additional condition that coexists at the time of admission, or develops during hospital stay, and has effect on the treatment provided or the length of stay ~ Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom	If additional room is available in the Other Diagnosis fields, after all clinical diagnoses have been entered; additional E-Codes can also be mapped to the remaining fields. **As of 10/1/2015 additional External Causes of Morbidity codes can also be mapped to the remaining fields**

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									codes. ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	
14**	2nd Other Diagnosis	73	80	8	X		L	69 (UB92), 67 (UB04)	As above	As above
15**	3rd Other Diagnosis	81	88	8	X		L	70 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
16**	4th Other Diagnosis	89	96	8	X		L	71 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
17**	5th Other Diagnosis	97	104	8	X		L	72 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
18**	6th Other Diagnosis	105	112	8	X		L	73 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
19**	7th Other Diagnosis	113	120	8	X		L	74 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
20**	8th Other Diagnosis	121	128	8	X		L	75 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
21	Filler	129	129	1	X				Blank Fill	
22*	1st Position Procedure Code	130	143	14	X		L	80 (UB92), 74 (UB04)	Use procedure performed for definitive treatment, not for exploratory purposes ~ Only CPT®/HCPCS codes, plus modifies, if applicable, allowed for **outpatient** services. HCPCS modifiers are acceptable on CPT®Codes ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any procedure ~ Must be valid codes/modifiers for discharge date timeframe	Format programming notes: CPT = 99999

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									~ Space fill right ~ Must be consistent with patient's gender	
23*	1st Position Procedure Date	144	149	6		X		80 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date	
24*	Patient Discharge Status	150	151	2		X		22 (UB92), 17 (UB04)	Patients status at time of discharge	01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another short term general hospital for inpatient care 03 = Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care 04 = Discharged/transferred to ICF 05 = **As of 04/01/08** – Discharged/transferred to a Designated Cancer Center or Children's Hospital **Prior to 04/01/08** Discharged/transferred to another type of institution not defined elsewhere n this code list 06 = Discharged/transferred to home under care of organized home health

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
											service organization in anticipation of covered skilled care
										07	= Left against medical advice or discontinued care
										09	= Admitted as inpatient to this hospital
										10-19	= Discharge defined at state level
										20	= Expired
										21	= Discharged/transferred to court/law enforcement **(Eff 10/01/09)**
										22-29	= Expired to be defined at state level
										30	= Still patient
										31-39	= Still patient defined at state level
										40	= Expired at home (Medicare, CHAMPUS claims only for hospice care)
										41	= Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
										42	= Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
										43	= Discharged/transferred to a Federal hospital
										44-49	= Reserved for National assignment
										50	= Hospice – home
										51	= Hospice – medical facility
										52-60	= Reserved for National

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
											assignment
										61	= Discharged/transferred within this institution to hospital-based Medicare approved swing bed
										62	= Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a hospital
										63	= Discharged/transferred to a Medicare certified long term care hospital (LTCH)
										64	= Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
										65	= Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
										66	= Discharged/transferred to a Critical Access Hospital (CAH) **(Effective 01/01/06)**
										67-68	= Reserved for National assignment
										69	= Discharge transferred to a designated disaster alternate care
										70	= Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
										73-81	= Reserved for National assignment
										81	= Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
										82	= Discharged/Transferred to a Short Term General Hospital for IP Care with a Planned Acute Care Hospital IP Readmission
										83	= Discharge/Transferred to a SNF with Medicare Certification with a Planned Acute Care Hospital IP Readmission
										84	= Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
										85	= Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
										86	= Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
										87	= Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
											Hospital IP Readmission
										88	= Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
										89	= Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital IP Readmission
										90	= Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
										91	= Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
										92	= Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
										93	=Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
										94	= Discharged/Transferred to

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission 95 = Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission
25**	1st Other Procedure Code	152	165	14	X		L	81 (UB92), 74 (UB04)	Additional procedure performed other than 1st Position procedure ~ Must be consistent with patient's gender ~ Space fill right, no decimals or hyphens	Up to 24 Other Procedure Codes are allowed. Same instructions as for element #22
26**	1st Other Procedure Date	166	171	6		X		81 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date ~ Required if corresponding procedure is recorded	Same instructions as for element #23
27**	2nd Other Procedure Code	172	185	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
28**	2nd Other Procedure Date	186	191	6		X		81 (UB92), 74 (UB04)	Same as element #26	
29**	3rd Other Procedure Code	192	205	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
30**	3rd Other Procedure Date	206	211	6		X		81 (UB92), 74 (UB04)	Same as element #26	
31**	4th Other Procedure Code	212	225	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
32**	4th Other Procedure Date	226	231	6		X		81 (UB92), 74 (UB04)	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
33**	5th Other Procedure Code	232	245	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
34**	5th Other Procedure Date	246	251	6		X		81 (UB92), 74 (UB04)	Same as element #26	
35*	1st Revenue Code	252	255	4		X	R	42	Identifies an accommodation, ancillary service, or billing calculation ~ Right justify, zero fill left ~ Report any applicable Revenue Codes appearing on the patient case ~ Room and Board charges can be reported for an outpatient stay if the patient was never classified as an inpatient **There must be a related Revenue Code and Charge for every Service Line Item on the patient record.**	If a patient has more than 22 revenue codes, fill all 22 current record, and do not enter code 0001 on current record. Make additional records for the patient, duplicating all other data elements, and continue to list revenue codes. Use 0001 only after all revenue codes have been listed, in the 23rd Revenue Code field of the last page, no matter how many records have to be created for completion. Revenue code 0001, Total Charges for the Patient, should be used only once per patient cares, in the 23rd Revenue Code field. See element #101.
36*	Units of Service	256	262	7		X	R	46	A quantitative measure of services rendered by revenue code ~ Right justify, zero fill left ~ Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									hospitals report admission dates in light of observation or ER stays ~ Required if corresponding revenue code is recorded	
37*	Charges	263	272	10		X	R	47	Total charges for the corresponding revenue code ~ The sum of all charges minus the total charges must = the total charges for revenue code 0001 ~ The sum of all charges must be positive ~ Right justify, zero fill left	Programming notes: ~ Programming Format: S9(8)V99 ~ Signed fields are unpacked, signed, right justified, zero filled to left ~ When including sign, used zoned decimal representation See Appendix A for Zoned Decimal Representation Table ~ May be negative (credit) ~ Charge fields have an assumed decimal with 2 positions to the right for cents
38**	2nd Revenue Code	273	276	4		X	R	42	Same as element #35	
39**	Units of Service	277	283	7		X	R	46	Same as element #36	
40**	Charges	284	293	10		X	R	47	Same as element #37	
41**	3rd Revenue Code	294	297	4		X	R	42	Same as element #35	
42**	Units of Service	298	304	7		X	R	46	Same as element #36	
43**	Charges	305	314	10		X	R	47	Same as element #37	
44**	4th Revenue Code	315	318	4		X	R	42	Same as element #35	
45**	Units of Service	319	325	7		X	R	46	Same as element #36	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
46**	Charges	326	335	10		X	R	47	Same as element #37	
47**	5th Revenue Code	336	339	4		X	R	42	Same as element #35	
48**	Units of Service	340	346	7		X	R	46	Same as element #36	
49**	Charges	347	356	10		X	R	47	Same as element #37	
50**	6th Revenue Code	357	360	4		X	R	42	Same as element #35	
51**	Units of Service	361	367	7		X	R	46	Same as element #36	
52**	Charges	368	377	10		X	R	47	Same as element #37	
53**	7th Revenue Code	378	381	4		X	R	42	Same as element #35	
54**	Units of Service	382	388	7		X	R	46	Same as element #36	
55**	Charges	389	398	10		X	R	47	Same as element #37	
56**	8th Revenue Code	399	402	4		X	R	42	Same as element #35	
57**	Units of Service	403	409	7		X	R	46	Same as element #36	
58**	Charges	410	419	10		X	R	47	Same as element #37	
59**	9th Revenue Code	420	423	4		X	R	42	Same as element #35	
60**	Units of Service	424	430	7		X	R	46	Same as element #36	
61**	Charges	431	440	10		X	R	47	Same as element #37	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
62**	10th Revenue Code	441	444	4		X	R	42	Same as element #35	
63**	Units of Service	445	451	7		X	R	46	Same as element #36	
64**	Charges	452	461	10		X	R	47	Same as element #37	
65**	11th Revenue Code	462	465	4		X	R	42	Same as element #35	
66**	Units of Service	466	472	7		X	R	46	Same as element #36	
67**	Charges	473	482	10		X	R	47	Same as element #37	
68**	12th Revenue Code	483	486	4		X	R	42	Same as element #35	
69**	Units of Service	487	493	7		X	R	46	Same as element #36	
70**	Charges	494	503	10		X	R	47	Same as element #37	
71**	13th Revenue Code	504	507	4		X	R	42	Same as element #35	
72**	Units of Service	508	514	7		X	R	46	Same as element #36	
73**	Charges	515	524	10		X	R	47	Same as element #37	
74**	14th Revenue Code	525	528	4		X	R	42	Same as element #35	
75**	Units of Service	529	535	7		X	R	46	Same as element #36	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
76**	Charges	536	545	10		X	R	47	Same as element #37	
77**	15th Revenue Code	546	549	4		X	R	42	Same as element #35	
78**	Units of Service	550	556	7		X	R	46	Same as element #36	
79**	Charges	557	566	10		X	R	47	Same as element #37	
80**	16th Revenue Code	567	570	4		X	R	42	Same as element #35	
81**	Units of Service	571	577	7		X	R	46	Same as element #36	
82**	Charges	578	587	10		X	R	47	Same as element #37	
83**	17th Revenue Code	588	591	4		X	R	42	Same as element #35	
84**	Units of Service	592	598	7		X	R	46	Same as element #36	
85**	Charges	599	608	10		X	R	47	Same as element #37	
86**	18th Revenue Code	609	612	4		X	R	42	Same as element #35	
87**	Units of Service	613	619	7		X	R	46	Same as element #36	
88**	Charges	620	629	10		X	R	47	Same as element #37	
89**	19th Revenue Code	630	633	4		X	R	42	Same as element #35	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
69**	Units of Service	634	640	7		X	R	46	Same as element #36	
91**	Charges	641	650	10		X	R	47	Same as element #37	
92**	20th Revenue Code	651	654	4		X	R	42	Same as element #35	
93**	Units of Service	655	661	7		X	R	46	Same as element #36	
94**	Charges	662	671	10		X	R	47	Same as element #37	
95**	21th Revenue Code	672	675	4		X	R	42	Same as element #35	
96**	Units of Service	676	682	7		X	R	46	Same as element #36	
97**	Charges	683	692	10		X	R	47	Same as element #37	
98**	22nd Revenue Code	693	696	4		X	R	42	Same as element #35	
99**	Units of Service	697	703	7		X	R	46	Same as element #36	
100**	Charges	704	713	10		X	R	47	Same as element #37	
101*	23rd Revenue Code (Total Charges for the Patient	714	717	4		X	R	47 (UB04)	The only allowed revenue code entry for this field is 0001. Total Charges for the Patient. ~ Use 0001 only on the last page of the record, as the very last	For empty pages, acceptable entries are: blank spaces; or zeros filled left. Right justify

