



**Kentucky
Inpatient and Outpatient
Data Coordinator's Manual
For Hospitals**

Revised
January 1, 2014

Data Collection Help Desk
1-888-992-4320

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 January 1, 2014
- **Page 6** What is KY IPOP – Revised language to include All outpatient surgery, all observation care, all emergency department, and SPECT.
- **Page 7 Administrative Regulation** – Revised language to include ICD-10-CM diagnostic codes (effective 10/1/2014)
- **Page 8 KBSR Applicable Conditions and ICD-9-CM Codes** see Appendix B for list of ICD-10-CM codes
- **Page 12 Observation Care** – Revised language to specify 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 |

- **Page 12 Emergency Department** – Revised language to specify 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 and G0380 – G0384 |

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

The following changes were made to this version of the manual

- **Page 14 Patient Accounts** – revised language to include All outpatient surgery, All observation care, All emergency department, SPECT
- **Page 15 2014 CPT Codes**
 - **Changed effective date to 01/01/2014**
 - Outpatient Surgery
 - Collect all Category III Codes
 - 0019T – 0339T
 - Other Outpatient Procedures – new codes added
 - 93582 -93583
- Page 18 Data Submission Timetable – remove language a date specific schedule will be available on the KY IPOP website.
- Page 21 Case Count Submission – remove the language please see the Discharge Case Count online entry section of this manual for step-by-step instructions on this process.
- Page 21 Outpatient Counting Method – remove this section as we are only going to count total inpatient and total outpatient case counts.

- **File Formats**
 - Payer Mapping Codes page 25-26, page 62-63, page 108 - 109
 - Adding New Payer Code
 - 98991 –BCBS Medicaid Managed Care
 - Principal Diagnosis page 29, 66, and page 122-123 – add ICD-10-CM codes effective 10/1/2014. Add language “Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014
 - 1st Other Diagnosis page 29, 66, and page 125 – under reference charts add additional language as of 10/1/2014 additional External Causes of Morbidity codes can also be mapped to the remaining fields
 - 1st Position Procedure Code page 31-32 and 126– include the language effective 10/1/2014 only ICD-10-PCS accepted for Inpatient
 - Patient Discharge Status page 33-37, pages 69 -73, and pages 114-120 – include the following discharge status codes
 - 69 = Discharge transferred to a designated disaster alternate care
 - 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 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 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
- Patient ID # page 44, 82 and page 111 – add language to state Patient Control Number / ID #
- 1st E-Code page 47, 85, and 123 - 124 – Change language to External Causes of Morbidity Codes as of 10/1/2014
 - Must be valid ICD-10-CM External Causes of Morbidity codes as of 10/1/2014
- 1st Present on Admission Indicator for 1st E-Code page 48, 121 - Change language to 1st Present on Admission Indicator for 1st External Causes of Morbidity Codes as of 10/1/2014
- 2nd E-Code page 48, 86, 125 - Change language to External Causes of Morbidity Codes as of 10/1/2014
- 2nd Present on Admission Indicator for 2nd E-Code page 48, 121 - Change language to 2nd Present on Admission Indicator for 2nd External Causes of Morbidity Codes as of 10/1/2014
- 3rd E-Code page 49, 86, 125 - Change language to External Causes of Morbidity Codes as of 10/1/2014
- 3rd Present on Admission Indicator for 3rd E-Code page 45, 121 - Change language to 3rd Present on Admission Indicator for 3rd External Causes of Morbidity Codes as of 10/1/2014

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

The following changes were made to this version of the manual

- Operating Clinician ID Number / NPI page 55 and 129– change language to state required for inpatient if the record qualifies as a surgical record.
- Admitting Diagnosis page 57, 123 – change language to state must be valid ICD-10-CM diagnosis code as of 10/1/2014 to describe the patient's diagnosis at time of inpatient admission
- ICD Diagnosis Code Version Qualifier page 44, 83 and 122 – add * for ICD-10 Version effective 10/1/2014
- Operating Clinician ID Number / NPI page 93 – change language to state required for any outpatient record if there is a surgical CPT/HCPCS code present on the record. Reference the table of CPT/HCPCS codes on page 15.
- 1st “Patient’s Reason for Visit” Diagnosis Code page 97 and 123 – add language “or as of October 1, 2014 a valid ICD-10-CM diagnosis code”
- Admitting (1st Other) Clinician ID # / NPI page 130 – add qualifier ZZ to reference chart
- Edit Records page 139 revised language in edits to include ICD-10-CM as of 10/1/2014

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 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/respice, 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 surgery, **all** observation care, **all** emergency departments, mammography (screening and diagnostic), CT scan, MRI, PET, radiation therapy, **SPECT**, and cardiac catheterization (diagnostic and therapeutic) and any other procedure codes as specified in the regulation.

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 statutes 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 10/1/2014)** 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, 2014 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 through 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, 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. In order to be HIPAA compliant, Hospitals and related facilities must have signed business associate agreement to submit the mandated Outpatient ED & OC. If you are not sure if your facility has a business associate agreement with KHA for this purpose, please contact the help line.

- **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 |

- **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 |

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.

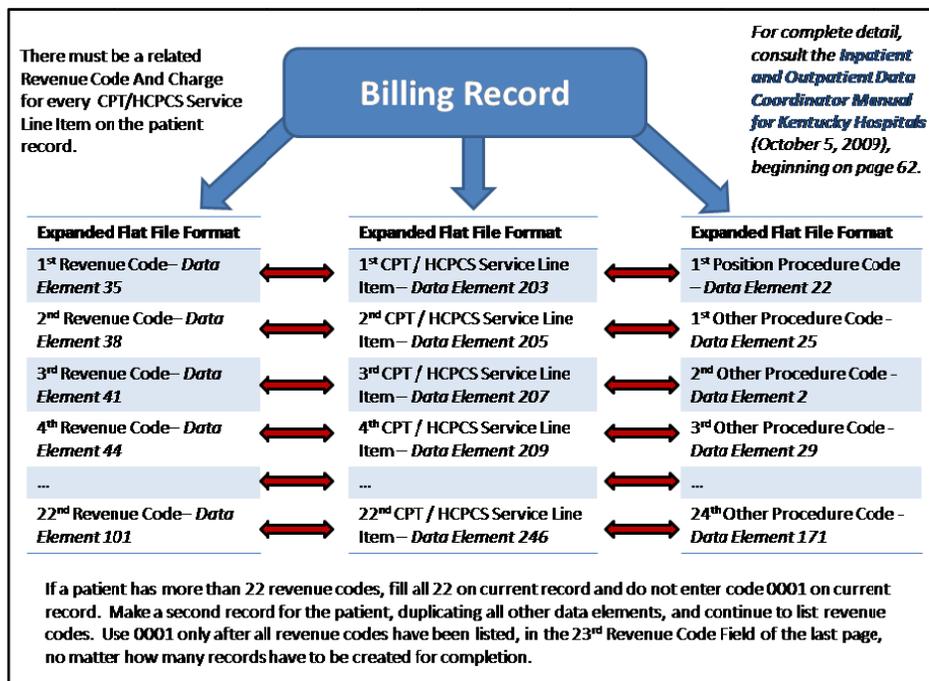


Figure 1

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.

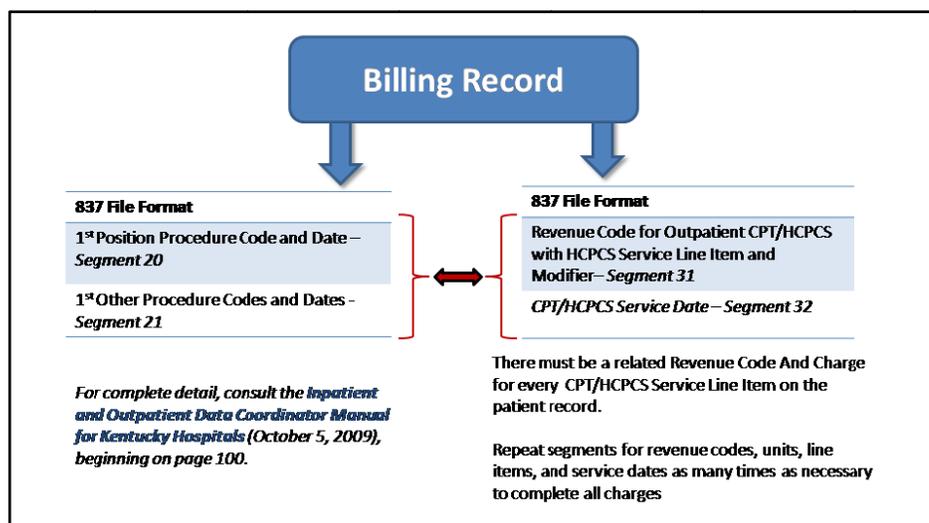


Figure 2

- **Outpatient Surgical, Mammography and Other Outpatient Procedure** data are to be reported according to Medicare definition, as those procedure that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, manipulation or imaging.
- IPOP includes a specific range of CPT®/HCPCS procedure codes that are accepted for inclusion in our database. A patient record must contain one of the following procedure codes to qualify for inclusion in our outpatient data base.
- Patient Accounts that should be included are:
 - **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

Effective **01/01/2014**

| Outpatient Surgical | | Other Outpatient Procedures | | |
|-------------------------|----------------------|-----------------------------|---------------|---------------------|
| Category I and II Codes | Category III Codes | Category I Codes | | |
| 10021 - 69990 | 0019T - 0339T | 70336 | 75557 - 75565 | 78607 |
| | | 70450 | 75571 - 75574 | 78608 - 78609 |
| A4300 - A4306 | | 70460 | 75635 | 78647 |
| C1725 | | 70470 | 76376 - 76377 | 78469 |
| C1730 - C1733 | | 70480 - 70482 | 76380 | 78710 |
| C1885 | | 70486 - 70488 | 76390 | 78803 |
| C1888 | | 70490 - 70492 | 76497 - 76498 | 78807 |
| C2630 | | 70496 | 77011 - 77014 | 78811 - 78816 |
| C8931 - C8936 | | 70498 | 77021 - 77022 | 92132 - 92134 |
| C9724 - C9728 | | 70540 | 77078 - 77079 | 92920 - 92928 |
| G0104 - G0106 | | 70542 - 70549 | 77084 | 92929 - 92944 |
| G0120 - G0122 | | 70551 - 70555 | 77371 - 77373 | 92970 - 92979 |
| G0186 | | 70557 - 70559 | 77401 - 77404 | 92986 - 92987 |
| G0219 | | 71250 | 77406 - 77409 | 92990 - 92998 |
| G0235 | | 71260 | 77411 - 77414 | 93451 - 93459 |
| G0251-G0252 | | 71270 | 77416 - 77418 | 93460 - 93462 |
| G0269 | | 71275 | 77421 - 77425 | 93503 |
| G0288 - G0291 | | 71550 - 71552 | 77427 | 93505 |
| G0364 - G0365 | | 71555 | 77431 - 77432 | 93530 - 93533 |
| G0392 - G0393 | | 72125 - 72133 | 77435 | 93561 - 93562 |
| L8699 | | 72141 - 72142 | 77469 - 77470 | 93571 - 93572 |
| Q1003 - Q1005 | | 72146 - 72149 | 77499 | 93580 - 93581 |
| S8042 | | 72156 - 72159 | 77520 | 93582 -93583 |
| V2785 | | 72191 - 72198 | 77522 - 77523 | 93600 |
| V2787 - V2788 | | 72292 | 77525 | 93602 - 93603 |
| | | 73200 - 73202 | 77750 | 93609 - 93610 |
| | | 73206 | 77761 - 77763 | 93612 - 93613 |
| | | 73218 - 73223 | 77776 - 77778 | 93615 - 93616 |
| | | 73225 | 77785 - 77787 | 93618 - 93624 |
| | | 73700 - 73702 | 77789 - 77790 | 93631 |
| | | 73706 | 77799 | 93640 - 93642 |
| | | 73718 - 73723 | 78071 | 93650 - 93657 |
| | | 73725 | 78072 | 93660 |
| | | 74150 | 78205 - 78206 | |
| | | 74160 | 78320 | |
| | | 74170 | 78451 - 78452 | |
| | | 74174 - 74178 | 78459 | |
| | | 74181 - 74183 | 78491 - 78492 | |
| | | 74185 | | |
| | | 74261 - 74263 | | |
| Mammography | | | | |
| 77031 - 77032 | | | | |
| 77051 - 77059 | | | | |
| G0202 - G0206 | | | | |

Revenue codes: The following Revenue Codes would fall within the categories specified below

| | |
|------------------------------------|--|
| Outpatient Surgery | 0360 – 0362 0367 0369 0490 0499 |
| Observation Care | 0762 |
| Emergency Room | 0450 – 0452 0456 0459 0680 – 0684 0689 |
| Mammography | 0401 0403 |
| Other Outpatient Procedures | 0333 0350 – 0352 0359 0404 0481 0610 – 0619 0750 |