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									revenue code ~ This field should be empty for all other pages of the patient record	
102	Filler	718	724	7		X			Blank Fill	
103*	Charges	725	734	10		X	R	47 (UB04)	Report ONLY the Total Charges for the patient in this field, on the very last page of the patient record	Use only when 0001 is reported in element #101
104*	Page Number	735	738	4		X	R	47 (UB04)	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 6 = 0206
105*	Attending Clinician ID # (NPI)	739	748	10	X		L	82 (UB92), 76 (UB04)	Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment ~ Enter clinician's NPI number ~ State license number or UPIN are no longer accepted ~ Blank fill right	
106	Filler	749	760	12	X				Blank fill	
107*	Patient Control Number / ID #	761	780	20	X		L	3	Uniquely identifies each patient ~ Blank fill right	
108	1st Insur Group #	781	797	17	X		L	62a	The ID#, control# or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered ~ Space fill right ~ Recorded only if	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									corresponding payer ID# is present	
109	2nd Insur Group #	798	814	17	X		L	62b	Same as above	
110	3rd Insur Group #	815	831	17	X		L	62c	Same as above	
111**	Admitting (1st Other) Clinician ID# / NPI	832	841	10	X		L	83a (UB92), 78-79 (UB04)	ID# of the clinician who admitted the patient ~ Enter clinician's NPI ~ State License Number or UPIN no longer accepted ~ Space fill right	
112**	2nd Other Clinician ID # / NPI	842	851	10	X		L	83b (UB92), 78-79 (UB04)	ID# of the clinician who consulted on the patient's case. Instruction as above.	
113*	Outpatient Site ID #	852	853	2		X	R		The surgical site of the patient surgical service ~ Zero fill left	01 = On Campus Site Off campus sites are to be specified according to the Site Designation of Data Coordinator Forms
114	Filler	854	858	5	X				Blank fill	
115*	ICD Diagnosis Code Version Qualifier	859	859	1		X	L	69 (UB92), 66 (UB04)	The qualifier code value for the version of International Classification of Diseases being used by the hospital	9 = ICD-9 Version 0 ICD-10 Version Effective 10/1/2015
116**	9th Other	860	867	8	X		L	67	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Diagnosis Code							(UB04)		
117**	10th Other Diagnosis Code	868	875	8	X		L	67 (UB04)	Same as element #13	Same as element #13
118**	11th Other Diagnosis Code	876	883	8	X		L	67 (UB04)	Same as element #13	Same as element #13
119**	12th Other Diagnosis Code	884	891	8	X		L	67 (UB04)	Same as element #13	Same as element #13
120**	13th Other Diagnosis Code	892	899	8	X		L	67 (UB04)	Same as element #13	Same as element #13
121**	14th Other Diagnosis Code	900	907	8	X		L	67 (UB04)	Same as element #13	Same as element #13
122**	15th Other Diagnosis Code	908	915	8	X		L	67 (UB04)	Same as element #13	Same as element #13
123**	16th Other Diagnosis Code	916	923	8	X		L	67 (UB04)	Same as element #13	Same as element #13
124**	17th Other Diagnosis Code	924	931	8	X		L	67 (UB04)	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
125**	18th Other Diagnosis Code	932	939	8	X		L	67 (UB04)	Same as element #13	Same as element #13
126**	19th Other Diagnosis Code	940	947	8	X		L	67 (UB04)	Same as element #13	Same as element #13
127**	20th Other Diagnosis Code	948	955	8	X		L	67 (UB04)	Same as element #13	Same as element #13
128**	21th Other Diagnosis Code	956	963	8	X		L	67 (UB04)	Same as element #13	Same as element #13
129**	22th Other Diagnosis Code	964	971	8	X		L	67 (UB04)	Same as element #13	Same as element #13
130**	23th Other Diagnosis Code	972	979	8	X		L	67 (UB04)	Same as element #13	Same as element #13
131**	24th Other Diagnosis Code	980	986	8	X		L	67 (UB04)	Same as element #13	Same as element #13
132**	**1ST E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	988	995	8	X		L	67a (UB92), 72 (UB04)	ICD External Cause of Injury (ECI) code to designate causative event of condition or injury **As of 10/1/2015 ICD-10-CM External Causes of Morbidity codes will be accepted.**	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									~ Must be consistent with patient's age and gender ~ Must be valid ICD E-Code for discharge date ~ Space fill right ~ No decimals	
133**	**2nd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	996	1003	8	X		L	67b (UB92), 72 (UB04)	Same as element #162	Same as element #162
134**	**3rd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	1004	1011	8	X		L	67b (UB92), 72 (UB04)	Same as element #162	Same as element #162
135**	6th Other Procedure Code	1012	1025	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
136**	6th Other Procedure Date	1026	1031	6		X		81 (UB92), 74 (UB04)	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
137**	7th Other Procedure Code	1032	1045	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
138**	7th Other Procedure Date	1046	1051	6		X		81 (UB92), 74 (UB04)	Same as element #26	
139**	8th Other Procedure Code	1052	1065	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
140**	8th Other Procedure Date	1066	1071	6		X		81 (UB92), 74 (UB04)	Same as element #26	
141**	9th Other Procedure Code	1072	1085	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
142**	9th Other	1086	1091	6		X		81 (UB92),	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Procedure Date							74 (UB04)		
143**	10th Other Procedure Code	1092	1105	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
144**	10th Other Procedure Date	1106	1111	14		X		81 (UB92), 74 (UB04)	Same as element #26	
145**	11th Other Procedure Code	1112	1125	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
146**	11th Other Procedure Date	1126	1131	6		X		81 (UB92), 74 (UB04)	Same as element #26	
147**	12th Other Procedure Code	1132	1145	14	X		L	81 (UB92), 74	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
148**	12th Other Procedure Date	1146	1151	6		X		81 (UB92), 74 (UB04)	Same as element #26	
149**	13th Other Procedure Code	1152	1165	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
150**	13th Other Procedure Date	1166	1171	6		X		81 (UB92), 74 (UB04)	Same as element #26	
151**	14th Other Procedure Code	1172	1185	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
152**	14th Other Procedure Date	1186	1191	6		X		81 (UB92), 74 (UB04)	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
153**	15th Other Procedure Code	1192	1205	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
154**	15th Other Procedure Date	1206	1211	6		X		81 (UB92), 74 (UB04)	Same as element #26	
155**	16th Other Procedure Code	1212	1225	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
156**	16th Other Procedure Date	1226	1231	6		X		81 (UB92), 74 (UB04)	Same as element #26	
157**	17th Other Procedure Code	1232	1245	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
158**	17th Other	1246	1251	6		X		81 (UB92),	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Procedure Date							74 (UB04)		
159**	18th Other Procedure Code	1252	1265	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
160**	18th Other Procedure Date	1266	1271	6		X		81 (UB92), 74 (UB04)	Same as element #26	
161**	19th Other Procedure Code	1272	1285	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
162**	19th Other Procedure Date	1286	1291	6		X		81 (UB92), 74 (UB04)	Same as element #26	
163**	20th Other Procedure Code	1292	1305	14	X		L	81 (UB92), 74	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
164**	20th Other Procedure Date	1306	1311	6		X		81 (UB92), 74 (UB04)	Same as element #26	
165**	21st Other Procedure Code	1312	1325	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
166**	21st Other Procedure Date	1326	1331	6		X		81 (UB92), 74 (UB04)	Same as element #26	
167**	22nd Other Procedure Code	1332	1345	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
168**	22nd Other Procedure Date	1346	1351	6		X		81 (UB92), 74 (UB04)	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
169**	23rd Other Procedure Code	1352	1365	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
170**	22nd Other Procedure Date	1366	1371	6		X		81 (UB92), 74 (UB04)	Same as element #26	
171**	24th Other Procedure Code	1372	1385	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
172**	24th Other Procedure Date	1386	1391	6		X		81 (UB92), 74 (UB04)	Same as element #26	
173**	Operating Clinician ID Number NPI	1392	1402	11	X		L	77 (UB04)	ID# of the individual with the primary responsibility for performing the surgical procedure(s). Required for any outpatient record if there is a surgical CPT/HCPCS code present on the record. ~ Enter clinician's NPI number ~ State license number or UPIN are no longer accepted	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									~ Space fill right	
174*	Billing Provider Facility NPI (Facility Specific NPI or NPI Sub-ID)	1403	1417	15	X		L	1 (UB92), 56 (UB04)	The NPI assigned to the provider submitting the bill. Submit the FACILITY SPECIFIC NPI or NPI subpart on each patient record. ~ Space fill right	
175**	Filler	1418	1432	15	X				Blank fill	
176**	Other Provider Identifier	1433	1447	15	X		L		Field to be used to submit facility's current Provider Data Collection ID#, until NPI or NPI subpart is assigned	
177*	Filler	1448	1522	75	X				Blank fill	
178*	Statement Covers Period	1523	1534	12		X	R	06 (UB04)	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" ~ MMDDYY format	
179*	Primary Payer Name	1535	1557	23	X		L	50a (UB04)	Name of the Primary Payer source for the patient ~ Space fill right	
180**	Secondary Payer Name	1558	1580	23	X		L	50b (UB04)	Name of the Secondary Payer source for the patient ~ Space fill right	
181**	Tertiary Payer Name	1581	1603	23	X		L	50c (UB04)	Name of the Tertiary Payer source for the patient ~ Space fill right	
182	Filler	1604	1606	3	X				Blank fill	
183*	Race	1607	1608	2	X				2 digit code designating patient's race, reported according to official OMB	R1 = American Indian or Alaska Native

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									categories. ~ Must have one of the two digit code values to the right ~ Latino patients should be classified using a Race code to the right, used in conjunction with the appropriate Ethnicity code (element 184)	R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White R9 = Other *No more than 3% of cases may contain R9 – Other*
184*	Ethnicity	1609	1610	2	X				2 digit code designating patient's ethnic background, reported according to official OMB categories. ~ Must have one of the two digit code values to the right	E1 = Hispanic or Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity
185**	Admission Hour	1611	1612	2		X		18 (UB92), 13 (UB04)	2-digit code refers to the hour during which the patient was admitted for **outpatient** care. ~ Must use HH code format from list to the right ~ Hospital must map the military admission time to the hour (HH) coding structure	**Code Time AM** 00 = 12:00 – 12:59 Midnight 01 = 01:00 – 01:59 02 = 02:00 – 02:59 03 = 03:00 – 03:59 04 = 04:00 – 04:59 05 = 05:00 – 05:59 06 = 06:00 – 06:59 07 = 07:00 – 07:59 08 = 08:00 – 08:59 09 = 09:00 – 09:59 10 = 10:00 – 10:59 11 = 11:00 – 11:59 **Code Time PM** 12 = 12:00 – 12:59 Midnight 13 = 01:00 – 01:59 14 = 02:00 – 02:59

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										15 = 03:00 – 03:59 16 = 04:00 – 04:59 17 = 05:00 – 05:59 18 = 06:00 – 06:59 19 = 07:00 – 07:59 20 = 08:00 – 08:59 21 = 09:00 – 09:59 22 = 10:00 – 10:59 23 = 11:00 – 11:59
186	Filler	1613	1614	2	X				Blank fill	
187	Filler	1615	1621	7	X				Blank fill	
188	Filler	1622	1623	2	X				Blank fill	
189	Filler	1624	1629	6	X				Blank fill	
190	Filler	1630	1635	6	X				Blank fill	
191	Filler	1636	1637	2	X				Blank fill	
192	Filler	1638	1639	2	X				Blank fill	
193	Filler	1640	1641	2	X				Blank fill	
194	Filler	1642	1643	2	X				Blank fill	
195	Filler	1644	1649	6	X				Blank fill	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
196	Filler	1650	1651	2	X				Blank fill	
197	Filler	1652	1657	6	X				Blank fill	
198	Filler	1658	1659	2	X				Blank fill	
199	Filler	1660	1663	4	X				Blank fill	
200**	1st "Patient's Reason for Visit" Diagnosis Code	1664	1670	7	X		L	70a (UP04)	**Must be valid ICD-9-CM diagnosis code or as of October 1, 2015 a valid ICD-10-CM diagnosis code describing the patient's reason for visit at time of outpatient registration. Required for any unscheduled outpatient visit**. ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	
201	2nd "Patient's Reason for Visit" Diagnosis Code	1671	1677	7	X		L	70b (UB04)	As above	
202	3rd "Patient's Reason for Visit" Diagnosis Code	1678	1684	7	X		L	70c (UB04)	As above	
203*	1st CPT/HCPCS Service Line Item	1685	1698	14	X		L	44 (UB04)	CPT®/HCPCS codes, plus modifiers, if applicable, for **outpatient** services. ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item ~ Must be valid codes/modifiers for discharge date timeframe	**There must be a related Revenue Code and Charge for every Service Line Item on the patient record.**

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									~ Space fill right	
204*	1st CPT®/HCPCS Service Date	1699	1704	6		X	R	45 (UB04)	Service Date for each CPT/HCPCS code reported in the service line item above ~ MMDDYY format	CPT®/HCPCS Service Line Item and Dates must also be reported in the Procedure Codes and Date fields.
205**	2nd CPT®/HCPCS Service Line Item	1705	1718	14	X		L	44 (UB04)	Same as element #203	
206**	2nd CPT®/HCPCS Service Date	1719	1724	6		X	R	45 (UB04)	Same as element #204	
207**	3rd CPT®/HCPCS Service Line Item	1725	1738	14	X		L	44 (UB04)	Same as element #203	
208**	3rd CPT®/HCPCS Service Date	1739	1744	6		X	R	45 (UB04)	Same as element #204	
209**	4th CPT®/HCPCS Service Line Item	1745	1758	14	X		L	44 (UB04)	Same as element #203	
210**	4th CPT®/HCPCS Service Date	1759	1764	6		X	R	45 (UB04)	Same as element #204	
211**	5th CPT®/HCPCS Service Line Item	1765	1778	14	X		L	44 (UB04)	Same as element #203	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
212**	5th CPT®/HCPCS Service Date	1779	1784	6		X	R	45 (UB04)	Same as element #204	
213**	6th CPT®/HCPCS Service Line Item	1785	1798	14	X		L	44 (UB04)	Same as element #203	
214**	6th CPT®/HCPCS Service Date	1799	1804	6		X	R	45 (UB04)	Same as element #204	
215**	7th CPT®/HCPCS Service Line Item	1805	1818	14	X		L	44 (UB04)	Same as element #203	
216**	7th CPT®/HCPCS Service Date	1819	1824	6		X	R	45 (UB04)	Same as element #204	
217**	8th CPT®/HCPCS Service Line Item	1825	1838	14	X		L	44 (UB04)	Same as element #203	
218**	8th CPT®/HCPCS Service Date	1839	1844	6		X	R	45 (UB04)	Same as element #204	
219**	9th CPT®/HCPCS Service Line Item	1845	1858	14	X		L	44 (UB04)	Same as element #203	
220**	9th CPT®/HCPCS	1859	1864	6		X	R	45	Same as element #204	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Service Date							(UB04)		
221**	10th CPT®/HCPCS Service Line Item	1865	1878	14	X		L	44 (UB04)	Same as element #203	
222**	10th CPT®/HCPCS Service Date	1879	1884	6		X	R	45 (UB04)	Same as element #204	
223**	11th CPT®/HCPCS Service Line Item	1885	1898	14	X		L	44 (UB04)	Same as element #203	
224**	11th CPT®/HCPCS Service Date	1899	1904	6		X	R	45 (UB04)	Same as element #204	
225**	12th CPT®/HCPCS Service Line Item	1905	1918	14	X		L	44 (UB04)	Same as element #203	
226**	12th CPT®/HCPCS Service Date	1919	1924	6		X	R	45 (UB04)	Same as element #204	
227**	13th CPT®/HCPCS Service Line Item	1925	1938	14	X		L	44 (UB04)	Same as element #203	
228**	13th CPT®/HCPCS Service Date	1939	1944	6		X	R	45 (UB04)	Same as element #204	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
229**	14th CPT®/HCPCS Service Line Item	1945	1958	14	X		L	44 (UB04)	Same as element #203	
230**	14th CPT®/HCPCS Service Date	1959	1964	6		X	R	45 (UB04)	Same as element #204	
231**	15th CPT®/HCPCS Service Line Item	1965	1978	14	X		L	44 (UB04)	Same as element #203	
232**	15th CPT®/HCPCS Service Date	1979	1984	6		X	R	45 (UB04)	Same as element #204	
233**	16th CPT®/HCPCS Service Line Item	1985	1998	14	X		L	44 (UB04)	Same as element #203	
234**	16th CPT®/HCPCS Service Date	1999	2004	6		X	R	45 (UB04)	Same as element #204	
235**	17th CPT®/HCPCS Service Line Item	2005	2018	14	X		L	44 (UB04)	Same as element #203	
236**	17th CPT®/HCPCS Service Date	2019	2024	6		X	R	45 (UB04)	Same as element #204	
237**	18th CPT®/HCPCS	2025	2038	14	X		L	44	Same as element #203	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Service Line Item							(UB04)		
238**	18th CPT®/HCPCS Service Date	2039	2044	6		X	R	45 (UB04)	Same as element #204	
239**	19th CPT®/HCPCS Service Line Item	2045	2058	14	X		L	44 (UB04)	Same as element #203	
240**	19th CPT®/HCPCS Service Date	2059	2064	6		X	R	45 (UB04)	Same as element #204	
241**	20th CPT®/HCPCS Service Line Item	2065	2078	14	X		L	44 (UB04)	Same as element #203	
242**	20th CPT®/HCPCS Service Date	2079	2084	6		X	R	45 (UB04)	Same as element #204	
243**	21st CPT®/HCPCS Service Line Item	2085	2098	14	X		L	44 (UB04)	Same as element #203	
244**	21st CPT®/HCPCS Service Date	2099	2104	6		X	R	45 (UB04)	Same as element #204	
245**	22nd CPT®/HCPCS Service Line Item	2105	2118	14	X		L	44 (UB04)	Same as element #203	

* Required Field ** Required if present in the record

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justifi-cation	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
246**	22nd CPT®/HCPCS Service Date	2119	2124	6		X	R	45 (UB04)	Same as element #204	
247	Filler	2125	2129	5	X				Blank Fill	
248	Filler	2130	2500	371	X				Blank Fill	

THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD

SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE

* Required Field ** Required if present in the record

Inpatient and Outpatient 837 File Format Layout

The following pages contain the inpatient and outpatient 837 file format layout for submitting data records.

Kentucky IPOP **Inpatient and Outpatient** Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
1*IO	Production Indicator	Header	ISA	ISA15	114	P=Production Data			B.3	Designation of whether the data being sent is for the Production or Test system. MUST be the first line of the entire file. Located in the Interchange Control Header. ~ Character information MUST be filled in after each ZZ character or segment will reject. ~ The 1st element separator defines the element separator to be used through the entire record.	Segment Example: ISA*00* *00* *ZZ*363720182 *ZZ*133052274*061109*1127*U*00401*000000887*1*T*:~ (followed by Functional Group Header Segment)
2 *IO	Facility Specific NPI, NPI Sub ID or Data Collection ID #	2010AA	NM1	NM109	67	NM108 =XX(NPI) =24 (EIN)	015	1 (UB92) 56 (UB04)	76 – 78	Identifying # for facility where services are rendered. Name is not to be reported. ~ Enter facility's Master NPI, Subpart NPI or existing COMPdata ID # at right ~ Facility Name (NM103) is in this segment, but is not loaded.	ID = Tax ID KY = Tax ID Segment Example: NM1*85*2*ABC Hospital*****24*370662569~
3 **I	Subscriber / Patient Combined Bill Information	2000B	HL	HL04	736		001		99-100	Code used to indicate whether patient claim is a combined bill. ~ Required only if combined bill ~ Must be a code in the chart to the right	Combined Bill Coding 0 = Single bill for Mom only 1 = Combined bill for mom and baby Segment Example: HL*2*1*22*1~
4 IO	Primary Insur Group #	2000B	SBR	SBR03	127	SBR01=P (Primary)	005	62A	101-105	The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered.	Segment Example:

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										~ Recorded only if corresponding payer ID# is present	SBR*P**X123456*BC/BS*****121~
4B **I	Patient's Relationship to Insured	2000B For destination payer when FL59=18 ~ 2000C for destination payer when FL59 not=18 ~ 2320 for non-destination payer with any valid code in FL59	SBR ~ PAT ~ SBR	SBR02 ~ PAT01 ~ SBR02	1069 ~ 1069 ~ 1069		005 ~ 007 ~ 290	59a (UB92), 59 Line a (UB04)	101-105 ~ 138-141 ~ 353-358	The 2 digit code indicating the relationship of the patient to the identified insured ~ Any codes submitted other than those to the right will be mapped to one of the codes listed	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses** **(Except for Self Pay Patients)** 01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 =Nephew or Niece 10 = Foster Child 15 = Ward of the Court 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent to a Minor Dependent 29 = Significant Other 32 = Mother 33 = Father 36 = Emancipated Minor 39 = Organ Donor 40 = Cadaver Donor 41 = Injured Plaintiff 43 = Childe Where Insured Has No Financial Responsibility 53 = Life Partner

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										Segment Examples: SBR*P*18*3103535******CI~ ~ PAT*19******01*145~ ~ SBR*P*18*3103535******CI~	G8 = Other Relationship
5 **I	Primary Insured's Name ~ Primary Insured's Unique Identifier	2010BA for destination payer ~ 2330A for non-destination payer	NM1	NM103 NM104 NM105 NM107 ~ NM109	1035 1036 1037 1039 ~ 67	~ ~ ~ NM108=MI (Member Identification Number)	015 ~ ~ 325	58a (UB92) 58 Line a (UB04) ~ 60a (UB92) 60 Line a (UB04)	106-108 ~ 394-397	The name of the individual under whose name the **Primary** insurance benefit is carried. ~ Use an * to separate each portion of the patient's name. E.g. Last Name*First Name*Middle Initial ~ No space should be left between a prefix and name. E.g. McDonald ~ Report hyphenated names with the hyphen. E.g. Smith-Jones*Jane ~ Report suffixes (Sr., Jr., III) in NM107	**KBSR data element – required for children under 6 years of age with qualifying condition** **Diagnoses(Except for Self Pay Patients)** Segment Examples: NM1*KY*1*SMITH*JOHN****MI*P12740041~

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
6 *IO	1st Individual Payer Name & ID #	2010BB	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM103=2 (Non-person entity) NM108=PI (Payer Identification)	015	50A (UB92), 51A (UB04)	123-125	Expected Principal Payment Source The name and number assigned to identify the health plan from which the provider might expect payment for the bill ~ Do not include hyphens, commas, periods or slashes ~ Use only the 5 digit codes to the right ~ BCBS plans have 3 digits ~ Current active insurers (including self administered plans) use Federal ID #, which has 9 digits Segment Example: NM1*PR*2*MEDICARE*****PI*98910	Payer Mapping Codes 98910 = Medicare (Excl. Managed Care) 98911 = Black Lung 98912 = Charity – defined according to the Hospital policy at time of discharge 98913 = Hill Burton Free Care 98914 = Tricare (Champus) 98915 = ChampVA 98916 = In State Medicaid 98917 = Out of State Medicaid 98918 = Self Pay 98921 = Commercial – Indemnity 98922 = Commercial – HMO 98923 = Commercial – PPO 98924 = Commercial - Other 98930 = Other Self Administered Plan 98940 = Passport Medicaid Mgd. Care 98945 = Medicare Managed Care 98950 = Workers Compensation 98960 = Blue Cross Blue Shield 00000 = Other 98970 = Coventry Care of Kentucky 98980 = WellCare of Kentucky 98990 = Kentucky Spirit Health Plan 98925 = VA 98926 = Auto Insurance 98927 = Other Facility 98928 = Pending Insurance

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											98929 = Humana Medicaid Managed Care 98991 = BCBS Medicaid Managed Care **98992 =WellCare Health Commercial Plan (effective 01/01/2015)** **98993 =Care Source KY Commercial Plan (effective 01/01/2015)** **98994 =Kentucky Health Cooperative Plan** *No more than 1% of records may contain 00000*
7 **I	Patient's Name (Last name, First Name, Middle Initial)	2010CA	NM1	NM103 NM104 NM105 NM107	1035 1036 1037 1039		015	12 (UB92), 8 Subfield b (UB04)	142-144	Patient's legal name represented using Last Name, First Name, and Middle Initial. ~ Instructions same as for name in segment #5	**KBSR data element – required for children under6 years of age with qualifying condition diagnoses** Segment Example: NM1*KY*1*DOE*JANE****MI*401234567
8 **I	Patient Street Address	2010CA	N3	N301 N302	166 166		025	13 (UB92), 9 Subfield A (UB04)	145	The street address where the patient resides	**KBSR data element – required for children under 6 years of age with qualifying condition diagnoses** Segment Example: N3*777 ORCHARD ROAD~
9	Patient	2010CA	N4	N401	19		030	13 (UB92),	146-	The city and state where the patient resides	**KBSR data element – required for children under 6 years of age with qualifying condition**

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
**I	City / State			N402	156			9 Subfield b& c (UB04)	147		**diagnoses** Segment Example: N4*MOREHEAD*KY*403511179~
9B **I	Patient Zip Code + 4	2010CA	N4	N403	116		030	13 (UB92), 09 (UB04)	146-147	Zip Code of patient's residence ~ Unknown = 00000 Foreign = 99999 *No more than 1% of records may contain the above values.*	**Standard Segment – Also used for KBSR** Segment Example: N4***KY*40253~
10 *IO	Patient DOB ~ Gender ~ Race ~ Ethnicity	2010BA if Patient is the Sub-scriber (Insured) ~ 2010CA for all other situations	DMG	DMG02 DMG05	1251 1109	DMG01 (1250)=D8 (Date) DMG03 (1068) =F,M,U (Gender)	032	14 15 (UB92) And 10 11 (UB04)	148-149	~ **Date of Birth** is reported in CCYYMMDD Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures RET Format is RR:EE **Race Coding** 2 digit code designating patient's race, reported according to official OMB categories ~ Must have one of the two	**Gender Coding** M = Male F = Female U = Unknown R1 =American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										digit code values to the right **Ethnicity Coding** 2 digit code designating patient's ethnicity, reported according to official OMB categories. ~ Must have one of the two digit code values to the right.	R9 = Other *No more than 3% of records may contain R9 = Other* E1 = Hispanic or Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity Segment Example: DMG*D8*19300708*F**R9:E2~
11 *IO	Patient Control Number / ID# ~ Total Charge for Claim ~ Bill Type	2300	CLM	CLM01 CLM02 ~ CLM05 1-3	1028 782 ~ 1331 1332 1325	CLM05-2=A (Freq Type / Bill Type)	130	3 47 4 (UB92) And 3A	154-159	**Patient ID** is a hospital assigned # that uniquely identifies each patient **Total Charges** for the entire patient claim ~ Report only the total charges for the patient case. No associated revenue codes used. Total charges will only	**Bill Type** is a 3 digit code indicating if bill is Inpatient or Outpatient. Submit final bills only. No interim bills accepted.