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: <u> </u> Same as Facility Contact | | | | | | | | | |
| Name | | | | | | | | | |
| Title | | | | | | | | | |
| Email Address | | | | | | | | | |
| Phone Number | | | | | | | | | |
| Process Type (Check Applicable): | | | | | | | | | |
| <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient | | | | | | | | | |
| Data Time Period to be submitted: | | | | | | | | | |
| Year: <input style="width: 50px;" type="text"/> Quarter: <input style="width: 50px;" type="text"/> | | | | | | | | | |
| Reason for Requesting Late Load: | | | | | | | | | |
| | | | | | | | | | |
| Late Load for (Check One): | | | | | | | | | |
| <input type="checkbox"/> Entire Quarter <input type="checkbox"/> Specific Batch (enter batch number) <input style="width: 100px;" type="text"/> | | | | | | | | | |
| Will monthly reported counts remain as reported? (Check One) | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (enter new count or counts) <input style="width: 150px;" type="text"/> | | | | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 50%;">Month</th> <th style="width: 50%;">Count</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | Month | Count | | | | | | |
| 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 IPOPOP 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 | | | | | |
| | <input type="checkbox"/> 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 | | | | | |
| | <input type="checkbox"/> 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 | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|----------|----|--------|---------------|--------------|---------------------|-------------------------|--|---|-----------------|---|--|---|---------------------------------------|---|---|---|--|--|---------------------|--|-------|---------------------------------|-------|--------------|-------|--|-------|-------------------------|-------|---------------------|-------|-----------|-------|---------------------|-------|-------------------------|-------|------------|-------|--------------------------|-------|--------------------|-------|--------------------|-------|----------------------|
| | | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1* | Patient DOB | 1 | 8 | 8 | | X | | 14 (UB92), 10 (UB04) | <table border="1"> <tr><td>~</td><td>MMFFYYYY Format</td></tr> <tr><td>~</td><td>DOB must occur prior to or on same date as discharge</td></tr> <tr><td>~</td><td>Patient must be 124 years old or less</td></tr> <tr><td>~</td><td>Edited to check patient's age vs. logic of diagnoses and procedures</td></tr> </table> | ~ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | 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) | <table border="1"> <tr><td>M</td><td>= Male</td></tr> <tr><td>F</td><td>= Female</td></tr> <tr><td>U</td><td>= Unknown</td></tr> </table> | M | = Male | F | = Female | U | = Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>No more than 1% of records may contain the above values.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ZIP plus 4 | 15 | 18 | 4 | X | | | As Above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5* | 1st Individual Payer ID # | 19 | 27 | 9 | X | | L | 50A (UB92), 51A (UB04) | <table border="1"> <tr><td colspan="2">Expected Principal Payment Source</td></tr> <tr><td>~</td><td>Do not include hyphens, commas, periods or slashes</td></tr> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Use only the 5 digit codes to the right</td></tr> <tr><td>~</td><td>Appropriate code must also be used for Self Pay and Charity patients</td></tr> </table> | 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 | <table border="1"> <tr><td colspan="2">Payer Mapping Codes</td></tr> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity –defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> <tr><td>98922</td><td>= Commercial – HMO</td></tr> <tr><td>98923</td><td>= Commercial – PPO</td></tr> <tr><td>98924</td><td>= Commercial - Other</td></tr> </table> | 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 |
| 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

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---------------------------------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|---|---|-------|--------------------------------|-----------------------|-------------------------------|-------------------------------------|-------------------------|-------|------------------------|-------|--------------------------|-------|---------|-------|-----------------------------|-------|------------------------|-------|-------------------------------|-------|------|-------|------------------|-------|------------------|-------|---------------------|-------|--------------------------------|--------------|------------------------------|
| | | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | <table border="1"> <tr><td>98930</td><td>= Other Self Administered Plan</td></tr> <tr><td>98940</td><td>= Passport Medicaid Mgd. Care</td></tr> <tr><td>98945</td><td>= Medicare Managed Care</td></tr> <tr><td>98950</td><td>= Workers Compensation</td></tr> <tr><td>98960</td><td>= Blue Cross Blue Shield</td></tr> <tr><td>00000</td><td>= Other</td></tr> <tr><td>98970</td><td>= Coventry Care of Kentucky</td></tr> <tr><td>98980</td><td>= WellCare of Kentucky</td></tr> <tr><td>98990</td><td>= Kentucky Spirit Health Plan</td></tr> <tr><td>98925</td><td>= VA</td></tr> <tr><td>98926</td><td>= Auto Insurance</td></tr> <tr><td>98927</td><td>= Other Facility</td></tr> <tr><td>98928</td><td>= Pending Insurance</td></tr> <tr><td>98929</td><td>= Humana Medicaid Managed Care</td></tr> <tr><td>98991</td><td>= BCBS Medicaid Managed Care</td></tr> </table> <p><i>No more than 1% of records may contain 00000.</i></p> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2 nd Individual Payer ID # | 28 | 36 | 9 | X | | L | 50B (UB92), 51B (UB04) | <table border="1"> <tr><td colspan="2">Expected Secondary Payment Source</td></tr> <tr><td>~</td><td>Instructions as above</td></tr> <tr><td>~</td><td>If no source of payment, space fill</td></tr> </table> | Expected Secondary Payment Source | | ~ | Instructions as above | ~ | If no source of payment, space fill | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Secondary Payment Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Instructions as above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | If no source of payment, space fill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 3 rd Individual Payer ID # | 37 | 45 | 9 | X | | L | 50C (UB92), 51C (UB04) | <table border="1"> <tr><td colspan="2">Expected Tertiary Payment Source</td></tr> <tr><td>~</td><td>As above</td></tr> </table> | Expected Tertiary Payment Source | | ~ | As above | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Tertiary Payment Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | As above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | |
|--------------|---------------------------------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|--|--|--|--|
| | | From | To | | | | | | | | | |
| 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 E = Transfer from Ambulatory Surgery Center F = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program | | |
| | | | | | | | | | | <i>No more than 1% of cases may contain 9 – Information not Available</i> | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|--------------|---|----------|----|--------|---------------|--------------|---------------------|-------------------------|--|--|--|----------------------------|--|---|-----|---|-----|--|-----|---|-----|---|---|-----------------|---|-----------------------------|
| | | From | To | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <table border="1" style="margin-left: 20px;"> <tr> <td>5</td> <td>= Born Inside the Hospital</td> </tr> <tr> <td>6</td> <td>= Born outside the hospital</td> </tr> </table> | 5 | = Born Inside the Hospital | 6 | = Born outside the hospital | | | | | | | | | | | | |
| 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 <table border="1" style="margin-left: 20px;"> <tr> <td>~</td> <td>If Priority of Visit is newborn (4), patient age must be 0 years old</td> </tr> <tr> <td>~</td> <td>Additional instructions as above</td> </tr> </table> | ~ | If Priority of Visit is newborn (4), patient age must be 0 years old | ~ | Additional instructions as above | <table border="1" style="margin-left: 20px;"> <tr> <td>1</td> <td>= Emergency</td> </tr> <tr> <td>2</td> <td>= Urgent</td> </tr> <tr> <td>3</td> <td>= Elective</td> </tr> <tr> <td>4</td> <td>= Newborn</td> </tr> <tr> <td>5</td> <td>= Trauma center</td> </tr> <tr> <td>9</td> <td>= Information not Available</td> </tr> </table> <p><i>No more than 1% of cases may contain 9 – Information not Available</i></p> | 1 | = Emergency | 2 | = Urgent | 3 | = Elective | 4 | = Newborn | 5 | = Trauma center | 9 | = Information not Available |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11* | Type of Bill | 54 | 56 | 3 | | X | | 4 | <table border="1" style="margin-left: 20px;"> <tr> <td>~</td> <td>Submit final bills only. No interim bills accepted</td> </tr> <tr> <td>~</td> <td>XX8 bill types are not accepted by KY IPOP</td> </tr> </table> | ~ | Submit final bills only. No interim bills accepted | ~ | XX8 bill types are not accepted by KY IPOP | The only valid codes are: <table border="1" style="margin-left: 20px;"> <tr> <td>110</td> <td>= Hospital; inpatient (including Medicare Part A); non-payment/zero claim</td> </tr> <tr> <td>111</td> <td>= Hospital; inpatient (including Medicare Part A); admit through discharge claim</td> </tr> <tr> <td>121</td> <td>= Hospital; inpatient (including Medicare Part B only); admit through discharge claim</td> </tr> <tr> <td>117</td> <td>= Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim</td> </tr> </table> | 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 | | | | |
| ~ | Submit final bills only. No interim bills accepted | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | XX8 bill types are not accepted by KY IPOP | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | |
|--------------|---|---------------|----|--------|---------------|--------------|---------------------|-------------------------|--|---|---|-------|--|--|---|---------------------------|---|-----------------------------|--------------|--|
| 12* | Principal Diagnosis | 57 | 63 | 7 | X | | L | 67 | <p>Must be valid ICDE-9-CM or valid ICD-10-CM code after October 1, 2014 established after admission as responsible for inpatient/outpatient care necessity</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> <tr> <td>~</td> <td>Principal DX is V30 – V39 (with 0 as 4th digit) admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014</td> </tr> </table> | ~ | Must be consistent with patient's age and gender | ~ | Space fill right, no decimals | ~ | Principal DX is V30 – V39 (with 0 as 4 th digit) admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014 | | | | | |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | | | | | | | |
| ~ | Space fill right, no decimals | | | | | | | | | | | | | | | | | | | |
| ~ | Principal DX is V30 – V39 (with 0 as 4 th digit) admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014 | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1"> <tr> <td>Y</td> <td>= Yes</td> </tr> <tr> <td>N</td> <td>= No</td> </tr> <tr> <td>W</td> <td>= Clinically Undetermined</td> </tr> <tr> <td>U</td> <td>= Information not in Record</td> </tr> <tr> <td>(Blank) or 1</td> <td>= Exempt from POA Reporting (for specified diagnoses only)</td> </tr> </table> | Y | = Yes | N | = No | W | = Clinically Undetermined | U | = Information not in Record | (Blank) or 1 | = Exempt from POA Reporting (for specified diagnoses only) |
| Y | = Yes | | | | | | | | | | | | | | | | | | | |
| N | = No | | | | | | | | | | | | | | | | | | | |
| W | = Clinically Undetermined | | | | | | | | | | | | | | | | | | | |
| U | = Information not in Record | | | | | | | | | | | | | | | | | | | |
| (Blank) or 1 | = Exempt from POA Reporting (for specified diagnoses only) | | | | | | | | | | | | | | | | | | | |
| 14** | 1 st Other Diagnosis | 65 | 71 | 7 | X | | L | 68 (UB92), 67 (UB04) | <p>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</p> <table border="1"> <tr> <td>~</td> <td>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.</td> </tr> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> </table> | ~ | 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 | <p>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.</p> <p>As of 10/1/2014 additional External Causes of Morbidity codes can also be mapped to the remaining fields.</p> | | | | | | |
| ~ | 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 | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|----------|----|--------|---------------|--------------|---------------------|-------------------------|---------------------------------|----------------------|
| | | From | To | | | | | | | |
| | | | | | | | | | ~ Space fill right, no decimals | |
| 15** | Present on Admission Indicator for 1 st Other Diagnosis | 72 | 72 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 16** | 2 nd Other Diagnosis | 73 | 79 | 7 | X | | L | 69(UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 17** | Present on Admission Indicator for 2 nd Other Diagnosis | 80 | 80 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 18** | 3 rd 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 3 rd Other Diagnosis | 88 | 88 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 20** | 4 th Other Diagnosis | 89 | 95 | 7 | X | | L | 71 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|----------|-----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|----------------------|
| | | From | To | | | | | | | |
| 21** | Present on Admission Indicator for 4 th Other Diagnosis | 96 | 96 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 22** | 5 th 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 5 th Other Diagnosis | 104 | 104 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 24** | 6 th Other Diagnosis | 105 | 111 | 7 | X | | L | 73 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 25** | Present on Admission Indicator for 6 th Other Diagnosis | 112 | 112 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 26** | 7 th 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 7 th Other Diagnosis | 120 | 120 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element # 13 | Same as element # 13 |
| 28** | 8 th Other Diagnosis | 121 | 127 | 7 | X | | L | 75 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |