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
								47 4 29 (UB04)		be abstracted from this field. Case will reject if Total Charge is not reported in this field. ~ The sum of all charges must be positive	CLM05 Qualifier of A designates the Frequency Type portion of the Bill Type code. Example: Bill Type 111 = 11:A:1 110 Hospital; inpatient (including Medicare part A); non-payment/zero claim 111 Hospital; inpatient (including Medicare Part A); admit through discharge claim 121 Hospital; inpatient (including Medicare Part B only); admit through discharge claim 131 Hospital; Outpatient; Admit through Discharge Claim 431 Religious non-medical healthcare institution – Hospital inpatient; outpatient; admit through Discharge claim 731 Clinic; Free-standing; admit through Discharge claim 831 Special facility or ASC surgery; freestanding; Admit through discharge

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											851 Special facility or ASC surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit through discharge claim 117 Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim
12 *IO	Statement Covers Period	2300	DTP	DTP03	1251	DTP01 (374) = 434 (statement) DTP02 (1250)=RD8 (Date Range)	135	6 (UB04)	162-163	From and Through dates (beginning and ending) dates of patient care. Discharge date will be derived from the "through date" ~ CCYYMMDD -CCYYMMDD format	Segment Example: DTP*434*RD8*20061003-20061018~
13 **IO **O	Admission Date & Hour	2300	DTP	DTP03	1251	DTP01 (374)=435 (statement) DTP02 (1250)-DT (Date/Time)	135	17 18 (UB92) And 12 13 (UB04)	164-165	**Date of admission** as inpatient or outpatient ~ CCYYMMDDHHMM format ~ No hyphens or slashes ~ Admission date cannot precede birth date or 1993 ~ Discharge date cannot precede admission date ~ Required for both IP and OP **Hour** reported as 2 digit code referring to the hour during which the patient was admitted for **Outpatient** care. Inpatient hour not collected.	**Code Time AM** 00 = 12:00 – 12:59 Midnight 01 = 1:00 – 1:59 02 = 2:00 – 2:59 03 = 3:00 – 3:59 04 = 4:00 – 4:59 05 = 5:00 – 5:59 06 = 6:00 – 6:59 07 = 7:00 – 7:59 08 = 8:00 – 8:59 09 = 9:00 – 9:59 10 = 10:00 – 10:59

* Required Field ** Required if present in the record I = Inpatient O = Outpatient

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										~ Must use HH code format from list to the right. ~ Hospital must map the military admission time to the hour (HH) coding structure ~ DTP03 contains the date and time. Time portion is populated as 4 digits. Only the first 2 digits are read into the database. ~ Required if available for OP only	11 = 11:00 – 11:59 **Code Time PM** 12 = 12:00 – 12:59 Noon 13 = 1:00 – 1:59 14 = 2:00 – 2:59 15 = 3:00 – 3:59 16 = 4:00 – 4:59 17 = 5:00 – 5:59 18 = 6:00 – 6:59 19 = 7:00 – 7:59 20 = 8:00 – 8:59 21 = 9:00 – 9:59 22 = 10:00 – 10:59 23 = 11:00 – 11:59 Segment Example: DTP*435*DT*200610030237~

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
14 *IO	Priority (Type) of Visit / Admission Type ~ Point of Origin / Source of Admission ~ Patient Discharge Status	2300	CL1	CL101 CL102 CL103	1315 1314 1352		140	19 20 22 (UB92) And 14 15 17 (UB04)	166-167	**Priority of Visit** code indicates the priority (type) of the admission ~ If priority of visit is newborn (4), patient age must be 0 years old. ~ Must be valid code to the right Data element becomes **Point of Origin** as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit. **Source of Admission** code indicates the source of the patient referral for cases discharged prior to 10/01/07. ~ Must be valid code to the right Segment Example: CL1*1*0163~	**Coding Chart** 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information not Available *No more than 1% of cases may contain* *9 – Information not Available* 1 = Non-Health Care Facility 2 = Clinic 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF/ICF 6 = Transfer from Another Health Care Facility 7 = Emergency Room 8 = Court/Law Enforcement 9 = Information not Available B = Transferred from another Home Health Agency C = Readmission to Same Home Health Agency 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

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											E = Transfer from Ambulatory Surgery Center F = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program
											If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following: 5 = Born Inside the Hospital 6 = Born outside the hospital

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										Patient's Status at time of discharge	**Coding Chart** 01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another short term general hospital for inpatient care 03 = Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care 04 = Discharged/transferred to ICF 05 = **As of 04/01/08 –** Discharged/transferred to a Designated Cancer Center or Children's Hospital **Prior to 04/01/08** Discharged/transferred to another type of institution not defined elsewhere n this code list 06 = Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care 07 = Left against medical advice or discontinued care 09 = Admitted as inpatient to this hospital 10-19 = Discharge defined at state level 20 = Expired

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts	
											21	= Discharged/transferred to court/law enforcement **(Eff 10/01/09)**
											22-29	= Expired to be defined at state level
											30	= Still patient
											31-39	= Still patient to be defined at state level
											40	= Expired at home (Medicare, CHAMPUS claims only for hospice care)
											41	= Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
											42	= Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
											43	= Discharged/transferred to a Federal hospital
											44-49	= Reserved for National assignment
											50	= Hospice – home
											51	= Hospice – medical facility
											52-60	= Reserved for National assignment
											61	= Discharged/transferred within this institution to hospital-based Medicare approved swing bed
											62	= Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a hospital
											63	= Discharged/transferred to

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts	
												a Medicare certified long term care hospital (LTCH)
											64	= Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
											65	= Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
											66	= Discharged/transferred to a Critical Access Hospital (CAH) **(Effective 01/01/06)**
											69	= Discharge transferred to a designated disaster alternate care
											70	= Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08
											73-81	= Reserved for National assignment
											81	= Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
											82	= Discharged/Transferred to a Short Term General Hospital for IP Care with a Planned Acute Care Hospital IP Readmission
											83	= Discharge/Transferred to a SNF with Medicare Certification with a Planned

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts	
												Acute Care Hospital IP Readmission
											84	= Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
											85	= Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
											86	= Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
											87	= Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital IP Readmission
											88	= Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
											89	= Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital IP Readmission
											90	= Discharged/Transferred to an IRF including

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts	
												Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
											91	= Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
											92	= Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
											93	=Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
											94	= Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission
											95	= Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
15 **I	Medical Health Record Number	2300	REF	REF02	127	REF01=EA (Medical Record Number)	180	23 (UB92) 3b (UB04)	195-196	The number assigned to the patient's medical / health record by the provider	**KBSR data element – required for children under 6 years of age with qualifying condition** **Diagnoses** Segment Example: REF*EA*1230484376R~
16 *I	Present on Admission (POA) Indicator ~ (located in the File information Segment)	2300	K3	HI01-9	449	POA	185	67 (UB04)	199	Present on Admission Indicator – designates whether Dxs was present at the time that the patient was admitted as an inpatient. ~ The first 3 characters in the string must be "POA," followed by the POA indicator for each of the 1st – 25th diagnoses, in respective order. ~ After the last POA indicator for the Other Diagnoses, must be a termination character of "Z" ~ POA indicator for the first E-Code diagnosis (in HI*BN segment) is to be reported after the "Z" termination character. POA indicators for any E-Code placed in a secondary/other diagnosis fields (in HI*BO segment) should be reported before the "Z" termination character. **As of 10/1/2015 POA indicator for the ICD-10-CM External Causes of Morbidity**	POA Coding selections are below: Y = Yes N = No W = Clinically Undetermined U = Information not in Record (Blank) or 1 = Exempt from POA Reporting (for specified diagnoses only)

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										~ For reporting purposes in this string, 1 must be used to designate an exempt (blank) POA indicator	
17 *IO	ICD Diagnosis Code Version Qualifier	2300	HI	HI01-1	2310		127	66 (UB04)	N/A for 4010A1	The qualifier code value for the version of International Classification of Diseases being used by the hospital. ~ The 837 4010A1 version only accepts the ICD-9 coding. **ICD-10 is accepted as of 10/1/20155010 version. This segment only applies to the 5010 version.**	9 = ICD-9 Version 0 **ICD-10 Version Effective 10/1/2015**

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
18 *IO	Principal Diagnosis* ~ Admitting Diagnosis (Inpatient)* ~ Patient's Reason for Visit (Outpatient)** ~ **1st E-Code**(ICD-9-CM code)** **External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	2300	HI	HI01-2 HI02-2 HI03-3	CO22	HI01-1=BK BK = ICD-9 ABK = ICD-10 (PrincipalDx) ~ HI02-1=BJ BJ = ICD-9 ABJ = ICD-10 (Admitting Dx) ~ HI02-1=PR PR = ICD-9 APR = ICD-10 (Pt's Reason Dx) ~ HI03-1=BN BN = ICD-9	231	67 76 76 77 (UB92) And 67 69 70A-C 72 (UB04)	234-236	**Principal Diagnosis** must be valid ICD-9-CM code established after admission as the primary reason for inpatient/outpatient care necessity **Effective 10/1/2015 Principal Diagnosis must be a valid ICD-10-CM code** ~ Must be consistent with patient's age and gender ~ No decimals ~ If Principal Dx is V30 – V39 (with 0 as 4th digit), admission type must be 4 **Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015** ~ Applicable POA indicators must be reported in segment # 16 **Admitting Diagnosis** must be valid ICD-9-CM diagnosis code describing the patient's diagnosis at time of **Inpatient** admission. **Effective 10/1/2015 Admitting Diagnosis must be a valid ICD-10-CM code** ~ Must be consistent with patient's age and gender ~ No decimals ~ POA is NOT applicable	Segment Example: Inpatient:

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
						ABN = ICD-1 (1st E-code)				**Patient's Reason for Visit** must be valid ICD-9-CM diagnosis reason for visit at time of **Outpatient** registration. Required for all unscheduled outpatient visits. **Effective 10/1/2015 Patient's Reason for Visit Diagnosis must be a valid ICD-10-CM code** ~ Must be consistent with patient's age and gender ~ No decimals ~ Repeat data segment/loop up to 3 times for multiple Patient Reason for Visit ~ POA is NOT applicable E-Code is ICD External Cause of Injury (ECI) code to designate causative event of condition or injury. **As of 10/1/2015 ICD-10-CM External Causes of Morbidity code to designate causative event or condition or injury** ~ Must be consistent with patient's age and gender ~ **Must be valid ICD E-code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External**	HI*BK:98959*BJ:41400~ Outpatient: HI*BK:78659*PR:78650~ Only the 1st E-Code is collected in this segment, Using Qualifier BN Must be valid ICD E-Code for discharge date Applicable POA Codes must be reported in Segment #16

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										Causes of Morbidity Code ~ Space fill right, no decimals ~ Repeat data segment/loop up to 3 times for multiple E-codes	
19 **IO	Other Diagnoses ~ Additional **E-Codes(ICD-9-CM code)** **External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)**	2300	HI	HI0x-2	C022	HI0x-1=BF BF = ICD-9 ABF = ICD-10 (Other Dx) ~ HI0z-1=BO (Addt'l Outpatient E-Codes) ~ HI0z-1=BQ (Addt'l Inpatient E-Codes)	231	68-75 (UB92) And 67A-Q (UB04)	239-248	Additional conditions that coexist at time of admission, or develop during hospital stay, and has effect on the treatment provided or the length of stay ~ Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes. ~ Must be consistent with patient's age and gender ~ No decimals ~ Repeat data segment/loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses. ~ **Additional E-codes must be reported in the secondary/other diagnosis segment, using Qualifier BO or BQ.** **As of 10/1/2015 additional External Causes of Morbidity Codes must be reported in the**	POA coding must be reported in Segment #16 Segment Example: HI*BF:99883*BF:42731*BF:2761*BF:V433*BF: 41400*BF:4019*BF:2449*

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										secondary/other diagnosis segment using Qualifier BO or BQ	BF:28529~
20 **I	1st Position Procedure Code and Date	2300	HI	HI101	C022	HI0x-1=BR BR = ICD-9 BBR = ICD-10 (IP ICD) ~ HI0x-3=D8 (Date)	231	80 (UB92) And 74 (UB04)	249-250	**Code** for procedure performed for definitive treatment, not for exploratory purposes ~ **Only ICD-9-CM accepted for Inpatient Effective 10/1/2015 ICD-10-PCS accepted for Inpatient** ~ Space fill right, no decimals or hyphens ~ Must be consistent with patient's gender **Date** must be in CCYYMMDD format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can be prior to the admission date	
21 **I	Other Procedure Codes and Dates	2300	HI	HI101	C022	HI0x-1=BQ BQ = ICD-9 BBQ = ICD-10 (IP ICD)	231	81 (UB92) And 74A-E	251-262	**Codes** for additional procedures performed other than 1st position procedure ~ Instructions as for 1st Position Procedure Code/Date	Data segment/loop contains space for 12 procedures, and can be repeated twice to complete all procedures, up to a total of 24 secondary procedures.

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
						~ HI0x-1=D8 (Date)		(UB04)		**Date** must be in CCYYMMDD format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can be prior to admission date ~ Required if corresponding procedure is recorded	Segment Example: HI*BQ:7761:D8:20061006*BQ:7761:D8:20061010*BQ:8382:D8:20061010:BQ:101006:D8:20061010*BQ:3893:D8:20061004~
22 **I	Newborn Birthweight in Grams: Value Code and Weight	2300	HI	HI0x-2 HI0x-5	C022	HI0x-1 (1270)=BE (Value Code) HI0x-2=54 (Birth Weight)	231	39-41 (UB04)	287-296	**Value Code** designating a birth weight in grams exists. ~ Required for Priority of Visit 4 ~ Only 1 code is acceptable, noted to the right The actual value **weight amount**, reported in grams, for birth weight, as described above. ~ Required for Admission Type 4 ~ Value must be >0	Value Code = 54 (Code indicates that an actual birth weight or weight at time of admission for an extramural birth, in grams, is in existence) Based on Value Code 54 Amounts Segment Example:

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											HI*BE:54:::5500~
23 **I	Do Not Resuscitate Order (DNR)	2300	HI	HI0x-2	C022	HI0x-1 (1270)=BG (Condition Code) (1271)=P1	231	24-30 (UB92) And 18-28 (UB04)	297-305	Condition code designating whether the patient has a signed DNR order Only 1 code is acceptable, noted to the right Segment Example: HI*BG:P1~	Condition Code = P1 (Code indicates that a DNR order was written at the time of or within the first 24 hours of the Patient's admission to the hospital and is clearly documented in the patient's medical record. For public health reporting only).
24 *IO	Attending Clinician ID # / NPI	2310A	NM1	NM109	67		250	82 (UB92) And 76 (UB04)	328-330	Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. ~ Enter clinician's NPI ~ **UPIN or State license number no longer accepted**	Segment Example: NM1*71*1******0B:036105759~

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
25 **IO	Operating Clinician ID Number / NPI	2310B	NM1	NM109	67		250	83B (UB92) And 77 (UB04)	335-337	ID # of the individual with the primary responsibility for performing the surgical procedure(s). ~ **Required for Inpatient if the record qualifies as a surgical record** ~ Required for **Outpatient** if OS procedure in range is present. ~ Same instructions as for # 24	Segment Example: NM1*72*1*****0B:036089268~
26 **IO	Admitting (1st Other) Clinician ID # / NPI	2310C	NM1	NM109	67		250	83a (UB92) And 78 (UB04)	340-342	ID # of the clinician who admitted the patient ~ Same instructions as for #24 ~ Data segment/loop can only be used once to report 1st other consulting clinician	Segment Example: **NM1*ZZ*1*****0B:036105759~**

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
27 IO	2nd Insurance Group #	2320	SBR	SBR03	127	SBR01=S (Secondary)	290	62B	353-358	Same instructions as segment #4 Located in Other Subscriber Information Segment	Segment Example: SBR*S*18*NONE*MEDICARE****98910~
28 IO	3rd Insurance Group #	2320	SBR	SBR03	127	SBR01=T (Tertiary)	290	62C	353-358	Same as above	Segment Example: SBR*T*18*NONE*SELFPAY****98918~
29 **IO	2nd Individual Payer Name & ID #	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2 NM108=PI (Payer Identification)	325	50B (UB92) 50B 51B (UB04)	404-405	Expected Secondary Payment Source ~ Same instructions as for data segment #5 ~ If no Source of payment, space fill	Segment Example: NM1*PR*2*MEDICARE****98910~
30 **IO	3rd Individual Payer Name and ID#	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2 NM108=PI (Payer	325	50C (UB92) 50C 51C (UB04)	404-405	Expected Tertiary Payment Source ~ Instructions as above	Segment Example: NM1*PR*2*SELFPAY****PI*98918~

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
						Identification)					
31 **I ***O**	Revenue Code w/Units of Service for **Inpatient** ~ Revenue Code for **Outpatient** CPT HCPCS w/CPT HCPCS Service Line Item and Modifier ~ Total Charges Per Revenue Code	2400	SV2	SV201 SV202-2-6 SV203 SV205	234 C003 782 380	SV202-1=HC (CPT®/HCPCS Code List) ~ SV204 (355) = DA (Days) or = UN (units)	375	42 44 46 47	435-440	**Revenue Code** identifies an accommodation, ancillary service, or billing calculation ~ Report any applicable Revenue Codes appearing on the patient case ~ Revenue code 0001, total charge for the patient, is not reported in this segment. Use only segment #11 for reporting Total Charge for the patient. Sum of all revenue codes in this field must match Total Charge reported in segment #11 ~ Room and board should be reported 1st for inpatient services ~ Currency is reported with decimal point **Units of Service** is a quantitative measurement of services rendered by revenue code	Room and Board charges must be reported for Inpatient cases Room and board charges can be recorded for an Outpatient stay if the patient was never classified as an Inpatient

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										~ LOS must be = +/- 1 day of the room and board rev code units. This allows for variations in how hospitals report admit dates for Obs or ER ~ Units required only for room and board charges **CPT®/HCPCS Service** Line Item codes, plus modifiers, if applicable, for **Outpatient** services. ~ 5 digit code, plus up to four 2 digit ~ Must be valid codes/modifiers for discharge date time frame ~ Room and board charges can be recorded for an outpatient stay if the patient was never classified as an inpatient **Repeat Segment** for revenue codes, units, and line items as many times as is necessary to complete all charges.	**There must be a related Revenue Code and Charge for every Outpatient Service Line Item on the patient record**

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										Total Charges for each individual corresponding revenue code ~ The sum of all charges minus the total charges must = the total charges for revenue code 0001 ~ A given individual charge may be negative (credit) ~ The sum of all charges must be positive	Segment Example: LX*3~ SV2*0214**363.90*DA*3~ LX*4~ SV2*0250**1337.90*UN*242~
32 ***O**	CPT®/HCPCS Service Date	2400	DTP	DTP03	1251	DTP02=D8 (Date)	455	45 (UB04)	445-446	Service Date for each CPT®/HCPCS code reported as a service line item for **Outpatient** services in data segment #31 ~ CCYYMMDD format ~ Repeat service date segment	Segment Example: LX*1 SV2*0250**18.7*UN*2~

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										as many times as necessary to provide a date for each associated CPT®/HCPCS service line item listed in element	**DTP*472*D8*20061102~** LX*2~ SV2*0270**93*UN*3~ **DTP*472*D8*20061102~**

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Appendix A - Zoned Decimal Representation

Flat file layouts use a zoned decimal in charge fields. This method of programming allows the use of the same amount of space for a positive or negative number. The table below illustrates the characters used in the last space in the field to designate a specific number as either a positive or a negative for the field:

Zoned Decimal Character	Numeric Value
A	1
B	2
C	3
D	4
E	5
F	6
G	7
H	8
I	9
{	0
J	-1
K	-2
L	-3
M	-4
N	-5
O	-6
P	-7
Q	-8
R	-9
}	-0

One of these characters would appear as the last digit of the charge field. Zoned decimals last digit indicates both the digit and the sign.

Appendix B – KBSR Applicable Conditions and ICD-10-CM Codes

1. All congenital anomalies coded:

Q000	Q112	Q140	Q170	Q213	Q245	Q278	Q360	Q398
Q001	Q112	Q148	Q178	Q204	Q246	Q283	Q360	Q400
Q002	Q112	Q143	Q171	Q210	Q248	Q279	Q379	Q401
Q054	Q112	Q148	Q172	Q211	Q248	P293	Q375	Q402
Q050	Q150	Q141	Q162	Q212	Q249	Q288	Q379	Q408
Q051	Q150	Q141	Q178	Q212	Q250	Q289	Q374	Q409
Q052	Q150	Q142	Q179	Q212	Q251	Q300	Q378	Q430
Q059	Q120	Q148	Q180	Q208	Q252	Q308	Q379	Q419
Q055	Q120	Q148	Q180	Q208	Q254	Q310	Q381	Q429
Q056	Q120	Q100	Q182	Q219	Q254	Q313	Q383	Q431
Q057	Q120	Q103	Q181	Q223	Q252	Q330	Q383	Q433
Q019	Q120	Q103	Q181	Q220	Q254	Q336	Q383	Q438
Q02	Q123	Q106	Q182	Q221	Q2579	Q339	Q383	Q441
Q043	Q128	Q106	Q183	Q223	Q2572	Q334	Q382	Q442
Q039	Q121	Q107	Q186	Q224	Q2579	Q338	Q383	Q446
Q048	Q129	Q107	Q187	Q225	Q269	Q348	Q383	Q441
Q062	Q134	Q158	Q184	Q230	Q262	Q349	Q384	Q453
Q064	Q133	Q159	Q185	Q231	Q263	Q359	Q384	Q458
Q068	Q133	Q169	Q188	Q232	Q268	Q355	Q384	Q459
Q078	Q1389	Q160	Q189	Q233	Q270	Q359	Q384	Q5039
Q079	Q131	Q161	Q200	Q234	Q279	Q355	Q380	Q506
Q111	Q132	Q164	Q203	Q244	Q278	Q359	Q386	Q504
Q110	Q135	Q163	Q201	Q242	Q272	Q369	Q387	Q506
	Q1389	Q165	Q205	Q243	Q2731	Q369	Q388	Q512
	Q1389	Q169	Q203	Q248	Q2732	Q369	Q391	Q510

All congenital anomalies coded:

Q51811	Q558	Q680	Q677	Q72899	Q748	Q794	Q9381
Q514	Q559	Q675	Q688	Q7250	Q749	Q792	Q9388
Q513	Q602	Q6500	Q699	Q7260	Q758	Q793	Q9389
Q512	Q619	Q651	Q690	Q72899	Q7649	Q7959	Q950
Q51810	Q6101	Q6530	Q692	Q72899	Q762	Q798	Q998
Q51818	Q613	Q654	Q709	Q738	Q762	Q798	Q969
Q529	Q612	Q6500	Q7010	Q740	Q7649	Q796	Q984
Q524	Q6119	Q682	Q7000	Q688	Q7649	Q798	Q998
Q523	Q614	Q682	Q7030	Q740	Q7649	Q799	Q998
Q515	Q615	Q683	Q7020	Q740	Q761	Q820	Q999
Q51820	Q615	Q684	Q7190	Q740	Q760	Q809	Q8909
Q520	Q618	Q685	Q71899	Q870	Q7649	Q828	Q891
Q5211	Q6239	Q663	Q71899	Q740	Q765	Q824	Q892
Q5212	Q6211	Q660	Q7110	Q740	Q766	Q825	Q893
Q528	Q6212	Q662	Q71899	Q7160	Q778	Q828	Q894
Q539	Q6231	Q662	Q71899	Q740	Q789	Q828	Q851
Q5522	Q6239	Q663	Q7140	Q742	Q780	Q842	Q858
Q549	Q638	Q666	Q7150	Q6581	Q782	Q846	Q897
Q640	Q628	Q6650	Q71899	Q6582	Q788	Q838	Q871
Q544	Q6419	Q664	Q71899	Q6589	Q781	Q848	Q8740
Q5562	Q6439	Q666	Q7290	Q741	Q776	Q849	Q992
Q5564	Q644	Q6689	Q72899	Q742	Q788	Q909	Q898
Q5569	Q6479	Q667	Q72899	Q6689	Q788	Q917	Q899
Q564	Q649	Q6689	Q7210	Q742	Q790	Q913	
Q5523	Q674	Q676	Q7240	Q742	Q7959	Q934	

2. Dwarfism E343

3. Metabolic / Storage disorders:

E7200	E7409	D472	E839	E7142	D804
E7201	E7421	D891	E849	E7143	D803
E7204	E7411	C880	E8411	E71448	D800
E7209	E7412	E8801	E840	E71310	D805
E700	E7439	E8809	E8419	E71311	D838
E7021	E748	E8809	E848	E71312	D839
E7029	E7252	E83110	E800	E71313	D807
E7030	E7253	E83111	E8020	E71314	D831
E705	E744	E83118	E8029	E71318	D821
E708	E748	E83119	E791	E7150	D820
E710	E771	E8310	E798	E71510	D814
E71120	E749	E8319	E859	E71511	D808
E7119	E780	E8300	E850	E71522	D810