* Required Field ** Required if present in the record

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

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--|----------------------|
| | | From | To | | | | | | | |
| 29** | Present on Admission Indicator for 8 th 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** | 1 st 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, 2014 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 | |
| 33** | 1 st 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 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | |
|--------------|--------------------------|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--------------------------------------|------------------|--|
| | | From | To | | | | | | | | |
| 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 in this code list |
| | | | | | | | | | | 06 | = Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care |
| | | | | | | | | | | 07 | = Left against medical advice or discontinued care |
| | | | | | | | | | | 09 | = Admitted as inpatient to this hospital |
| | | | | | | | | | | 10-19 | = Discharge defined at state level |
| | | | | | | | | | | 20 | = Expired |
| | | | | | | | | | | 21 | = Discharged/transferred to |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|--------------------------------|---|
| | | From | To | | | | | | | |
| 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 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|---|
| | | From | 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 |
| | | | | | | | | | | 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|--|
| | | From | To | | | | | | | |
| | | | | | | | | | | 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | |
|--------------|---|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|--|--|-----------------------|-----------|---|-----------|---|-----------|--|-----------|--|-----------|--|-----------|---|
| | | From | To | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | <table border="1"> <tr> <td></td> <td>IP Readmission</td> </tr> <tr> <td>90</td> <td>= Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>91</td> <td>= Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>92</td> <td>= Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission</td> </tr> <tr> <td>93</td> <td>=Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission</td> </tr> <tr> <td>94</td> <td>= Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>95</td> <td>= Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission</td> </tr> </table> | | 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 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 |
| | 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 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 | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | |
|--------------|---|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--|------------------|--|---|--|--|-----------------------------------|---|---|---|---|--------------------------------------|
| | | From | To | | | | | | | | | | | | | | | | | |
| 35** | 1 st Other Procedure Code | 152 | 158 | 7 | X | | L | 81 (UB92), 74 (UB04) | Additional procedure performed other than 1 st Position procedure <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Must be consistent with patient's gender</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Space fill right, no decimals or hyphens</td> </tr> </table> | ~ | 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 | | | | | | |
| ~ | Must be consistent with patient's gender | | | | | | | | | | | | | | | | | | | |
| ~ | Space fill right, no decimals or hyphens | | | | | | | | | | | | | | | | | | | |
| 36 | Filler | 159 | 165 | 7 | X | | | | Blank Fill | | | | | | | | | | | |
| 37** | 1 st Other Procedure Date | 166 | 171 | 6 | | X | | 81 (UB92), 74 (UB04) | <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>MMDDYY format</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>No hyphens or slashes</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Cannot occur after discharge date</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Required if corresponding procedure is recorded</td> </tr> </table> | ~ | 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 |
| ~ | 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 | | | | | | | | | | | | | | | | | | | |
| 38** | 2 nd 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** | 2 nd Other Procedure Date | 186 | 191 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | | | | | | | | | | | |
| 41** | 3 rd 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** | 3 rd Other Procedure Date | 206 | 211 | 6 | | X | | 81 (UB92), | Same as element #37 | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|---|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--|------------------|-------------------------------|---|---|---|---|---|
| | | From | To | | | | | | | | | | | | | |
| | | | | | | | | 74 (UB04) | | | | | | | | |
| 44** | 4 th 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** | 4 th Other Procedure Date | 226 | 231 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | | | | | | | |
| 47** | 5 th 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** | 5 th Other Procedure Date | 246 | 251 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | | | | | | | |
| 50* | 1 st Revenue Code | 252 | 255 | 4 | | X | R | 42 | <p>Identifies an accommodation, ancillary service, or billing calculation</p> <table border="1"> <tr> <td>~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td>~</td> <td>Report any applicable Revenue Codes appearing on the patient case</td> </tr> <tr> <td>~</td> <td>Room and Board charges must be reported for inpatient cases</td> </tr> </table> | ~ | 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 | <p>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.</p> |
| ~ | 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 | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

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

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|--------------|--|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--|------------------|---|---|--|---|--|--|---|------------------------------|---|--|---|--|---|--------------------------|---|---|
| | | From | To | | | | | | | | | | | | | | | | | | | | | | | |
| 51* | Units of Service | 256 | 262 | 7 | | X | R | 46 | A quantitative measure of services rendered by revenue code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>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</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Required if corresponding revenue code is recorded</td> </tr> </table> | ~ | 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 | | | | | | | | | | | |
| ~ | 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges must be positive</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Right justify, zero fill left</td> </tr> </table> | ~ | 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Programming Format: S9(8)V99</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Signed fields are unpacked, signed, right justified, zero filled to left</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>When including sign, use zoned decimal representation See Appendix A for Zoned Decimal Representation Table</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>May be negative (credit)</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Charge fields have an assumed decimal with 2 positions to the right for cents</td> </tr> </table> | ~ | 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 |
| ~ | 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 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** | 2 nd 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** | 3 rd 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

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------|----------|-----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| 59** | 4 th 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** | 5 th 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** | 6 th 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** | 7 th 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** | 8 th 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** | 9 th 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** | 10 th 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** | 11 th 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** | 12 th 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 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------|----------|-----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| 85** | Charges | 494 | 503 | 10 | | X | R | 47 | Same as element #52 | |
| 86** | 13 th 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** | 14 th 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** | 15 th 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** | 16 th 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** | 17 th 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** | 18 th 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** | 19 th 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** | 20 th Revenue Code | 651 | 654 | 4 | | X | R | 42 | Same as element #50 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | |
|--------------|---|----------|-----|--------|---------------|--------------|---------------------|-------------------------|---|--|---|---|--|--|
| | | From | To | | | | | | | | | | | |
| 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** | 21 st 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** | 22 nd 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* | 23 rd Revenue Code (Total Charges for the Patient) | 714 | 717 | 4 | | X | R | 47 (UB04) | <p>The only allowed revenue code entry for this field is 0001. Total Charges for the Patient.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Use 0001 only on the last page of the record, as the very last revenue code</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>This field should be empty for all other pages of the patient record</td> </tr> </table> | ~ | 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 |
| ~ | 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 | | | | | | | | | | | | | |
| 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

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|----------|-----|--------|---------------|--------------|---------------------|--------------------------|--|--|
| | | From | To | | | | | | | |
| | | | | | | | | | 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 | 1 st 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 | 2 nd Insur Group # | 798 | 814 | 17 | X | | L | 62b | As above | |
| 125 | 3 rd Insur Group # | 815 | 831 | 17 | X | | L | 62c | As above | |
| 126** | Admitting (1 st 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** | 2 nd 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 * ICD-10 Version effective 10/1/2014 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---|----------|-----|--------|---------------|--------------|---------------------|-------------------------|--|---------------------|
| | | From | To | | | | | | | |
| 153** | Present on Admission Indicator for 20 th Other Diagnosis | 955 | 955 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element #13 | Same as element #13 |
| 154** | 21 th Other Diagnosis Code | 956 | 962 | 7 | X | | L | 67 (UB04) | Same as element #14 | Same as element #14 |
| 155** | Present on Admission Indicator for 21 th Other Diagnosis | 963 | 963 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element #13 | Same as element #13 |
| 156** | 22 th Other Diagnosis Code | 964 | 970 | 7 | X | | L | 67 (UB04) | Same as element #14 | Same as element #14 |
| 157** | Present on Admission Indicator for 22 th Other Diagnosis | 971 | 971 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element #13 | Same as element #13 |
| 158** | 23 th Other Diagnosis Code | 972 | 978 | 7 | X | | L | 67 (UB04) | Same as element #14 | Same as element #14 |
| 159** | Present on Admission Indicator for 23 th Other Diagnosis | 979 | 979 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element #13 | Same as element #13 |
| 160** | 24 th Other Diagnosis Code | 980 | 986 | 7 | X | | L | 67 (UB04) | Same as element #14 | Same as element #14 |
| 161** | Present on Admission Indicator for 24 th 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 10/1/2014 ICD-10-CM External Causes of Morbidity codes will be | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |

| | | | | | | | | | | |
|-------|---|------|------|---|---|--|---|-----------------------|--|---------------------|
| | as of 10/1/2014) | | | | | | | | accepted. ~ Must be consistent with patient's age and gender ~ Must be valid ICD E-Code for discharge date As of 10/1/2014 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 10/1/2013 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 10/1/2014) | 996 | 1002 | 7 | X | | L | 67b (UB92), 72 (UB04) | Same as element #162 | |
| 165** | Present on Admission Indicator for 2nd E-Code As of 10/1/2013 Present on Admission Indicator for 2nd | 1003 | 1003 | 1 | X | | L | 68 (UB92), 67 (UB04) | Same as element #13 | Same as element #13 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |

| | | | | | | | | | | |
|-------|--|------|------|---|---|---|---|--------------------------|----------------------|---------------------|
| | External Cause of Morbidity Code | | | | | | | | | |
| 166** | 3rd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2014) | 1004 | 1010 | 7 | X | | L | 67b (UB92), 72 (UB04) | Same as element #162 | |
| 167** | Present on Admission Indicator for 3rd E-Code As of 10/1/2013 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 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| | Procedure Date | | | | | | | (UB92), 74 (UB04) | | |
| 174** | 8 th 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** | 8 th Other Procedure Date | 1066 | 1071 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 177** | 9 th 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** | 9 th Other Procedure Date | 1086 | 1091 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 180** | 10 th 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** | 10 th Other Procedure Date | 1106 | 1111 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 183** | 11 th Other Procedure Code | 1112 | 1118 | 7 | X | | L | 81 (UB92), 74 (UB04) | Same as element #35 | |

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Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| 184 | Filler | 1119 | 1125 | 7 | X | | | | Blank fill | |
| 185** | 11 th Other Procedure Date | 1126 | 1131 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 186** | 12 th 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** | 12 th Other Procedure Date | 1146 | 1151 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 189** | 13 th 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** | 13 th Other Procedure Date | 1166 | 1171 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 192** | 14 th 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** | 14 th Other Procedure Date | 1186 | 1191 | 6 | | X | | 81 (UB92), 74 | Same as element #37 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| | | | | | | | | (UB04) | | |
| 195** | 15 th 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** | 15 th Other Procedure Date | 1206 | 1211 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 198** | 16 th 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** | 16 th Other Procedure Date | 1226 | 1231 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 201** | 17 th 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** | 17 th Other Procedure Date | 1246 | 1251 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 204** | 18 th Other Procedure Code | 1252 | 1258 | 7 | X | | L | 81 (UB92), 74 (UB04) | Same as element #35 | |
| 205 | Filler | 1259 | 1265 | 7 | X | | | | Blank fill | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| 206** | 18 th Other Procedure Date | 1266 | 1271 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 207** | 19 th 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** | 19 th Other Procedure Date | 1286 | 1291 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 210** | 20 th 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** | 20 th Other Procedure Date | 1306 | 1311 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 213** | 21 st 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** | 21 st Other Procedure Date | 1326 | 1331 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |
| 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** | 22 nd Other Procedure Date | 1346 | 1351 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 219** | 23 rd 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** | 23 rd Other Procedure Date | 1366 | 1371 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #37 | |
| 222** | 24 th Other Procedure Code | 1372 | 1378 | 7 | X | | L | 81 (UB92), 74 (UB04) | Same as element #35 | |
| 223 | Filler | 1379 | 1385 | 7 | X | | | | Blank fill | |

* Required Field ** Required if present in the record

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

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|---|----------|------|--------|---------------|--------------|---------------------|-------------------------|---|------------------|------------------------------|---|---|---|------------------|--|
| | | From | To | | | | | | | | | | | | | |
| 224** | 24 th 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Enter clinician's NPI number</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>State license number or UPIN are no longer accepted</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Space fill right</td> </tr> </table> | ~ | Enter clinician's NPI number | ~ | State license number or UPIN are no longer accepted | ~ | Space fill right | |
| ~ | 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Space fill right</td> </tr> </table> | ~ | Space fill right | | | | | |
| ~ | Space fill right | | | | | | | | | | | | | | | |
| 227 | Filler | 1418 | 1432 | 7 | 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 | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | |
|--------------|---------------------------------------|----------|------|--------|---------------|--------------|---------------------|-------------------------|--|--|----|------------------------------------|----|------------------------------------|----|-----------------------------|----|---------------------------------------|----|---------|----|---------|
| | | From | To | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1"> <tr><td>R1</td><td>= American Indian or Alaska Native</td></tr> <tr><td>R2</td><td>= Asian</td></tr> <tr><td>R3</td><td>= Black or African American</td></tr> <tr><td>R4</td><td>= Native Hawaiian or Pacific Islander</td></tr> <tr><td>R5</td><td>= White</td></tr> <tr><td>R9</td><td>= Other</td></tr> </table> <p><i>No more than 3% of cases may contain R9 - Other</i></p> | R1 | = American Indian or Alaska Native | R2 | = Asian | R3 | = Black or African American | R4 | = Native Hawaiian or Pacific Islander | R5 | = White | R9 | = Other |
| R1 | = American Indian or Alaska Native | | | | | | | | | | | | | | | | | | | | | |
| R2 | = Asian | | | | | | | | | | | | | | | | | | | | | |
| R3 | = Black or African American | | | | | | | | | | | | | | | | | | | | | |
| R4 | = Native Hawaiian or Pacific Islander | | | | | | | | | | | | | | | | | | | | | |
| R5 | = White | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1"> <tr><td>E1</td><td>= Hispanic or Latino Ethnicity</td></tr> <tr><td>E2</td><td>= Non Hispanic or Latino Ethnicity</td></tr> </table> | E1 | = Hispanic or Latino Ethnicity | E2 | = Non Hispanic or Latino Ethnicity | | | | | | | | |
| 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