E712	E781	E8301	E851	E71529	D811
E7210	E782	E8309	E853	E71548	D812
E7211	E783	E8340	E858	E8840	D8189
E7219	E784	E8341	E804	E8841	D819
E7040	E785	E8342	E805	E8842	D849
E7220	E786	E8349	E806	E8849	D8982
E7222	E881	E8330	E807	H49819	D8989
E7223	E7521	E8331	E7601	E883	D89813
E7229	E7522	E8332	E7603	C965	D89810
E723	E75249	E8339	E761	C966	D89811
E728	E770	E8350	E76219	E7139	D89812
E7203	E771	E8351	E7622	E803	D841
E728	E7881	E8352	E7629	E8889	D8989
E729	E7889	E201	E763	E889	M359
E7400	E8889	E8359	D841	E889	D899
E7401	E789	E8381	E8881	D801	
E7404	D890	E8389	E7141	D802	

4. Hereditary hemolytic anemia D580
5. Neurologic disorders of brain and cord G110, G111, G112, G113, G114, G118, G119, G120, G121, G128, G129, G1221, G1222, G1229, G3281
6. Cerebral Palsy G111
7. Teratogens (noxious influences) P049
8. Infant of diabetic mother P700
9. Failure to thrive R6250
10. Small for gestational age P0500 and P0510

Record Edits

Each record submitted is screened for proper format and content. Details on the edits and cross edits performed are included so you may tailor your own system to perform these edits prior to submission, thereby reducing the number of records rejected. In certain cases, an entire batch can be rejected. The following pages contain a detail list of record edits.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
ADAT	**4200**	Admission Date is after current date. Mark ADAT invalid if occurs after current date.	Admission Date cannot occur after current date.
ADAT	**5010**	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fourth digit of "0". As of 10/1/2014 Principal Diagnosis of Z38. Mark ADAT invalid if Newborn has Admission Date prior to Date of Birth.	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0". **As of 10/1/2015 Principal Diagnosis of Z38.**
ADAT	**5020**	Admission Date and Date of Birth do not coincide with DXP. Mark ADAT to match Iowa's edit.	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "1".**As of 10/1/2015 Principal Diagnosis of Z38.**
ADAT	**5050**	Admission Date cannot occur before Discharge Date. Mark ADAT invalid if DDAT is before ADAT.	Discharge Date cannot occur before Admission Date.
ADMH	**2130**	Admission Hour is not valid. Mark ADMH invalid if populated with anything needs to be an hour of the day (e.g. 01, 02, 03…..23).	Admit hour must be two-digit hour of the day (00 to 23).
ADMS	**1060**	Source of Admission NULL. Mark ADMS invalid if NULL.	Source of Admission is a required field.
ADMS	**3050**	Source of Admission not valid. Mark ADMS invalid if does not match lookup table.	Source of Admission does not correspond to accepted values.
ADMS	**5190**	Source of Admission not valid for Type of Admission (newborn). Mark ADMS invalid if does not match lookup table. DATE SENSITIVE EDIT.	Source of Admission is inconsistent with Type of Admission 4 (newborn).
ADMT	**1070**	Type of Admission NULL. Mark ADMT invalid if NULL.	Type of Admission is a required field.
ADMT	**3060**	Type of Admission not valid. Mark ADMT invalid if does not match lookup table.	Type of Admission does not correspond to accepted values.
ADMT	**5200**	Type of Admission not consistent with Principal Diagnosis. Mark ADMT to match Iowa's edit.	Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn). **As of 10/1/2015 Principal Diagnosis of Z38.**
BDAT	**1010**	Date of Birth NULL. Mark BDAT invalid if NULL.	Date of Birth is a required field.
BDAT	**2010**	Date of Birth not a valid date. Mark BDAT invalid if not a valid date.	Date of Birth does not correspond to a valid date (mmddyyyy).
BDAT	**4040**	Date of Birth exceeds human lifespan. Mark BDAT invalid if age exceeds lifespan of 120 years.	Date of Birth exceeds human lifespan of 120 years.

BDAT	**5070**	Date of Birth must be less than or equal to the Admission Date. Mark BDAT invalid if Date of Birth is before Admission Date.	Date of Birth must be less than or equal to the Admission Date.
BILLTYPE	**1160**	BILLTYPE is a required field. Mark BILLTYPE invalid if NULL. (Default record to outpatient)	Type of Bill is a required field.
BILLTYPE	**3180**	Type of Bill not valid.	Type of Bill does not correspond to accepted values.
BLANK	**6020**	Used by Create New Record page to mark new created manually.	Patient record is blank.
BWCODE	**3420**	Birth Weight Value Code is invalid. Mark BWVALUE invalid if ADMT = 4 AND not equal to 54.	Newborn Birth Weight Value Code is invalid.
BWCODE	**4220**	Birth Weight Value Code is NULL on required records. Mark BWVALUE invalid if NULL AND ADMT = 4. Inpatient?	Newborn Birth Weight Value Code is required if Inpatient and Admission Type = 4 (NB).
BWCODE	**4221**	Birth Weight Code is not required on this patient. Mark BWCODE invalid if ADMT is anything EXCEPT 4 (NB) and BWCODE is populated.	Newborn Birth Weight Value Code cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	**2150**	Birth Weight Grams is not numeric. Mark BWGRAMS invalid if not numeric.	Newborn Birth Weight must be numeric.
BWGRAMS	**4140**	Birth Weight Grams NULL on required records. Mark BWGRAMS invalid if NULL for inpatients with ADMT = 4 (NB).	Newborn Birth Weight is required if Inpatient and Admission Type = 4 (NB).
BWGRAMS	**4150**	Birth Weight Grams is not required on this patient. Mark BWGRAMS invalid if ADMT is anything EXCEPT 4 (NB) and BWGRAMS is populated.	Newborn Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	**4230**	Birth Weight Grams invalid for this DXP/DX. Mark BWGRAMS invalid if does not match range of weights for 5th digit. See separate definition.	Newborn Birth Weight does not match diagnosis code range.
CITY	**4263**	Patient's City is required if meets criteria for KBSR submission. Mark CITY invalid if NULL.	Patient's City is required for KBSR reporting.
DX	**1260**	Additional Diagnosis is NULL. Mark DX invalid if NULL.	Additional Diagnosis is a required field.
DX	**3230**	Additional Diagnosis not valid. Mark DX invalid if does not match lookup table.	Additional Diagnosis does not correspond to accepted values.
DX	**4080**	Additional Diagnosis does not match lookup table. Mark DX invalid.	Additional Diagnosis contains a valid diagnosis code, but not a valid additional diagnosis code.
DX	**5120**	Principal Diagnosis Has A Duplicate Additional Diagnosis code. Mark DX if code in DXP is repeated in DX.	Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis.
DX	**5130**	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX	**5140**	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676. Mark DX invalid to match Iowa's edit.	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676.
DX	**5260**	Sex and Additional Diagnosis do not correspond. Mark DX invalid if sex and code do not match lookup table.	Additional Diagnosis is gender-specific and does not match the Sex specified.
DX	**5280**	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2.
DX	**5310**	Duplicate Additional Diagnosis codes are not permitted. Mark DX invalid to match Iowa's edit. Mark Additional Diagnoses (words on edit screen) invalid if no DXP or DX match KBSR flagged diagnoses.	Duplicate Additional Diagnosis codes are not permitted.
DX	**5412**	Age 15 and up admit dx for adults only. Mark DX invalid if does not match Adult age requirement in lookup table.	Additional Diagnosis is adult-specific and does not agree with this patient's age.
DX	**5422**	Age > 0 and admit dx for infants only. Mark DX invalid if does not match Newborn age requirement in lookup table.	Additional Diagnosis is newborn-specific and does not agree with this patient's age.
DX	**5432**	Age 0 - 17 and admit dx for children only. Mark DX invalid if does not match Pediatric age requirement in lookup table.	Additional Diagnosis is pediatric-specific and does not agree with this patient's age.
DX	**5442**	Age # 12-55 admit dx for women of childbearing years. Mark DX invalid if does not match Maternity age requirement in lookup table.	Additional Diagnosis is maternity-specific and does not agree with this patient's age.
DX_POA	**1414**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DX_POA	**3364**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DX_POA	**3374**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX_POA	**3384**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DX_POA	**3394**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXA	**1100**	Admitting Diagnosis is NULL. Mark DXA invalid if inpatient and NULL.	Admitting Diagnosis is a required field.
DXA	**3080**	Admitting Diagnosis not valid. Mark DXA invalid if Diagnosis Version and code do not match lookup table.	Admitting Diagnosis does not correspond to accepted values.
DXA	**5250**	Sex and Admitting Diagnosis do not correspond. Mark DXA invalid if code if sex and code do not match in lookup table.	Admitting Diagnosis is gender-specific and does not match the Sex specified.
DXA	**5411**	Age 15 and up admit dx for adults only. Mark DXA invalid if does not match Adult age requirement in lookup table.	Admitting Diagnosis is adult-specific and does not agree with this patient's age.
DXA	**5421**	Age > 0 and admit dx for infants only. Mark DXA invalid if does not match Newborn age requirement in lookup table.	Admitting Diagnosis is newborn-specific and does not agree with this patient's age.
DXA	**5431**	Age 0 - 17 and admit dx for children only. Mark DXA invalid if does not match Pediatric age requirement in lookup table.	Admitting Diagnosis is pediatric-specific and does not agree with this patient's age.
DXA	**5441**	Age # 12-55 admit dx for women of childbearing years. Mark DXA invalid if does not match Maternity age requirement in lookup table.	Admitting Diagnosis is maternity-specific and does not agree with this patient's age.
DXE1	**3340**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE1	**5254**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE1	**5416**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE1	**5426**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE1	**5436**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE1	**5446**	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE1_POA	**1411**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE1_POA	**3361**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE1_POA	**3371**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE1_POA	**3381**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE1_POA	**3391**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE2	**3341**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE2	**5255**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE2	**5417**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE2	**5427**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE2	**5437**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE2	**5447**	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE2_POA	**1412**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE2_POA	**3362**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE2_POA	**3372**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE2_POA	**3382**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE2_POA	**3392**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE3	**3342**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE3	**5256**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE3	**5418**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE3	**5428**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE3	**5438**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE3	**5448**	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE3_POA	**1413**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE3_POA	**3363**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE3_POA	**3373**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE3_POA	**3383**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE3_POA	**3393**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXP	**1090**	Principal Diagnosis NULL. Mark DXP if NULL.	Principal Diagnosis is a required field.
DXP	**3070**	Principal Diagnosis not valid. Mark DXP invalid if Diagnosis Version and code do not match lookup table.	Principal Diagnosis does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXP	**5240**	Sex and Primary Diagnosis do not correspond. Mark DXP if sex and code do not agree with lookup table.	Principal Diagnosis is gender-specific and does not match the Sex specified.
DXP	**5410**	Age 15 and up admit dx for adults only. Mark DXP invalid if does not match Adult age requirement in lookup table.	Principal Diagnosis is adult-specific and does not agree with this patient's age.
DXP	**5420**	Age > 0 and admit dx for infants only. Mark DXP invalid if does not match Newborn age requirement in lookup table.	Principal Diagnosis is newborn-specific and does not agree with this patient's age.
DXP	**5430**	Age 0 - 17 and admit dx for children only. Mark DXP invalid if does not match Pediatric age requirement in lookup table.	Principal Diagnosis is pediatric-specific and does not agree with this patient's age.
DXP	**5440**	Age # 12-55 admit dx for women of childbearing years. Mark DXP invalid if does not match Maternity age requirement in lookup table.	Principal Diagnosis is maternity-specific and does not agree with this patient's age.
DXP	**5530**	Principal dx of 650 inconsistent with C-section proc code. Mark DXP invalid if PRP = 650 and PRP or PR have code = 740-7499.	Principal Diagnosis of 650 is inconsistent with C-section procedure code.
DXP	**5400**	Principal diagnosis does not contain a valid principal dx code. Mark DXP invalid if lookup does not match valid principal diagnosis criteria.	Principal Diagnosis does not contain a valid Principal Diagnosis code.
DXP_POA	**1410**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXP_POA	**3360**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXP_POA	**3370**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXP_POA	**3380**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXP_POA	**3390**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table.	Present on Admission code does not correspond to accepted values for this diagnosis.
ETHNICITY	**1330**	Ethnicity is a required field. Mark ETHNICITY if NULL.	Ethnicity is a required field.
ETHNICITY	**3260**	Ethnicity not valid. Mark ETHNICITY if does not match lookup.	Ethnicity does not correspond to accepted values.
HCPCSRATE	**3220**	HCPCS/CPT not valid. Mark HCPCSRATE invalid if does not match lookup table.	CPT/HCPCS does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
HCPCSRATE	**3222**	Invalid HCPCS/CPT Modifier. Mark HCPCSRATE invalid if modifier does not match lookup table. Iowa looks at 2 two-digit modifiers. Kentucky needs up to 4 two-digit modifiers checked if populated. Modify Edit #3222 to check for the 4 two-digit modifier codes.	CPT/HCPCS modifier does not correspond to accepted values.
HCPCSRATE	**5330**	HCPCS/CPT code is gender specific and does not match the Sex specified. Mark HCPCSRATE invalid if sex does not match lookup table.	CPT/HCPCS code is gender-specific and does not match the Sex specified.
INSUREDID	**4267**	Primary Insured's Unique ID is required if meets criteria for KBSR submission. Mark INSUREDID invalid if NULL.	Primary Insured's Unique ID is required for KBSR reporting.
MRN	**4264**	Medical Health Record # is required if meets criteria for KBSR submission. Mark MRN invalid if NULL.	Medical Health Record # is required for KBSR reporting.
PCONTROL	**6010**	Used by Validation Engine to mark duplicate records	Another record from this facility with the same Patient Control Number has been located.
PINA	**1110**	Attending Clinician ID NULL. Mark PINA invalid if NULL.	Attending Clinician ID is a required field.
PINA	**3110**	Attending Clinician ID does not correspond to accepted values. Mark PINA invalid if does not match lookup table.	Attending Clinician ID does not correspond to accepted values.
PINB	**3120**	Operation Clinician ID #1 does not correspond to accepted values. Mark PINB invalid if does not match lookup table.	Operation Clinician ID does not correspond to accepted values.
PINB	**4270**	Operation Clinician required for when Principal Procedure present. Mark PINB invalid if NULL when inpatient and PRP is populated.	Operation Clinician ID is required if Principal Procedure has been specified.
PINB	**4280**	Operation Clinician is required when Place Of Service is 1.	Operation Clinician ID is required when Place of Service is 1.
PINC	**3130**	Admitting Clinician NPI does not correspond to accepted values. Mark PINC invalid if does not match lookup table.	Admitting Clinician ID does not correspond to accepted values.
PIND	**3410**	2nd Other Clinician invalid. Mark PIND invalid if does not match lookup table.	2nd Other Clinician ID does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PR	**1270**	Additional Procedure is NULL when Additional Procedure Date is present. Mark PR invalid.	Additional Procedure is a required field.
PR	**3240**	Mark PR invalid if ICD-9 code does not match tlkProcedure lookup table.	Additional Procedure does not correspond to accepted values.
PR	**5040**	Mark PR invalid if code and sex do not agree in lookup table.	Additional Procedure is gender-specific and does not match Sex specified.
PRD	**1280**	Mark PR invalid if NULL.	Additional Procedure Date is a required field.
PRD	**2080**	Mark PRD invalid if date is not a valid format.	Additional Procedure Date does not correspond to a valid date (mmddyyyy).
PRD	**4090**	Mark PRD invalid if date is outside of rules.	Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission date is allowed).
PRP	**1300**	PRP Required when a PR exists. Mark PRP invalid if PR present but PRP NULL.	Principal Procedure is required when Additional Procedures are present.
PRP	**3140**	Mark PRP invalid if ICD-9 code does not match tlkProcedure lookup table.	Principal Procedure does not correspond to accepted values.
PRP	**5030**	Mark PRP invalid if ICD-9 procedure code and sex do not match in lookup table.	Principal Procedure is gender-specific and does not match Sex specified.
PRP		Mark PRP invalid if NULL and pttype = 2 or 3	CPT/HCPCS code is required for Outpatient and Ambulatory Facility records.
PTNAME	**4250**	KBSR information submitted but KBSR definition for age and diagnosis not met. Mark **[KBSR Field Group]** invalid if KBSR definition for age and diagnosis not met.	KBSR information included on record but KBSR diagnosis and age requirement not met.
PTNAME	**4251**	KBSR information submitted but KBSR definition for age not met. Mark KBSR FIELD GROUP if age requirement for KBSR not met.	KBSR information included on record but age requirement for KBSR not met.
PTNAME	**4252**	KBSR information submitted but KBSR definition for required diagnosis not met. Mark KBSR FIELD GROUP invalid if KBSR definition for diagnosis not met.	KBSR information included but KBSR definition for diagnosis not met.
PTNAME	**4261**	Patient's Name is required if meets criteria for KBSR submission. Mark PTNAME invalid if NULL.	Patient's Name is required for KBSR reporting.
PTSTATUS	**1130**	Patient Status NULL. Mark PTSTATUS invalid if NULL.	Patient Status is a required field.
PTSTATUS	**3150**	Patient Status not valid. Mark PTSTATUS invalid if does not match lookup table for specific dates.	Patient Status does not correspond to accepted values.
PTSTATUS	**3400**	Patient Status not valid. Mark PTSTATUS invalid if = 30.	Patient Status 30 not allowed on final bill.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PTSTATUS	**4110**	Patient Status invalid. Mark PTSTATUS invalid if PTSTATUS = 9 AND PTTYPE not equal to 2 AND SOP not equal to **98910 or 98945**	Patient status of 09 requires the type of patient be an Outpatient and Source of Pay to be Medicare.
RACE	**1050**	Race NULL. Mark RACE if NULL.	Race is a required field.
RACE	**3040**	Race not valid. Mark RACE if does not match lookup table.	Race does not correspond to accepted values.
REASVISIT1	**1101**	Reason for Visit Diagnosis NULL. Mark REASVISIT invalid if NULL. Alter Edit #1100 to use field name change and apply to outpatients only.	Patient's Reason for Visit is a required.
REASVISIT1	**3081**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT1	**5251**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT1	**5413**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT1	**5423**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT1	**5433**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT1	**5443**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT2	**3082**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT2	**5252**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
REASVISIT2	**5414**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT2	**5424**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT2	**5434**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT2	**5444**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT3	**3083**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT3	**5253**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT3	**5415**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT3	**5425**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT3	**5435**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT3	**5445**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
RELATION	**3430**	Patient's Relationship to Insured not valid. Mark RELATION invalid if does not match lookup table.	Relationship does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
RELATION	**4266**	Patient's Relationship to Insured is required if meets criteria for KBSR submission. Mark RELATION invalid if NULL.	Patient's Relationship to Insured is required for KBSR reporting.
REVCHG	**1250**	Revenue Charge NULL. Mark REVCHG invalid if NULL.	Revenue Charge is a required field.
REVCHG	**2110**	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Revenue Charge must be numeric.
REVCHG	**5365**	Sum up of like Rev Codes must be positive charge (not $0 or negative). Mark REVCHG invalid if sum of like Rev Codes is not a positive number.	Sum of charges for like Revenue Codes must be greater than $0.
REVCHG	**5360**	Total charges for Room Revenue Codes must be greater than 0. Mark REVCHG invalid if Rev Code = room and board and REVCHG = $0.	Room and Board Revenue Charges must be greater than $0.
REVCODE	**1220**	Revenue Code NULL. Mark REVCODE invalid if NULL.	Revenue Code is a required field.
REVCODE	**1350**	More than one total revenue code found (TC counts as the first). Mark the second REVCODE = 0001 invalid if more than one exist on a record.	Revenue Code 0001 should appear only once.
REVCODE	**3210**	Revenue Code not valid. Mark REVCODE invalid if does not match lookup table.	Revenue Code does not correspond to accepted values.
REVCODE	**5350**	Rev Code for room charge needs to be on all inpatient records. Mark REVCODE invalid if range of Rev Codes like Iowa uses is not on PTTYPE = 1.	At least one revenue code needs to indicate room charges.
SERVCODE	**5560**	If no CPT/HCPCS meeting criteria for KY outpatient submission, then mark entire record invalid (next to Outpatient at top)	No CPT/HCPCS meeting OS/ED/OC/OT/MA criteria are on this record. Additional CPT/HCPCS needed or delete record.
SERVDATE	**1230**	Service Date NULL. Mark SERVDATE invalid if NULL for outpatients.	Service Date is a required field.
SERVDATE	**2070**	Service Date not a valid date. Mark SERVDATE if Patient Type =2 and not a valid date.	Service Date does not correspond to a valid date (mmddyyyy).
SERVDATE	**4020**	Service Date outside date boundaries. Mark SERVDATE invalid if outside of admit/discharge.	Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission is allowed; 72 hours after discharge is allowed for Medicaid only).
SEX	**1040**	Sex NULL. Mark SEX invalid if NULL.	Sex is a required field.
SEX	**3030**	Sex not valid. Mark SEX invalid if does not match lookup table.	Sex does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
SOP1	**1140**	Expected Source of Pay NULL. Mark SOP if NULL.	Expected Source of Pay is a required field.
SOP1	**3160**	Expected Source of Pay not valid. Mark SOP if does not match lookup table.	Expected Source of Pay does not correspond to accepted values.
SOP2	**3170**	Secondary Source of Pay not valid. Mark SOP2 if does not match lookup table.	Secondary Source of Pay does not correspond to accepted values.
SOP3	**3175**	Tertiary Source of Pay not valid. Mark SOP3 if does not match lookup table.	Tertiary source does not correspond to accepted values.
ST	**3010**	Patient's State not valid. Mark ST invalid if does not match lookup table.	State does not correspond to accepted values.
ST	**4260**	Patient's State is required if meets criteria for KBSR submission. Mark ST invalid if NULL.	Patient's State is required for KBSR reporting.
STPERIODF	**1190**	Statement Covers Period From NULL.	Statement Covers Period From Date is a required field.
STPERIODF	**2050**	Statement Covers Period From Date not a valid Date. Mark STPERIODF invalid if not a valid date.	Statement Covers Period From Date does not correspond to a valid date (mmddyyyy).
STPERIODT	**1200**	Statement Covers Period To NULL.	Statement Covers Period To Date is a required field.
STPERIODT	**2060**	Statement Covers Period To not a valid date. Mark STPERIODT invalid if not a valid date.	Statement Covers Period To Date does not correspond to a valid date (mmddyyyy).
STPERIODT	**4010**	Statement Covers Period To Date outside boundaries for selected quarter. Mark STPERIODT invalid if date is outside submission quarter.	Statement Covers Period To Date outside boundaries for selected quarter.
STREET	**4262**	Patient's Street Address is required if meets criteria for KBSR submission. Mark STREET invalid if NULL.	Patient's Street is required for KBSR reporting.
TC	**1150**	Mark TC invalid If NULL.	Total Charges is a required field.
TC	**2090**	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Total Charges must be numeric.
TC	**4170**	Total Charges must be greater than 0. Mark REVCHG for Revenue Code 0001 invalid if = 0.	Total Charges must be greater than $0.
TC	**4172**	Total Charges cannot be equal to or higher than $10,000,000.00. Mark REVCHG for Revenue Code 0001 invalid if higher.	Total Charges cannot be equal to or greater than $10 million.
TC	**5180**	Total of Charges do not equal Total Charge. Mark TC invalid if sum of all other charges does not add up to TC.	The total of all Revenue Charges does not equal the Total Charges.
UNITSERV	**1240**	Units of Service NULL. Mark UNITSERV invalid if NULL.	Unit of Service is a required field.
UNITSERV	**2100**	Units of Service not numeric. Mark UNITSERV invalid.	Units of Service must be numeric.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
UNITSERV	**5355**	Units of Service for Rev Codes = room charges must be within 1 day less, equal to, or 1 day greater than LOS. Mark ALL_REV of 1st Rev Code with room charge invalid if not true.	Length of stay must be equal to or within one day of the sum of the room and board revenue code units.
WARNING	**6030**	Used by File Parser to mark records that may not have been read correctly.	Unexpected data was encountered while reading this record from the batch file. Please verify the information below is accurate.
ZIP	**1030**	Zip Code is a required field. Mark Zip invalid if NULL.	Zip Code is a required field.
ZIP	**3020**	Zip Code not valid. Mark Zip invalid if does not match lookup table.	Zip Code does not correspond to accepted values.
ZIP	**5230**	Zip Code invalid. Mark ZIP invalid if does not agree with ST.	The Zip Code specified does not correspond to the State.