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

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | |
|--------------|--|----------|------|--------|---------------|--------------|---------------------|-------------------------|---|--------------------------------|--|--|-------------------------------|--|
| | | From | To | | | | | | | | | | | |
| 238 | Filler | 1613 | 1614 | 2 | X | | | | Blank fill | | | | | |
| 239* | Admitting Diagnosis | 1615 | 1621 | 7 | X | | L | 69 (UB04) | <p>Must be valid ICD-9-CM diagnosis code or after October 1, 2014 a valid ICD-10-CM code describing the patient's diagnosis at time of inpatient admission.</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> </table> | ~ | Must be consistent with patient's age and gender | ~ | Space fill right, no decimals | |
| ~ | 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) | <p>Condition code designating whether the patient has a signed order to not resuscitate.</p> <table border="1"> <tr> <td>~</td> <td>Only 1 code is acceptable, noted to the right.</td> </tr> </table> | ~ | Only 1 code is acceptable, noted to the right. | <p>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.)</p> | | |
| ~ | Only 1 code is acceptable, noted to the right. | | | | | | | | | | | | | |
| 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) | <p>Value Code designating that a birth weight in grams is in existence. Required for Priority of Visit 4</p> <table border="1"> <tr> <td>~</td> <td>Only 1 code is acceptable, noted to the right</td> </tr> </table> | ~ | Only 1 code is acceptable, noted to the right | <p>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)</p> | | |
| ~ | Only 1 code is acceptable, noted to the right | | | | | | | | | | | | | |
| 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 | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |

| | | | | | | | | | | |
|-------|---|------|------|-----|---|--|---|---|---|---|
| | 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, 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| | | From | To | | | | | | | |

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---------------|-------------|--------|---------------|--------------|---------------------|---|--|--|----|----------|----|------------------------------|----|-----------------------------|----|------------------|----|----------------|----|---------------------|----|---------------------------|----|--------|----|---------|----|------------|----|-----------|----|-------------------------|----|-----------------------|----|----------------------------------|----|---------------------|----|----------|----|----------|----|---------------------|----|---------------|----|-----------------|----|---------------------|----|---|----|----------------|----|----------------------|
| 258** | Primary Insured's Name | 2231 | 2255 | 25 | X | | L | c (UB04) 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 | <table border="1"> <tr><td>01</td><td>= Spouse</td></tr> <tr><td>04</td><td>= Grandfather or Grandmother</td></tr> <tr><td>05</td><td>= Grandson or Granddaughter</td></tr> <tr><td>07</td><td>=Nephew or Niece</td></tr> <tr><td>10</td><td>= Foster Child</td></tr> <tr><td>15</td><td>= Ward of the Court</td></tr> <tr><td>17</td><td>= Stepson or Stepdaughter</td></tr> <tr><td>18</td><td>= Self</td></tr> <tr><td>19</td><td>= Child</td></tr> <tr><td>20</td><td>= Employee</td></tr> <tr><td>21</td><td>= Unknown</td></tr> <tr><td>22</td><td>= Handicapped Dependent</td></tr> <tr><td>23</td><td>= Sponsored Dependent</td></tr> <tr><td>24</td><td>= Dependent to a Minor Dependent</td></tr> <tr><td>29</td><td>= Significant Other</td></tr> <tr><td>32</td><td>= Mother</td></tr> <tr><td>33</td><td>= Father</td></tr> <tr><td>36</td><td>= Emancipated Minor</td></tr> <tr><td>39</td><td>= Organ Donor</td></tr> <tr><td>40</td><td>= Cadaver Donor</td></tr> <tr><td>41</td><td>= Injured Plaintiff</td></tr> <tr><td>43</td><td>= Child Where Insured Has No Financial Responsibility</td></tr> <tr><td>53</td><td>= Life Partner</td></tr> <tr><td>G8</td><td>= Other Relationship</td></tr> </table> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------------|----------|------|--------|---------------|--------------|---------------------|------------------------------|---|---|
| | | From | To | | | | | | | |
| | | | | | | | | | | 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

* Required Field ** Required if present in the record

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 | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|--|----------------------------------|-----------------------------------|---|--|---|---------------------------------------|---|---|---|--|--|---------------------|--|-------|---------------------------------|-------|--------------|-------|---|-------|-------------------------|-------|---------------------|-------|-----------|-------|---------------------|-------|-------------------------|-------|------------|-------|--------------------------|
| 1* | Patient DOB | 1 | 8 | 8 | | X | | 14 (UB92), 10 (UB04) | <table border="1"> <tr><td>~</td><td>MMDDYYYY Format</td></tr> <tr><td>~</td><td>DOB must occur prior to or on same date as discharge</td></tr> <tr><td>~</td><td>Patient must be 124 years old or less</td></tr> <tr><td>~</td><td>Edited to check patient's age vs. logic of diagnoses and procedures</td></tr> </table> | ~ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | 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) | <table border="1"> <tr><td>M</td><td>= Male</td></tr> <tr><td>F</td><td>= Female</td></tr> <tr><td>U</td><td>= Unknown</td></tr> </table> | M | = Male | F | = Female | U | = Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | <table border="1"> <tr><td>~</td><td>Expected Principal Payment Source</td></tr> <tr><td>~</td><td>Do not include hyphens, commas, periods or slashes</td></tr> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Use only the 5 digit codes to the right</td></tr> <tr><td>~</td><td>Appropriate code must also be used for Self Pay and Charity patients</td></tr> </table> | ~ | 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 | <table border="1"> <tr><td colspan="2">Payer Mapping Codes</td></tr> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity – defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> </table> | 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 |
| ~ | 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

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---------------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|--|---|-----------------------|--------------------|-------------------------------------|--------------------|-------|----------------------|-------|--------------------------------|-------|-------------------------------|-------|-------------------------|-------|------------------------|-------|--------------------------|-------|---------|-------|-----------------------------|-------|------------------------|-------|-------------------------------|-------|------|-------|------------------|-------|------------------|-------|---------------------|-------|--------------------------------|--------------|-------------------------------------|
| | | | | | | | | | | <table border="1"> <tr><td>98922</td><td>= Commercial – HMO</td></tr> <tr><td>98923</td><td>= Commercial – PPO</td></tr> <tr><td>98924</td><td>= Commercial - Other</td></tr> <tr><td>98930</td><td>= Other Self Administered Plan</td></tr> <tr><td>98940</td><td>= Passport Medicaid Mgd. Care</td></tr> <tr><td>98945</td><td>= Medicare Managed Care</td></tr> <tr><td>98950</td><td>= Workers Compensation</td></tr> <tr><td>98960</td><td>= Blue Cross Blue Shield</td></tr> <tr><td>00000</td><td>= Other</td></tr> <tr><td>98970</td><td>= Coventry Care of Kentucky</td></tr> <tr><td>98980</td><td>= WellCare of Kentucky</td></tr> <tr><td>98990</td><td>= Kentucky Spirit Health Plan</td></tr> <tr><td>98925</td><td>= VA</td></tr> <tr><td>98926</td><td>= Auto Insurance</td></tr> <tr><td>98927</td><td>= Other Facility</td></tr> <tr><td>98928</td><td>= Pending Insurance</td></tr> <tr><td>98929</td><td>= Humana Medicaid Managed Care</td></tr> <tr><td>98991</td><td>= BCBS Medicaid Managed Care</td></tr> </table> <p><i>No more than 1% of records may contain 00000.</i></p> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2 nd Individual Payer ID # | 28 | 36 | 9 | X | | L | 50B (UB92), 51B (UB04) | Expected Secondary Payment Source <table border="1"> <tr><td>~</td><td>Instructions as above</td></tr> <tr><td>~</td><td>If no source of payment, space fill</td></tr> </table> | ~ | Instructions as above | ~ | If no source of payment, space fill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Instructions as above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | If no source of payment, space fill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 3 rd Individual Payer ID # | 37 | 45 | 9 | X | | L | 50C (UB92), 51C (UB04) | Expected Tertiary Payment Source <table border="1"> <tr><td>~</td><td>Instructions as above</td></tr> </table> | ~ | Instructions as above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Instructions as above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|--|--|
| 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 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|--------------|--|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|---|---|--|----------------------------|--|---|-----|---|-----|--|-----|---|-----|--|-----|--|---|-----------------------------|
| 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: <table border="1"> <tr> <td>5</td> <td>= Born Inside the Hospital</td> </tr> <tr> <td>6</td> <td>= Born outside the hospital</td> </tr> </table> | 5 | = Born Inside the Hospital | 6 | = Born outside the hospital | | | | | | | | | | | | |
| 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 <table border="1"> <tr> <td>~</td> <td>If Priority of Visit is newborn (4), patient age must be 0 years old</td> </tr> <tr> <td>~</td> <td>Additional instructions as above</td> </tr> </table> | ~ | If Priority of Visit is newborn (4), patient age must be 0 years old | ~ | Additional instructions as above | <table border="1"> <tr> <td>1</td> <td>= Emergency</td> </tr> <tr> <td>2</td> <td>= Urgent</td> </tr> <tr> <td>3</td> <td>= Elective</td> </tr> <tr> <td>4</td> <td>= Newborn</td> </tr> <tr> <td>5</td> <td>= Trauma center</td> </tr> <tr> <td>9</td> <td>= Information not Available</td> </tr> </table> No more than 1% of cases may contain 9 – Information not Available | 1 | = Emergency | 2 | = Urgent | 3 | = Elective | 4 | = Newborn | 5 | = Trauma center | 9 | = Information not Available |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11* | Type of Bill | 54 | 56 | 3 | | X | | 4 | <table border="1"> <tr> <td>~</td> <td>Submit final bills only. No interim bills accepted</td> </tr> <tr> <td>~</td> <td>XX8 bill types are not accepted by KY IPOP</td> </tr> </table> | ~ | Submit final bills only. No interim bills accepted | ~ | XX8 bill types are not accepted by KY IPOP | The only valid codes are: <table border="1"> <tr> <td>131</td> <td>= Hospital; Outpatient; Admit Through Discharge Claim</td> </tr> <tr> <td>431</td> <td>= Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit Through Discharge Claim</td> </tr> <tr> <td>731</td> <td>= Clinic; Freestanding; Admit Through Discharge Claim</td> </tr> <tr> <td>831</td> <td>= Specialty Facility or ASC Surgery; Freestanding; Admit Through Discharge Claim</td> </tr> <tr> <td>851</td> <td>= Specialty Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit Through Discharge Claim</td> </tr> </table> | 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 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 | | |
| ~ | Submit final bills only. No interim bills accepted | | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | XX8 bill types are not accepted by KY IPOP | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------|----------|----|--------|---------------|--------------|---------------------|-------------------------|---|---|
| | | From | To | | | | | | | |
| 12* | Principal Diagnosis | 57 | 64 | 8 | X | | L | 67 | <p>Must be valid ICDE-9-CM code or after October 1, 2014 a valid ICD-10-CM code established after admission as responsible for inpatient/outpatient care necessity</p> <p>~ Must be consistent with patient's age and gender</p> <p>~ Space fill right, no decimals</p> <p>~ Principal DX is V30 – V39 (with 0 as 4th digit), admission type must be 4</p> <p>Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014</p> | |
| 13** | 1 st Other Diagnosis | 65 | 72 | 8 | X | | L | 68 (UB92), 67 (UB04) | <p>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</p> <p>~ 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.</p> <p>~ Must be consistent with patient's age and gender</p> <p>~ Space fill right, no decimals</p> | <p>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.</p> <p>As of 10/1/2014 additional External Causes of Morbidity codes can also be mapped to the remaining fields</p> |
| 14** | 2 nd Other Diagnosis | 73 | 80 | 8 | X | | L | 69 (UB92), 67 (UB04) | As above | As above |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-----------------------------------|----------------------------|----------------------|
| 15** | 3 rd Other Diagnosis | 81 | 88 | 8 | X | | L | 70 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 16** | 4 th Other Diagnosis | 89 | 96 | 8 | X | | L | 71 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 17** | 5 th Other Diagnosis | 97 | 104 | 8 | X | | L | 72 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 18** | 6 th Other Diagnosis | 105 | 112 | 8 | X | | L | 73 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |
| 19** | 7 th Other Diagnosis | 113 | 120 | 8 | X | | L | 74 (UB92), 67 (UB04) | Same as element # 14 | Same as element # 14 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|--|--|
| 20** | 8 th 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* | 1 st 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 ~ Space fill right ~ Must be consistent with patient's gender | Format programming notes: CPT = 99999 |
| 23* | 1 st 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 | |