Sample Reports

Primary Source of Pay

All Patient Types
1st Quarter 2010

Code	Source of Pay	Q4 2009	Q1 2010	
98918	Self Pay	2764	2561	25.22 %
98940	Passport Medicaid Managed Care	2556	2344	23.08 %
98924	Commercial - Other	1822	1765	17.38 %
98910	Medicare (Excluding Managed Care)	1269	1331	13.11 %
98923	Commercial - PPO	780	763	7.51 %
98914	Tricare (Champus)	600	633	6.23 %
98945	Medicare Managed Care	231	244	2.40 %
98950	Workers Compensation	150	150	1.48 %
98916	In-State Medicaid	147	150	1.48 %
98930	Other Self-Administered Plan	138	123	1.21 %
98922	Commercial - HMO	60	45	0.44 %
98917	Out-of-State Medicaid	63	39	0.38 %
98915	CHAMPVA	8	8	0.08 %
00000	Other	1	0	0.00 %
	Total Discharges	**10589**	**10156**	

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Kentucky Inpatient Outpatient Data Collection System

Total Charges by Revenue Center

Outpatient Only

1st Quarter 2010

	Q4 2009	Q1 2010
Discharges	10589	10156
Total Charges	$10,290,971.58	$9,978,924.54
Ancillary	$3,573,046.00	$3,362,141.00
Anesthesiology	$193.00	$193.00
Clinical Laboratory	$1,212,263.15	$1,190,373.10
Labor and Delivery	$0.00	$0.00
Oncology	$111.00	$111.00
Operating Room	$2,140.00	$3,528.00
Other	$169,678.38	$189,889.44
Pharmacy	$395,217.05	$385,508.00
Radiology	$4,938,323.00	$4,847,181.00
Room and Board	$0.00	$0.00

Kentucky Data Program - Submission Compliance Report

Facility Name:
Data Collection ID:
Facility NPI Number:
Year: 2010

Month-QTR	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4
Inpatient Cases																
Reported Cases	0	0	0	0	0	0	0	0	1,080	1,101	0	2,181				
Error-Free Cases									1,076	1,094		2,170				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.63 %	99.36 %	0.00 %	99.50 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error									0	0		0				
Compliant?	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No
Total Outpatient Cases																
Reported Cases	3,430	3,120	3,606	10,156	0	0	0	0	6,504	6,747	0	13,251				
Error-Free Cases	3,430	3,120	3,606	10,156					6,494	6,722		13,216				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.85 %	99.63 %	0.00 %	99.74 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error	0	0	0	0					0	10		10				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No
Outpatient Surgery Cases																
Reported Cases	1	1	7	9	0	0	0	0	998	1,050	0	2,048				
Error-Free Cases	1	1	7	9					989	1,047		2,036				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.10 %	99.71 %	0.00 %	99.41 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error	0	0	0	0					0	0		0				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Observation Cases

Reported Cases	0	0	0	0	0	0	0	0	151	145	0	296				
Error-Free Cases									151	138		289				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	95.17 %	0.00 %	97.64 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error									0	0		0				
Compliant?	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Emergency Cases

Reported Cases	3,429	3,119	3,599	10,147	0	0	0	0	3,677	3,708	0	7,385				
Error-Free Cases	3,429	3,119	3,599	10,147					3,677	3,695		7,372				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	99.65 %	0.00 %	99.82 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error	0	0	0	0					0	10		10				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Mammography Cases

Reported Cases	0	0	0	0	0	0	0	0	860	857	0	1,717				
Error-Free Cases									859	857		1,716				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.88 %	100.00 %	0.00 %	99.94 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error									0	0		0				
Compliant?	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Other Outpatient Cases

Reported Cases	0	0	0	0	0	0	0	0	818	987	0	1,805				
Error-Free Cases									818	985		1,803				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	99.80 %	0.00 %	99.89 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases In Error									0	0		0				
Compliant?	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

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Kentucky Inpatient Outpatient Data Collection System

County of Residence

All Patient Types
1st Quarter 2010

County of Residence	Q4 2009	Q1 2010	
KY - HARDIN	7733	7475	73.60 %
KY - LARUE	891	866	8.53 %
KY - MEADE	564	555	5.46 %
KY - GRAYSON	245	229	2.25 %
KY - NELSON	176	193	1.90 %
KY - BRECKINRIDGE	160	143	1.41 %
KY - HART	128	105	1.03 %
KY - JEFFERSON	101	100	0.98 %
KY - BULLITT	101	89	0.88 %
KY - GREEN	32	39	0.38 %
KY - TAYLOR	25	26	0.26 %
KY - MARION	7	13	0.13 %
KY - BARREN	7	9	0.09 %
KY - CHRISTIAN	2	9	0.09 %
IN - CLARK	9	8	0.08 %
KY - WARREN	9	8	0.08 %
KY - FAYETTE	12	6	0.06 %
IN - FLOYD	11	6	0.06 %
KY - ADAIR	9	6	0.06 %
TX - BELL	3	5	0.05 %
KY - DAVIESS	1	5	0.05 %
KY - OHIO	1	5	0.05 %
TN - DAVIDSON	4	4	0.04 %
(unknown)	3	4	0.04 %
MI - GENESEE	1	4	0.04 %
KY - SPENCER	4	3	0.03 %
OH - CUYAHOGA	4	3	0.03 %
IN - HARRISON	3	3	0.03 %

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Kentucky Inpatient Outpatient Data Collection System

State of Residence

All Patient Types
1st Quarter 2010

Code	State of Residence	Q4 2009	Q1 2010	
KY	Kentucky	10287	9942	97.89 %
IN	Indiana	46	38	0.37 %
TN	Tennessee	29	18	0.18 %
OH	Ohio	21	17	0.17 %
TX	Texas	16	14	0.14 %
MI	Michigan	12	14	0.14 %
IL	Illinois	14	13	0.13 %
GA	Georgia	12	10	0.10 %
NC	North Carolina	10	8	0.08 %
FL	Florida	24	6	0.06 %
AL	Alabama	14	6	0.06 %
SC	South Carolina	3	6	0.06 %
VA	Virginia	9	5	0.05 %
CA	California	7	4	0.04 %
MO	Missouri	3	4	0.04 %
WV	West Virginia	3	4	0.04 %
XX	Unknown or Other	3	4	0.04 %
WA	Washington	2	4	0.04 %
IA	Iowa	1	4	0.04 %
NY	New York	7	3	0.03 %
WI	Wisconsin	6	3	0.03 %
AZ	Arizona	2	3	0.03 %
KS	Kansas	2	3	0.03 %
LA	Louisiana	2	3	0.03 %
MS	Mississippi	2	3	0.03 %
NV	Nevada	1	3	0.03 %
PA	Pennsylvania	13	2	0.02 %
AR	Arkansas	2	2	0.02 %

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Status of Patient

All Patient Types
1st Quarter 2010

Code	Status of Patient	Q4 2009	Q1 2010	
01	Home or Self Care	10100	9730	95.81 %
07	Against Medical Advice	278	234	2.30 %
70	Another Type of Facility Not Defined Elsewhere	112	101	0.99 %
05	Designated Cancer Center or Childrens Hospital	13	26	0.26 %
02	Short Term General Hospital	20	17	0.17 %
20	Expired	24	13	0.13 %
21	Court/Law Enforcement	12	13	0.13 %
65	Psychiatric Hospital or Psychiatric Distinct Unit	13	9	0.09 %
63	Long Term Care Hospital (LTC)	3	5	0.05 %
43	Federal Health Facility	4	2	0.02 %
06	Organized Home Health Service	1	2	0.02 %
62	Rehab Facility (IRF)	1	2	0.02 %
03	SNF	6	1	0.01 %
04	Discharge Transfer to ICF	2	1	0.01 %
	Total Discharges	**10589**	**10156**	

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Kentucky Inpatient Outpatient Data Collection System

Race of Patient

All Patient Types

1st Quarter 2010

Code	Race of Patient	Q4 2009	Q1 2010	
R5	White	9044	8670	85.37 %
R3	Black or African American	1263	1213	11.94 %
R4	Native Hawaiian or Pacific Islander	231	209	2.06 %
R2	Asian	42	40	0.39 %
R9	Other	9	23	0.23 %
R1	American Indian or Alaska Native	0	1	0.01 %
	Total Discharges	**10589**	**10156**	

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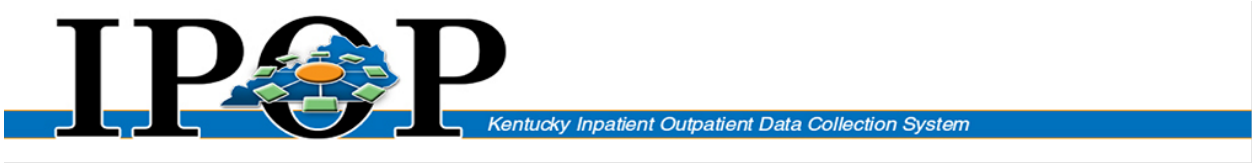
Kentucky Inpatient Outpatient Data Collection System

Present on Admission Report

Inpatient Only

1st Quarter 2010

Acute Inpatient Diagnosis Code POAs	Q4 2009	Q1 2010
Y - Yes	0	0
N - No	0	0
U - No Information in Record	0	0
W - Clinically Undetermined	0	0
1 - Blank (Unreported/Not Used)	0	0
Blank (Unreported/Not Used)	0	0
Total Discharges	**0**	**0**



facility_num	Facility	Patient Control	Service Code	ddat_value	billtype	Payer Code
9999999999	Hospital A	1000xxxxxxxxx	Acute medical/surgical unit (non-PPS exempt)	21-Oct-10	111	98960

Frequently Asked Questions (FAQs)

Batch Submission / Deletion Questions

1. What would cause my batch file to not process successfully?

   There are 5 criterions needed for a batch to be processed:

   - More than half of the records in the batch have Patient Control Numbers that have already been submitted (duplicates)
   - Page Numbers missing – this is specific to the flat file submissions
   - Less than 2500 characters – this is specific to the flat file submissions
   - Missing Facility ID number
   - More than half of the records have a DNR order

2. How do I know when the file has been processed?

   During the uploading of a file you will briefly see an image that indicates the file is uploading. When the file upload is complete you will be redirected to the Batch Review page. The file that you have just uploaded will not reflect in the Batch Review screen until it has been processed.

   When the file has been processed you will received an e-mail message advising whether the batch was successful or invalid. If the batch is successful the message will include the total number of records, total valid records and the total invalid records along with the batch number assigned to your file.

3. How long do I have to wait to submit after I mark a batch to be deleted?

   Batches can be resubmitted immediately.

Editing Questions

4. How do I correct invalid records?

   Return to the Batch Review screen to view the invalid records. Select View to see the Batch Detail. Click the “All Errors” window to see a listing of the types of errors that are present in the invalid records. Select the type of errors you want to correct. Select Edit next to the record line detail. The field(s) that contain errors are highlighted in yellow and have a diamond shaped icon next to the field. Highlight the field to be corrected and type in the correction and click “Update” or hit enter. If the record is correct the next invalid record will appear. Continue the process until all invalid records are moved to the valid file.

5. How are diagnoses / procedure/ revenue lines /codes deleted?

   Click the red “X” next to the diagnosis/procedure/revenue line that you want to delete. Answer yes to the question “Are you sure you want to delete this line?” The entire line will be removed.

6. How do I correct POA edits?

   POA edits have multiple reasons:

   - Edit 3072 – POA code not valid. The POA indicator needs to match those codes as described in manual
   - Edit 3074 – POA code on inpatient records only. Outpatient records do not require a POA code.
   - Edit 3076 – POA is required for this inpatient diagnosis. All diagnoses on inpatient claims except those on the exempt list must have a valid POA.

7. How do I correct the error "Invalid physician ID number does not correspond to acceptable values?"

   E-mail to KHA the invalid NPI number with the full name of the physician including middle initial and the credential (i.e. MD, DO, PA, etc.). KHA will add the information to the file and return an e-mail message to you stating the NPI has been added to the file.

Verification Process Questions

8. How do I notify KHA when the data submission is complete for the Quarter?

   When you have submitted all the records for the quarter and all the edits are cleared click on the Ready to Verify Quarter button on the Batch Review screen. 14 Verification reports are automatically e-mailed to the Primary and General contacts. Review the reports for accuracy and completeness. Once you are sure the reports are correct, click on the Mark Complete button on the Batch Review Screen. This means that you attest to the data for that quarter.

9. What if I disagree with the information on the Verification Reports?

   Contact KHA with your concern as soon as possible. There is a two-week period allowed to verify the quarterly information. If, during that time, you discover a problem we will fix the data prior to starting production for our output. Depending on the issue identified we will work with hospitals to ensure data accuracy and completeness. It may be that some data concerns will be noted in a README file that is sent to end users. Data discrepancies discovered after production steps have been completed and end users have access will be addressed on an individual basis for corrective action which may or may not result in a charge to the facility to fix inaccuracies.

Technical / IT Questions

10. Can I submit my inpatient data separately from my outpatient data?

    As the file format is the same for both inpatient and outpatient data there is no need to submit separate files. However, the system will allow for separate inpatient and outpatient files to be submitted. Please note however, that once you mark the quarter complete which indicates you will not be submitting any more data for that quarter you will be unable to submit another batch for that quarter without contacting KHA for assistance.

11. Does this Web submission process ensure that my data is secure?

    Security Application includes:

    i. User authentication is employed to verify the identity of users and determine access rights.
    ii. 128 Bit SSL certificate is present on the web server to encrypt communication with users.

Resources

Contact Information

Kentucky Hospital Association
2501 Nelson Miller Parkway
PO Box 436629
Louisville, KY 40253-6629

Helpline

1-888-992-4320
(502) 426-6220

KY IPOP System Website

https://www.kyipop.org

This site is used for submission of case data and case counts.

Statute & Regulations

Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Policy
275 E Main Street, 4 W-E
Frankfort, KY 40621
(502)-564-9592