* Required Field ** Required if present in the record

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

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | |
|--------------|--------------------------|----------|-----|--------|---------------|--------------|---------------------|-----------------------------------|--------------------------------------|------------------|--|
| | | From | To | | | | | | | | |
| 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 in this code list |
| | | | | | | | | | | 06 | = Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care |
| | | | | | | | | | | 07 | = Left against medical advice or discontinued care |
| | | | | | | | | | | 09 | = Admitted as inpatient to this hospital |
| | | | | | | | | | | 10-19 | = Discharge defined at state level |
| | | | | | | | | | | 20 | = Expired |
| | | | | | | | | | | 21 | = Discharged/transferred to |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|---|
| | | | | | | | | | | 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 |

* Required Field ** Required if present in the record

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

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | 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 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | |
|----------------|---|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|---|----------------|--|----|---|----|---|----|--|----|--|----|--|----|---|
| | | | | | | | | | | <table border="1"> <thead> <tr> <th colspan="2">IP Readmission</th> </tr> </thead> <tbody> <tr> <td>90</td> <td>= Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>91</td> <td>= Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>92</td> <td>= Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission</td> </tr> <tr> <td>93</td> <td>=Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission</td> </tr> <tr> <td>94</td> <td>= Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission</td> </tr> <tr> <td>95</td> <td>= Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission</td> </tr> </tbody> </table> | 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 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 |
| 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 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 | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--------------------------------------|---------------|-----|--------|---------------|--------------|---------------------|-------------------------|--|--|
| 25** | 1 st Other Procedure Code | 152 | 165 | 14 | X | | L | 81 (UB92), 74 (UB04) | Additional procedure performed other than 1 st 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** | 1 st 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 7 days or less of the admission date ~ Required if corresponding procedure is recorded | Same instructions as for element #23 |
| 27** | 2 nd Other Procedure Code | 172 | 185 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 28** | 2 nd Other Procedure Date | 186 | 191 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 29** | 3 rd Other Procedure Code | 192 | 205 | 14 | X | | L | 81 (UB92), 74 | Same as element #25 | |

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

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--------------------------------------|---------------|-----|--------|---------------|--------------|---------------------|-----------------------------------|----------------------------|------------------|
| | | | | | | | | (UB04) | | |
| 30** | 3 rd Other Procedure Date | 206 | 211 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 31** | 4 th Other Procedure Code | 212 | 225 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 32** | 4 th Other Procedure Date | 226 | 231 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 33** | 5 th Other Procedure Code | 232 | 245 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 34** | 5 th Other Procedure Date | 246 | 251 | 6 | | X | | 81 (UB92), 74 | Same as element #26 | |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|--|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|---|------------------|-------------------------------|---|--|---|---|--|
| | | | | | | | | (UB04) | | | | | | | | |
| 35* | 1 st Revenue Code | 252 | 255 | 4 | | X | R | 42 | <p>Identifies an accommodation, ancillary service, or billing calculation</p> <table border="1"> <tr> <td>~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td>~</td> <td>Report any applicable Revenue Codes appearing on the patient case</td> </tr> <tr> <td>~</td> <td>Room and Board charges can be reported for an outpatient stay if the patient was never classified as an inpatient</td> </tr> </table> <p>There must be a related Revenue Code and Charge for every Service Line Item on the patient record.</p> | ~ | 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 | <p>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.</p> |
| ~ | 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 | | | | | | | | | | | | | | | |
| 36* | Units of Service | 256 | 262 | 7 | | X | R | 46 | <p>A quantitative measure of services rendered by revenue code</p> <table border="1"> <tr> <td>~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td>~</td> <td>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</td> </tr> <tr> <td>~</td> <td>Required if corresponding revenue code is recorded</td> </tr> </table> | ~ | 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 | |
| ~ | 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 | | | | | | | | | | | | | | | |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|--------------|---|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|---|------------------|---|---|---|---|-------------------------------|---|---|------------------------------|---|--|---|---|---|--------------------------|---|---|
| 37* | Charges | 263 | 272 | 10 | | X | R | 47 | Total charges for the corresponding revenue code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges must be positive</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Right justify, zero fill left</td> </tr> </table> | ~ | 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Programming Format: S9(8)V99</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Signed fields are unpacked, signed, right justified, zero filled to left</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>When including sign, used zoned decimal representation See Appendix A for Zoned Decimal Representation Table</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>May be negative (credit)</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Charge fields have an assumed decimal with 2 positions to the right for cents</td> </tr> </table> | ~ | 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 |
| ~ | 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 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** | 2 nd 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** | 3 rd 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** | 4 th 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 | | | | | | | | | | | | | | | | | |
| 46** | Charges | 326 | 335 | 10 | | X | R | 47 | Same as element #37 | | | | | | | | | | | | | | | | | |
| 47** | 5 th Revenue Code | 336 | 339 | 4 | | X | R | 42 | Same as element #35 | | | | | | | | | | | | | | | | | |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| 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** | 6 th 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** | 7 th 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** | 8 th 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** | 9 th 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 | |
| 62** | 10 th 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 | |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------|---------------|-----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| 64** | Charges | 452 | 461 | 10 | | X | R | 47 | Same as element #37 | |
| 65** | 11 th 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** | 12 th 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** | 13 th 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** | 14 th 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 | |
| 76** | Charges | 536 | 545 | 10 | | X | R | 47 | Same as element #37 | |
| 77** | 15 th Revenue Code | 546 | 549 | 4 | | X | R | 42 | Same as element #35 | |

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|-------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| 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** | 16 th 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** | 17 th 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** | 18 th 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** | 19 th Revenue Code | 630 | 633 | 4 | | X | R | 42 | Same as element #35 | |
| 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 | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | |
|--------------|---|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|---|------------------|---|---|--|--|
| 92** | 20 th 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** | 21 th 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** | 22 nd 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* | 23 rd Revenue Code (Total Charges for the Patient) | 714 | 717 | 4 | | X | R | 47 (UB04) | <p>The only allowed revenue code entry for this field is 0001. Total Charges for the Patient.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Use 0001 only on the last page of the record, as the very last revenue code</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>This field should be empty for all other pages of the patient record</td> </tr> </table> | ~ | 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 |
| ~ | 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 | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|--|---------------|-----|--------|---------------|--------------|---------------------|-------------------------|---|--|------------------------------|---|--|---|------------------|--|
| 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 <table border="1" style="margin-left: 20px;"> <tr><td>~</td><td>Enter clinician's NPI number</td></tr> <tr><td>~</td><td>State license number or UPIN are no longer accepted</td></tr> <tr><td>~</td><td>Blank fill right</td></tr> </table> | ~ | Enter clinician's NPI number | ~ | State license number or UPIN are no longer accepted | ~ | Blank fill right | |
| ~ | 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 <table border="1" style="margin-left: 20px;"> <tr><td>~</td><td>Blank fill right</td></tr> </table> | ~ | Blank fill right | | | | | |
| ~ | Blank fill right | | | | | | | | | | | | | | | |
| 108 | 1 st 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 <table border="1" style="margin-left: 20px;"> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Recorded only if corresponding payer ID# is present</td></tr> </table> | ~ | Space fill right | ~ | Recorded only if corresponding payer ID# is present | | | |
| ~ | Space fill right | | | | | | | | | | | | | | | |
| ~ | Recorded only if corresponding payer ID# is present | | | | | | | | | | | | | | | |
| 109 | 2 nd Insur Group # | 798 | 814 | 17 | X | | L | 62b | Same as above | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|--|---------------|-------------|--------|---------------|--------------|---------------------|--------------------------|--|---|-----------------------|---|--|---|------------------|--|
| 110 | 3 rd Insur Group # | 815 | 831 | 17 | X | | L | 62c | Same as above | | | | | | | |
| 111** | Admitting (1 st Other) Clinician ID# / NPI | 832 | 841 | 10 | X | | L | 83a (UB92), 78-79 (UB04) | ID# of the clinician who admitted the patient <table border="1"> <tr><td>~</td><td>Enter clinician's NPI</td></tr> <tr><td>~</td><td>State License Number or UPIN no longer accepted</td></tr> <tr><td>~</td><td>Space fill right</td></tr> </table> | ~ | Enter clinician's NPI | ~ | State License Number or UPIN no longer accepted | ~ | Space fill right | |
| ~ | Enter clinician's NPI | | | | | | | | | | | | | | | |
| ~ | State License Number or UPIN no longer accepted | | | | | | | | | | | | | | | |
| ~ | Space fill right | | | | | | | | | | | | | | | |
| 112** | 2 nd 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 <table border="1"> <tr><td>~</td><td>Zero fill left</td></tr> </table> | ~ | Zero fill left | 01 = On Campus Site Off campus sites are to be specified according to the Site Designation of Data Coordinator Forms | | | | |
| ~ | Zero fill left | | | | | | | | | | | | | | | |
| 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 | <table border="1"> <tr><td>9</td><td>= ICD-9 Version</td></tr> <tr><td>*</td><td>ICD-10 Version Effective 10/1/2014</td></tr> </table> | 9 | = ICD-9 Version | * | ICD-10 Version Effective 10/1/2014 | | |
| 9 | = ICD-9 Version | | | | | | | | | | | | | | | |
| * | ICD-10 Version Effective 10/1/2014 | | | | | | | | | | | | | | | |
| 116** | 9 th Other Diagnosis Code | 860 | 867 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | | | |
| 117** | 10 th Other | 868 | 875 | 8 | X | | L | 67 | Same as element #13 | Same as element #13 | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|---------------|-----|--------|---------------|--------------|---------------------|-------------------------|----------------------------|---------------------|
| | Diagnosis Code | | | | | | | (UB04) | | |
| 118** | 11 th Other Diagnosis Code | 876 | 883 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 119** | 12 th Other Diagnosis Code | 884 | 891 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 120** | 13 th Other Diagnosis Code | 892 | 899 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 121** | 14 th Other Diagnosis Code | 900 | 907 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 122** | 15 th Other Diagnosis Code | 908 | 915 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 123** | 16 th Other Diagnosis Code | 916 | 923 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 124** | 17 th Other Diagnosis Code | 924 | 931 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |
| 125** | 18 th Other Diagnosis Code | 932 | 939 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | |
|--------------|--|---------------|-----|--------|---------------|--------------|---------------------|--------------------------------|--|--|---|--|---|---|
| 126** | 19 th Other Diagnosis Code | 940 | 947 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | |
| 127** | 20 th Other Diagnosis Code | 948 | 955 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | |
| 128** | 21 th Other Diagnosis Code | 956 | 963 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | |
| 129** | 22 th Other Diagnosis Code | 964 | 971 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | |
| 130** | 23 th Other Diagnosis Code | 972 | 979 | 8 | X | | L | 67 (UB04) | Same as element #13 | Same as element #13 | | | | |
| 131** | 24 th 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 10/1/2014) | 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 10/1/2014 ICD-10-CM External Causes of Morbidity codes will be accepted. | <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Must be valid ICD E-Code for discharge date</td> </tr> </table> | ~ | Must be consistent with patient's age and gender | ~ | Must be valid ICD E-Code for discharge date |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | |
| ~ | Must be valid ICD E-Code for discharge date | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position | | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|----------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|----------------------|
| | | From | To | | | | | | | |
| | | | | | | | | | ~ Space fill right | |
| | | | | | | | | | ~ No decimals | |
| 133** | 2nd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2014) | 996 | 1003 | 8 | X | | L | 67b (UB92), 72 (UB04) | Same as element #162 | Same as element #162 |
| 134** | 3^d E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2014) | 1004 | 1011 | 8 | X | | L | 67b (UB92), 72 (UB04) | Same as element #162 | Same as element #162 |
| 135** | 6 th Other Procedure Code | 1012 | 1025 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 136** | 6 th Other Procedure Date | 1026 | 1031 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 137** | 7 th Other Procedure Code | 1032 | 1045 | 14 | X | | L | 81 (UB92), | Same as element #25 | |

* Required Field ** Required if present in the record

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

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-----------------------------------|----------------------------|------------------|
| 148** | 12 th Other Procedure Date | 1146 | 1151 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 149** | 13 th Other Procedure Code | 1152 | 1165 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 150** | 13 th Other Procedure Date | 1166 | 1171 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 151** | 14 th Other Procedure Code | 1172 | 1185 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 152** | 14 th Other Procedure Date | 1186 | 1191 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 153** | 15 th Other | 1192 | 1205 | 14 | X | | L | 81 (UB92), | Same as element #25 | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

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Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---------------------------------------|---------------|-------------|--------|---------------|--------------|---------------------|-----------------------------------|----------------------------|------------------|
| 164** | 20 th Other Procedure Date | 1306 | 1311 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 165** | 21 st Other Procedure Code | 1312 | 1325 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 166** | 21 st Other Procedure Date | 1326 | 1331 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 167** | 22 nd Other Procedure Code | 1332 | 1345 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | |
| 168** | 22 nd Other Procedure Date | 1346 | 1351 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | |
| 169** | 23 rd Other | 1352 | 1365 | 14 | X | | L | 81 (UB92), | Same as element #25 | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | |
|--------------|---|---------------|------|--------|---------------|--------------|---------------------|-------------------------------|---|------------------|------------------------------|---|---|---|------------------|--|
| | Procedure Code | | | | | | | 74 (UB04) | | | | | | | | |
| 170** | 22 nd Other Procedure Date | 1366 | 1371 | 6 | | X | | 81 (UB92), 74 (UB04) | Same as element #26 | | | | | | | |
| 171** | 24 th Other Procedure Code | 1372 | 1385 | 14 | X | | L | 81 (UB92), 74 (UB04) | Same as element #25 | | | | | | | |
| 172** | 24 th 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) | <p>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. Reference the table of CPT/HCPCS codes on page 15.</p> <table border="1"> <tr> <td>~</td> <td>Enter clinician's NPI number</td> </tr> <tr> <td>~</td> <td>State license number or UPIN are no longer accepted</td> </tr> <tr> <td>~</td> <td>Space fill right</td> </tr> </table> | ~ | Enter clinician's NPI number | ~ | State license number or UPIN are no longer accepted | ~ | Space fill right | |
| ~ | Enter clinician's NPI number | | | | | | | | | | | | | | | |
| ~ | State license number or UPIN are no longer accepted | | | | | | | | | | | | | | | |
| ~ | Space fill right | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|---|---------------|------|--------|---------------|--------------|---------------------|-------------------------|---|---|
| 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 categories. | R1 = American Indian or Alaska Native R2 = Asian |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|----------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|--|--|
| | | | | | | | | | ~ 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) | R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White R9 = Other <i>No more than 3% of cases may contain R9 – Other</i> |
| 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 15 = 03:00 – 03:59 |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|--------------|-----------------|---------------|-------------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|---|----|-----------------|----|-----------------|----|-----------------|----|-----------------|----|-----------------|----|-----------------|----|-----------------|----|-----------------|
| | | | | | | | | | | <table border="1"> <tr><td>16</td><td>= 04:00 – 04:59</td></tr> <tr><td>17</td><td>= 05:00 – 05:59</td></tr> <tr><td>18</td><td>= 06:00 – 06:59</td></tr> <tr><td>19</td><td>= 07:00 – 07:59</td></tr> <tr><td>20</td><td>= 08:00 – 08:59</td></tr> <tr><td>21</td><td>= 09:00 – 09:59</td></tr> <tr><td>22</td><td>= 10:00 – 10:59</td></tr> <tr><td>23</td><td>= 11:00 – 11:59</td></tr> </table> | 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 |
| 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

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | Position To | Length | Alpha-numeric | Numeric Only | Field Justification | 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** | 1 st "Patient's Reason for Visit" Diagnosis Code | 1664 | 1670 | 7 | X | | L | 70a (UP04) | <p>Must be valid ICD-9-CM diagnosis code or as of October 1, 2014 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.</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> </table> | ~ | Must be consistent with patient's age and gender | ~ | Space fill right, no decimals | |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | |
| ~ | Space fill right, no decimals | | | | | | | | | | | | | |
| 201 | 2 nd "Patient's Reason for Visit" Diagnosis Code | 1671 | 1677 | 7 | X | | L | 70b (UB04) | As above | | | | | |
| 202 | 3 rd "Patient's Reason for Visit" Diagnosis Code | 1678 | 1684 | 7 | X | | L | 70c (UB04) | As above | | | | | |
| 203* | 1 st CPT/HCPCS Service Line Item | 1685 | 1698 | 14 | X | | L | 44 (UB04) | <p>CPT®/HCPCS codes, plus modifiers, if applicable, for outpatient services.</p> <p>~ 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item</p> <p>~ Must be valid codes/modifiers for discharge date timeframe</p> | 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

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|---------------|------|--------|---------------|--------------|---------------------|-------------------------|---|--|
| | | | | | | | | | ~ Space fill right | |
| 204* | 1 st 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** | 2 nd CPT®/HCPCS Service Line Item | 1705 | 1718 | 14 | X | | L | 44 (UB04) | Same as element #203 | |
| 206** | 2 nd CPT®/HCPCS Service Date | 1719 | 1724 | 6 | | X | R | 45 (UB04) | Same as element #204 | |
| 207** | 3 rd CPT®/HCPCS Service Line Item | 1725 | 1738 | 14 | X | | L | 44 (UB04) | Same as element #203 | |
| 208** | 3 rd CPT®/HCPCS Service Date | 1739 | 1744 | 6 | | X | R | 45 (UB04) | Same as element #204 | |
| 209** | 4 th CPT®/HCPCS Service Line Item | 1745 | 1758 | 14 | X | | L | 44 (UB04) | Same as element #203 | |
| 210** | 4 th CPT®/HCPCS Service Date | 1759 | 1764 | 6 | | X | R | 45 (UB04) | Same as element #204 | |
| 211** | 5 th CPT®/HCPCS Service Line Item | 1765 | 1778 | 14 | X | | L | 44 (UB04) | Same as element #203 | |

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

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

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justification | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|--------------|--|---------------|------|--------|---------------|--------------|---------------------|-------------------------|----------------------------|------------------|
| 246** | 22 nd 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. | 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. | <table border="1"> <tr><td>ID</td><td>= Tax ID</td></tr> <tr><td>KY</td><td>= Tax ID</td></tr> </table> Segment Example: NM1*85*2*ABC Hospital*****24*370662569~ | ID | = Tax ID | KY | = Tax ID |
| ID | = Tax ID | | | | | | | | | | | | | | |
| KY | = Tax ID | | | | | | | | | | | | | | |
| 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. | Combined Bill Coding <table border="1"> <tr><td>0</td><td>= Single bill for Mom only</td></tr> <tr><td>1</td><td>= Combined bill for mom and baby</td></tr> </table> Segment Example: HL*2*1*22*1~ | 0 | = Single bill for Mom only | 1 | = Combined bill for mom and baby |
| 0 | = Single bill for Mom only | | | | | | | | | | | | | | |
| 1 | = Combined bill for mom and baby | | | | | | | | | | | | | | |
| 4IO | 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

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|---|-----------------------------|-----------------------------------|--------------------------------|-----------|-----------------------------|------------------------------|---|--|--|----|----------|----|------------------------------|----|-----------------------------|----|------------------|----|----------------|----|---------------------|----|---------------------------|----|--------|----|---------|----|------------|----|-----------|----|-------------------------|----|-----------------------|----|----------------------------------|----|---------------------|----|----------|----|----------|----|---------------------|----|---------------|----|-----------------|----|---------------------|----|---|----|----------------|
| | | | | | | | | | | ~ 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 | <p>KBSR data element – required for children under 6 years of age with qualifying condition diagnoses</p> <p>(Except for Self Pay Patients)</p> <table border="1"> <tr><td>01</td><td>= Spouse</td></tr> <tr><td>04</td><td>= Grandfather or Grandmother</td></tr> <tr><td>05</td><td>= Grandson or Granddaughter</td></tr> <tr><td>07</td><td>=Nephew or Niece</td></tr> <tr><td>10</td><td>= Foster Child</td></tr> <tr><td>15</td><td>= Ward of the Court</td></tr> <tr><td>17</td><td>= Stepson or Stepdaughter</td></tr> <tr><td>18</td><td>= Self</td></tr> <tr><td>19</td><td>= Child</td></tr> <tr><td>20</td><td>= Employee</td></tr> <tr><td>21</td><td>= Unknown</td></tr> <tr><td>22</td><td>= Handicapped Dependent</td></tr> <tr><td>23</td><td>= Sponsored Dependent</td></tr> <tr><td>24</td><td>= Dependent to a Minor Dependent</td></tr> <tr><td>29</td><td>= Significant Other</td></tr> <tr><td>32</td><td>= Mother</td></tr> <tr><td>33</td><td>= Father</td></tr> <tr><td>36</td><td>= Emancipated Minor</td></tr> <tr><td>39</td><td>= Organ Donor</td></tr> <tr><td>40</td><td>= Cadaver Donor</td></tr> <tr><td>41</td><td>= Injured Plaintiff</td></tr> <tr><td>43</td><td>= Child Where Insured Has No Financial Responsibility</td></tr> <tr><td>53</td><td>= Life Partner</td></tr> </table> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | | | | | | | |
|----------------|---|--|------------|--|---|--|----------------------|---|-------------------------|---|-------------------------|---|---|--|---|--|---|--|---|
| | | | | | | | | | | 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. <table border="1" data-bbox="1207 787 1585 1177"> <tr> <td>~</td> <td>Use an * to separate each portion of the patient's name. E.g. Last Name*First Name*Middle Initial</td> </tr> <tr> <td>~</td> <td>No space should be left between a prefix and name. E.g. McDonald</td> </tr> <tr> <td>~</td> <td>Report hyphenated names with the hyphen. E.g. Smith-Jones*Jane</td> </tr> <tr> <td>~</td> <td>Report suffixes (Sr., Jr., III) in NM107</td> </tr> </table> | ~ | 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~ |
| ~ | 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 | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|--|----------|-------------------------|-------------------|--|------------------|--|---|---|---|--------------------------|---|--|---|-------|---------------------------------|-------|--------------|-------|---|-------|-------------------------|-------|---------------------|-------|-----------|-------|---------------------|-------|-------------------------|-------|------------|-------|--------------------------|-------|--------------------|-------|--------------------|-------|----------------------|-------|--------------------------------|-------|-------------------------------|-------|-------------------------|-------|------------------------|-------|--------------------------|-------|---------|-------|-----------------------------|-------|------------------------|-------|-------------------------------|-------|------|-------|------------------|-------|------------------|-------|---------------------|
| 6 | 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 | <p>Expected Principal Payment Source</p> <p>The name and number assigned to identify the health plan from which the provider might expect payment for the bill</p> <table border="1"> <tr> <td>~</td> <td>Do not include hyphens, commas, periods or slashes</td> </tr> <tr> <td>~</td> <td>Use only the 5 digit codes to the right</td> </tr> <tr> <td>~</td> <td>BCBS plans have 3 digits</td> </tr> <tr> <td>~</td> <td>Current active insurers (including self administered plans) use Federal ID #, which has 9 digits</td> </tr> </table> <p>Segment Example: NM1*PR*2*MEDICARE*****PI*98910</p> | ~ | 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 | <p>Payer Mapping Codes</p> <table border="1"> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity – defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> <tr><td>98922</td><td>= Commercial – HMO</td></tr> <tr><td>98923</td><td>= Commercial – PPO</td></tr> <tr><td>98924</td><td>= Commercial - Other</td></tr> <tr><td>98930</td><td>= Other Self Administered Plan</td></tr> <tr><td>98940</td><td>= Passport Medicaid Mgd. Care</td></tr> <tr><td>98945</td><td>= Medicare Managed Care</td></tr> <tr><td>98950</td><td>= Workers Compensation</td></tr> <tr><td>98960</td><td>= Blue Cross Blue Shield</td></tr> <tr><td>00000</td><td>= Other</td></tr> <tr><td>98970</td><td>= Coventry Care of Kentucky</td></tr> <tr><td>98980</td><td>= WellCare of Kentucky</td></tr> <tr><td>98990</td><td>= Kentucky Spirit Health Plan</td></tr> <tr><td>98925</td><td>= VA</td></tr> <tr><td>98926</td><td>= Auto Insurance</td></tr> <tr><td>98927</td><td>= Other Facility</td></tr> <tr><td>98928</td><td>= Pending Insurance</td></tr> </table> | 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 |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

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 | | | | |
|----------------|--|----------|------------|----------------------------------|------------------------------|-----------|----------|-----------------------------------|-------------------|---|--|-------|--------------------------------|-------|------------------------------|
| | | | | | | | | | | | <table border="1"> <tr> <td>98929</td> <td>= Humana Medicaid Managed Care</td> </tr> <tr> <td>98991</td> <td>= BCBS Medicaid Managed Care</td> </tr> </table> <p><i>No more than 1% of records may contain 00000</i></p> | 98929 | = Humana Medicaid Managed Care | 98991 | = BCBS Medicaid Managed Care |
| 98929 | = Humana Medicaid Managed Care | | | | | | | | | | | | | | |
| 98991 | = BCBS Medicaid Managed Care | | | | | | | | | | | | | | |
| 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, Middle Initial. <div style="border: 1px solid black; padding: 2px; display: inline-block;">~ Instructions same as for name in segment #5</div> | KBSR data element – required for children under 6 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 **I | Patient City / State | 2010CA | N4 | N401 N402 | 19 156 | | 030 | 13 (UB92), 9 Subfield | 146-147 | The city and state where the patient resides | KBSR data element – required for children under 6 years of age with qualifying condition diagnoses | | | | |

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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 | | | | | | | | | | | | | | | | | | |
|----------------|---|---|------------|-----------------------|------------------|---|----------|---|-------------------|---|---|---|--------|---|----------|---|-----------|----|-----------------------------------|----|---------|----|-----------------------------|----|---------------------------------------|----|---------|----|---------|
| | | | | | | | | b & c (UB04) | | | 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 <i>No more than 1% of records may contain the above values.</i> | Standard Segment – Also used for KBSR Segment Example: N4***KY*40253~ | | | | | | | | | | | | | | | | | | |
| 10 *IO | Patient DOB ~ Gender ~ Race ~ Ethnicity | 2010BA if Patient is the Subscriber (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 digit code values to the right | Gender Coding <table border="1"><tr><td>M</td><td>= Male</td></tr><tr><td>F</td><td>= Female</td></tr><tr><td>U</td><td>= Unknown</td></tr></table> <table border="1"><tr><td>R1</td><td>=American Indian or Alaska Native</td></tr><tr><td>R2</td><td>= Asian</td></tr><tr><td>R3</td><td>= Black or African American</td></tr><tr><td>R4</td><td>= Native Hawaiian or Pacific Islander</td></tr><tr><td>R5</td><td>= White</td></tr><tr><td>R9</td><td>= Other</td></tr></table> <i>No more than 3% of records may contain R9 = Other</i> | 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 | R9 | = Other |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R9 | = Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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 | | | | |
|----------------|---|----------|------------|---|---|---|---|--|-------------------|---|---|---|--|----|------------------------------------|
| | | | | | | | | | | <p align="center">Ethnicity Coding</p> <p>2 digit code designating patient's ethnicity, reported according to official OMB categories.</p> <p>~ Must have one of the two digit code values to the right.</p> | <table border="1"> <tr> <td>E1</td> <td>= Hispanic or Latino Ethnicity</td> </tr> <tr> <td>E2</td> <td>= Non Hispanic or Latino Ethnicity</td> </tr> </table> <p>Segment Example: DMG*D8*19300708*F**R9:E2~</p> | E1 | = Hispanic or Latino Ethnicity | E2 | = Non Hispanic or Latino Ethnicity |
| E1 | = Hispanic or Latino Ethnicity | | | | | | | | | | | | | | |
| E2 | = Non Hispanic or Latino Ethnicity | | | | | | | | | | | | | | |
| 11 *IO | <p>Patient Control Number / ID #</p> <p>~</p> <p>Total Charge for Claim</p> <p>~</p> <p>Bill Type</p> | 2300 | CLM | <p>CLM01</p> <p>CLM02</p> <p>~</p> <p>CLM05 1-3</p> | <p>1028</p> <p>782</p> <p>~</p> <p>1331</p> <p>1332</p> <p>1325</p> | <p>CLM05-2=A</p> <p>(Freq Type / Bill Type)</p> | <p>130</p> <p>4</p> <p>(UB92)</p> <p>And</p> <p>3A</p> <p>47</p> <p>4</p> | <p>3</p> <p>47</p> <p>4</p> <p>154-159</p> | <p>154-159</p> | <p>Patient ID is a hospital assigned # that uniquely identifies each patient</p> <p>Total Charges for the entire patient claim</p> <table border="1"> <tr> <td>~</td> <td>Report only the total charges for the patient case. No associated revenue codes used. Total charges will only be abstracted from this field. Case will reject if Total Charge is not reported in this</td> </tr> </table> | ~ | Report only the total charges for the patient case. No associated revenue codes used. Total charges will only be abstracted from this field. Case will reject if Total Charge is not reported in this | <p>Bill Type is a 3 digit code indicating if bill is Inpatient or Outpatient.</p> <p>Submit final bills only. No interim bills accepted.</p> <p>CLM05 Qualifier of A designates the Frequency Type portion of the Bill Type code.</p> | | |
| ~ | Report only the total charges for the patient case. No associated revenue codes used. Total charges will only be abstracted from this field. Case will reject if Total Charge is not reported in this | | | | | | | | | | | | | | |

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Kentucky IPOP Inpatient and Outpatient Data
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| Segment Number | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | UB Box | | Definition and Instruction | Reference Charts | | | | | | | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|-----------|----------|------------------|-------------------|---|--|-----|---|-----|--|-----|---|-----|---|-----|--|-----|--|-----|--|-----|--|
| | | | | | | | | # (Form Locator) | 837 Manual Page # | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 29 | | field. | Example: Bill Type 111 = 11:A:1 | | | | | | | | | | | | | | | | |
| | | | | | | | (UB04) | | ~ | The sum of all charges must be positive | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | <table border="1"> <tr> <td>110</td> <td>Hospital; inpatient (including Medicare part A); non-payment/zero claim</td> </tr> <tr> <td>111</td> <td>Hospital; inpatient (including Medicare Part A); admit through discharge claim</td> </tr> <tr> <td>121</td> <td>Hospital; inpatient (including Medicare Part B only); admit through discharge claim</td> </tr> <tr> <td>131</td> <td>Hospital; Outpatient; Admit through Discharge Claim</td> </tr> <tr> <td>431</td> <td>Religious non-medical healthcare institution – Hospital inpatient; outpatient; admit through Discharge claim</td> </tr> <tr> <td>731</td> <td>Clinic; Free-standing; admit through Discharge claim</td> </tr> <tr> <td>831</td> <td>Special facility or ASC surgery; freestanding; Admit through discharge</td> </tr> <tr> <td>851</td> <td>Special facility or ASC surgery; Comprehensive Outpatient Rehab Facility (CORF);</td> </tr> </table> | 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 | 851 | Special facility or ASC surgery; Comprehensive Outpatient Rehab Facility (CORF); |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 851 | Special facility or ASC surgery; Comprehensive Outpatient Rehab Facility (CORF); | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|-------------------------|-------------------|----------------------------|------------------|

| | | | | | | | | | | | |
|-------------------|-------------------------|------|-----|-------|------|--|-----|---|---------|--|---|
| | | | | | | | | | | | 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. ~ Must use HH code format from list to the right. ~ Hospital must map the | 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 11 = 11:00 – 11:59 Code Time PM 12 = 12:00 – 12:59 |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | | | | | | | | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|-----------|----------|-------------------------|-------------------|--|--|---|----------------------------|---|-----------------------------|---|-------------------------|---|-----------------------------|---|---|---|--|---|--|---|---|---|--|
| | | | | | | | | | | <p>~ Must be valid code to the right</p> <p>Segment Example: CL1*1*0163~</p> | <table border="1"> <tr><td></td><td>Care Facility</td></tr> <tr><td>7</td><td>= Emergency Room</td></tr> <tr><td>8</td><td>= Court/Law Enforcement</td></tr> <tr><td>9</td><td>= Information not Available</td></tr> <tr><td>B</td><td>= Transferred from another Home Health Agency</td></tr> <tr><td>C</td><td>= Readmission to Same Home Health Agency</td></tr> <tr><td>D</td><td>= Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</td></tr> <tr><td>E</td><td>= Transfer from Ambulatory Surgery Center</td></tr> <tr><td>F</td><td>= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program</td></tr> </table> | | 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 | E | = Transfer from Ambulatory Surgery Center | F | = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | = Transfer from Ambulatory Surgery Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | <p>If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following:</p> <table border="1"> <tr><td>5</td><td>= Born Inside the Hospital</td></tr> <tr><td>6</td><td>= Born outside the hospital</td></tr> </table> | 5 | = Born Inside the Hospital | 6 | = Born outside the hospital | | | | | | | | | | | | | | |
| 5 | = Born Inside the Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | = Born outside the hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|-----------|----------|-------------------------|-------------------|---------------------------------------|--|--------------|--|----|---|----|--|----|---|----|---------------------------------|----|--|----|---|----|--|----|--|-------|------------------------------------|----|-----------|
| | | | | | | | | | | Patient's Status at time of discharge | <table border="1"> <thead> <tr> <th colspan="2">Coding Chart</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>= Discharged to home or self care (routine discharge)</td> </tr> <tr> <td>02</td> <td>= Discharged/transferred to another short term general hospital for inpatient care</td> </tr> <tr> <td>03</td> <td>= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care</td> </tr> <tr> <td>04</td> <td>= Discharged/transferred to ICF</td> </tr> <tr> <td>05</td> <td>= 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 in this code list</td> </tr> <tr> <td>06</td> <td>= Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care</td> </tr> <tr> <td>07</td> <td>= Left against medical advice or discontinued care</td> </tr> <tr> <td>09</td> <td>= Admitted as inpatient to this hospital</td> </tr> <tr> <td>10-19</td> <td>= Discharge defined at state level</td> </tr> <tr> <td>20</td> <td>= Expired</td> </tr> </tbody> </table> | 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 in this code list | 06 | = Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care | 07 | = Left against medical advice or discontinued care | 09 | = Admitted as inpatient to this hospital | 10-19 | = Discharge defined at state level | 20 | = Expired |
| 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 in this code list | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | = Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | = Left against medical advice or discontinued care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | = Admitted as inpatient to this hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10-19 | = Discharge defined at state level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | = Expired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | Definition and Instruction | Reference Charts |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|------------------|-------------------|----------------------------|---|
| | | | | | | | | # (Form Locator) | 837 Manual Page # | | |
| | | | | | | | | | | | 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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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 | | Definition and Instruction | Reference Charts |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|------------------|-------------------|----------------------------|--|
| | | | | | | | | # (Form Locator) | 837 Manual Page # | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | 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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I = Inpatient O = Outpatient

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 | | Definition and Instruction | Reference Charts | |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|------------------|-------------------|----------------------------|------------------|--|
| | | | | | | | | # (Form Locator) | 837 Manual Page # | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | 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 |

* Required Field ** Required if present in the record

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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 | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|----------------------------------|----------|-------------------------|-------------------|---|--|---|-------|---|------|---|---------------------------|---|-----------------------------|--------------|--|
| 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 Dx 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 1 st – 25 th 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 10/1/2014 POA indicator for the ICD-10-CM External Causes of Morbidity | POA Coding selections are below: <table border="1"> <tr><td>Y</td><td>= Yes</td></tr> <tr><td>N</td><td>= No</td></tr> <tr><td>W</td><td>= Clinically Undetermined</td></tr> <tr><td>U</td><td>= Information not in Record</td></tr> <tr><td>(Blank) or 1</td><td>= Exempt from POA Reporting (for specified diagnoses only)</td></tr> </table> | Y | = Yes | N | = No | W | = Clinically Undetermined | U | = Information not in Record | (Blank) or 1 | = Exempt from POA Reporting (for specified diagnoses only) |
| 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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I = Inpatient O = Outpatient

Kentucky IPOP Inpatient and Outpatient Data
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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 10/1/2014 5010 version. This segment only applies to the 5010 version. | 9 = ICD-9 Version * ICD-10 Version Effective 10/1/2014 |

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I = Inpatient O = Outpatient

Kentucky IPOP Inpatient and Outpatient Data
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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 | Principal Diagnosis* | 2300 | HI | HI01-2 | CO22 | HI01-1=BK | 231 | 67 | 234-236 | <p>Principal Diagnosis must be valid ICD-9-CM code established after admission as the primary reason for inpatient/outpatient care necessity</p> <p>Effective 10/1/2014 Principal Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>No decimals</td> </tr> <tr> <td>~</td> <td>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 10/1/2014</td> </tr> <tr> <td>~</td> <td>Applicable POA indicators must be reported in segment # 16</td> </tr> </table> <p>Admitting Diagnosis must be valid ICD-9-CM diagnosis code describing the patient's diagnosis at time of Inpatient admission.</p> <p>Effective 10/1/2014 Admitting Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>No decimals</td> </tr> <tr> <td>~</td> <td>POA is NOT applicable</td> </tr> </table> | ~ | Must be consistent with patient's age and gender | ~ | No decimals | ~ | If Principal Dx is V30 – V39 (with 0 as 4 th digit), admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014 | ~ | Applicable POA indicators must be reported in segment # 16 | ~ | Must be consistent with patient's age and gender | ~ | No decimals | ~ | POA is NOT applicable | |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | No decimals | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | If Principal Dx is V30 – V39 (with 0 as 4 th digit), admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2014 | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Applicable POA indicators must be reported in segment # 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | No decimals | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | POA is NOT applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| *IO | ~ | | | HI02-2 | | BK = ICD-9 | | 76 | | | | | | | | | | | | | | | | | |
| | Admitting Diagnosis (Inpatient)* | | | HI03-3 | | ABK = ICD-10 (Principal Dx) | | 76 | | | | | | | | | | | | | | | | | |
| | ~ | | | | | ~ | | (UB92) | | | | | | | | | | | | | | | | | |
| | Patient's Reason for Visit (Outpatient)** | | | | | HI02-1=BJ | | And | | | | | | | | | | | | | | | | | |
| | ~ | | | | | BJ = ICD-9 | | 67 | | | | | | | | | | | | | | | | | |
| | 1 st E-Code** (ICD-9-CM code) | | | | | ABJ = ICD-10 (Admitting Dx) | | 69 | | | | | | | | | | | | | | | | | |
| | ~ | | | | | ~ | | 70A-C | | | | | | | | | | | | | | | | | |
| | External Causes of Morbidity Code (ICD-10-CM as of 10/1/2014) | | | | | HI02-1=PR | | 72 | | | | | | | | | | | | | | | | | |
| | | | | | | PR = ICD-9 | | (UB04) | | | | | | | | | | | | | | | | | |
| | | | | | | APR = ICD-10 (Pt's Reason Dx) | | | | | | | | | | | | | | | | | | | |
| | | | | | | ~ | | | | | | | | | | | | | | | | | | | |
| | | | | | | HI03-1=BN | | | | | | | | | | | | | | | | | | | |
| | | | | | | BN = ICD-9 | | | | | | | | | | | | | | | | | | | |

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I = Inpatient O = Outpatient

Segment Example:
Inpatient:

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 | | | | | | | | | | | | |
|----------------|---|----------|------------|-----------------------|---|-----------|----------|-------------------------|-------------------|---|------------------|--|---|-------------|---|--|---|-----------------------|---|--|---|---|---|
| | | | | | ABN = ICD-1 (1 st E-code) | | | | | <p>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.</p> <p>Effective 10/1/2014 Patient's Reason for Visit Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>No decimals</td> </tr> <tr> <td>~</td> <td>Repeat data segment/loop up to 3 times for multiple Patient Reason for Visit</td> </tr> <tr> <td>~</td> <td>POA is NOT applicable</td> </tr> </table> <p>E-Code is ICD External Cause of Injury (ECI) code to designate causative event of condition or injury.</p> <p>As of 10/1/2014 ICD-10-CM External Causes of Morbidity code to designate causative event or condition or injury</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Must be valid ICD E-code for discharge date As of 10/1/2014 must be a valid ICD-10-CM External</td> </tr> </table> | ~ | 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 | ~ | Must be consistent with patient's age and gender | ~ | Must be valid ICD E-code for discharge date As of 10/1/2014 must be a valid ICD-10-CM External | <p>HI*BK:98959*BJ:41400~</p> <p>Outpatient:</p> <p>HI*BK:78659*PR:78650~</p> <p>Only the 1st E-Code is collected in this segment,</p> <p>Using Qualifier BN</p> <p>Must be valid ICD E-Code for discharge date</p> <p>Applicable POA Codes must be reported in Segment #16</p> |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Must be consistent with patient's age and gender | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Must be valid ICD E-code for discharge date As of 10/1/2014 must be a valid ICD-10-CM External | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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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 |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|-------------------------|-------------------|----------------------------|------------------|

| 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 | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|--|----------|---|-------------------|--|------------------|---|---|--|---|---|---|---|---|--|--|
| | | | | | | | | | | <table border="1"> <tr><td></td><td>Causes of Morbidity Code</td></tr> <tr><td>~</td><td>Space fill right, no decimals</td></tr> <tr><td>~</td><td>Repeat data segment/loop up to 3 times for multiple E-codes</td></tr> </table> | | Causes of Morbidity Code | ~ | Space fill right, no decimals | ~ | Repeat data segment/loop up to 3 times for multiple E-codes | | | | | |
| | 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 10/1/2014) | 2300 | HI | HI0x-2 | C022 | HI0x-1=BF BF = ICD-9 ABF = ICD-10 (Other Dx) ~ HI0z-1=BO (Add'l Outpatient E-Codes) ~ HI0z-1=BQ (Add'l Inpatient E-Codes) | 231 | 68-75 (UB92) And 67A-Q (UB04) | 239-248 | <p>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</p> <table border="1"> <tr><td>~</td><td>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.</td></tr> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>No decimals</td></tr> <tr><td>~</td><td>Repeat data segment/loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses.</td></tr> <tr><td>~</td><td>Additional E-codes must be reported in the secondary/other diagnosis segment, using Qualifier BO or BQ. As of 10/1/2014 additional External Causes of Morbidity Codes must be reported in the</td></tr> </table> | ~ | 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 10/1/2014 additional External Causes of Morbidity Codes must be reported in the | <p>POA coding must be reported in Segment #16</p> <p>Segment Example: HI*BF:99883*BF:42731*BF:2761*BF:V433*BF:41400*BF:4019*BF:2449*</p> |
| ~ | 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 10/1/2014 additional External Causes of Morbidity Codes must be reported in the | | | | | | | | | | | | | | | | | | | | |

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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 | 1 st 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 | <p>Code for procedure performed for definitive treatment, not for exploratory purposes</p> <table border="1"> <tr> <td>~</td> <td>Only ICD-9-CM accepted for Inpatient Effective 10/1/2014 ICD-10-PCS accepted for Inpatient</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals or hyphens</td> </tr> <tr> <td>~</td> <td>Must be consistent with patient's gender</td> </tr> </table> <p>Date must be in CCYYMMDD format</p> <table border="1"> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Procedure date cannot occur after discharge date</td> </tr> <tr> <td>~</td> <td>Procedure date can be prior to the admission date</td> </tr> </table> | ~ | Only ICD-9-CM accepted for Inpatient Effective 10/1/2014 ICD-10-PCS accepted for Inpatient | ~ | Space fill right, no decimals or hyphens | ~ | Must be consistent with patient's gender | ~ | No hyphens or slashes | ~ | Procedure date cannot occur after discharge date | ~ | Procedure date can be prior to the admission date | |
| ~ | Only ICD-9-CM accepted for Inpatient Effective 10/1/2014 ICD-10-PCS accepted for Inpatient | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Space fill right, no decimals or hyphens | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Must be consistent with patient's gender | | | | | | | | | | | | | | | | | | | | | | |
| ~ | 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 | <p>Codes for additional procedures performed other than 1st position procedure</p> <table border="1"> <tr> <td>~</td> <td>Instructions as for 1st Position Procedure Code/Date</td> </tr> </table> | ~ | Instructions as for 1 st 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. | | | | | | | | | | |
| ~ | Instructions as for 1 st Position Procedure Code/Date | | | | | | | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

Kentucky IPOP Inpatient and Outpatient Data
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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) | | <p>Date must be in CCYYMMDD format</p> <table border="1"> <tr><td>~</td><td>No hyphens or slashes</td></tr> <tr><td>~</td><td>Procedure date cannot occur after discharge date</td></tr> <tr><td>~</td><td>Procedure date can be prior to admission date</td></tr> <tr><td>~</td><td>Required if corresponding procedure is recorded</td></tr> </table> | ~ | 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~ |
| ~ | 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 | | | | | | | | | | | | | | | | | | |
| 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 | <p>Value Code designating a birth weight in grams exists.</p> <table border="1"> <tr><td>~</td><td>Required for Priority of Visit 4</td></tr> <tr><td>~</td><td>Only 1 code is acceptable, noted to the right</td></tr> </table> <p>The actual value weight amount, reported in grams, for birth weight, as described above.</p> <table border="1"> <tr><td>~</td><td>Required for Admission Type 4</td></tr> <tr><td>~</td><td>Value must be >0</td></tr> </table> | ~ | Required for Priority of Visit 4 | ~ | Only 1 code is acceptable, noted to the right | ~ | 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: |
| ~ | Required for Priority of Visit 4 | | | | | | | | | | | | | | | | | | |
| ~ | Only 1 code is acceptable, noted to the right | | | | | | | | | | | | | | | | | | |
| ~ | Required for Admission Type 4 | | | | | | | | | | | | | | | | | | |
| ~ | Value must be >0 | | | | | | | | | | | | | | | | | | |

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Kentucky IPOP Inpatient and Outpatient Data
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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. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>~</td> <td>Enter clinician's NPI</td> </tr> <tr> <td>~</td> <td>UPIN or State license number no longer accepted</td> </tr> </table> | ~ | Enter clinician's NPI | ~ | UPIN or State license number no longer accepted | Segment Example: NM1*71*1*****0B:036105759~ |
| ~ | Enter clinician's NPI | | | | | | | | | | | | | | |
| ~ | UPIN or State license number no longer accepted | | | | | | | | | | | | | | |

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Kentucky IPOP Inpatient and Outpatient Data
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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). <table border="1"> <tr> <td>~</td> <td>Required for Inpatient if the record qualifies as a surgical record</td> </tr> <tr> <td>~</td> <td>Required for Outpatient if OS procedure in range is present. See Outpatient Surgical CPT® Range on page 15.</td> </tr> <tr> <td>~</td> <td>Same instructions as for # 24</td> </tr> </table> | ~ | Required for Inpatient if the record qualifies as a surgical record | ~ | Required for Outpatient if OS procedure in range is present. See Outpatient Surgical CPT® Range on page 15. | ~ | Same instructions as for # 24 | Segment Example: NM1*72*1*****0B:036089268~ |
| ~ | Required for Inpatient if the record qualifies as a surgical record | | | | | | | | | | | | | | | | |
| ~ | Required for Outpatient if OS procedure in range is present. See Outpatient Surgical CPT® Range on page 15. | | | | | | | | | | | | | | | | |
| ~ | Same instructions as for # 24 | | | | | | | | | | | | | | | | |
| 26 **IO | Admitting (1 st Other) Clinician ID # / NPI | 2310C | NM1 | NM109 | 67 | | 250 | 83a (UB92) And 78 (UB04) | 340-342 | ID # of the clinician who admitted the patient <table border="1"> <tr> <td>~</td> <td>Same instructions as for #24</td> </tr> <tr> <td>~</td> <td>Data segment/loop can only be used once to report 1st other consulting clinician</td> </tr> </table> | ~ | Same instructions as for #24 | ~ | Data segment/loop can only be used once to report 1 st other consulting clinician | Segment Example: NM1*ZZ*1*****0B:036105759~ | | |
| ~ | Same instructions as for #24 | | | | | | | | | | | | | | | | |
| ~ | Data segment/loop can only be used once to report 1 st other consulting clinician | | | | | | | | | | | | | | | | |

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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 | 2 nd 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 | 3 rd Insurance Group # | 2320 | SBR | SBR03 | 127 | SBR01=T (Tertiary) | 290 | 62C 353-358 | | Same as above | Segment Example: SBR*T*18*NONE*SELPAY****98918~ | | | | |
| 29 **IO | 2 nd 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 <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Same instructions as for data segment #5</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>If no Source of payment, space fill</td> </tr> </table> | ~ | Same instructions as for data segment #5 | ~ | If no Source of payment, space fill | Segment Example: NM1*PR*2*MEDICARE****98910~ |
| ~ | Same instructions as for data segment #5 | | | | | | | | | | | | | | |
| ~ | If no Source of payment, space fill | | | | | | | | | | | | | | |
| 30 **IO | 3 rd 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 <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Instructions as above</td> </tr> </table> | ~ | Instructions as above | Segment Example: NM1*PR*2*SELPAY****PI*98918~ | | |
| ~ | Instructions as above | | | | | | | | | | | | | | |

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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 |
|----------------|---|----------|------------|-----------------------|---|------------|----------|-------------------------|-------------------|---|---|
| 31 | Revenue Code w/Units of Service for Inpatient | 2400 | SV2 | SV201 | 234 | SV202-1=HC | 375 | 42 | 435-440 | <p>Revenue Code identifies an accommodation, ancillary service, or billing calculation</p> <p>~ Report any applicable Revenue Codes appearing on the patient case</p> <p>~ 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</p> <p>~ Room and board should be reported 1st for inpatient services</p> <p>~ Currency is reported with decimal point</p> <p>Units of Service is a quantitative measurement of services rendered by revenue code</p> | <p>Room and Board charges must be reported for Inpatient cases</p> <p>Room and board charges can be recorded for an Outpatient stay if the patient was never classified as an Inpatient</p> |
| **I | | | SV202-2-6 | C003 | (CPT®/HCPCS Code List) | | 44 | | | | |
| *O | ~ | | SV203 | 782 | ~ | | 46 | | | | |
| | Revenue Code for Outpatient CPT HCPCS w/CPT HCPCS Service Line Item and Modifier | | SV205 | 380 | SV204 (355) = DA (Days) or = UN (units) | | 47 | | | | |
| | ~ | | | | | | | | | | |
| | Total Charges Per Revenue Code | | | | | | | | | | |

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Kentucky IPOP Inpatient and Outpatient Data
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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 | | | | | | | | | | |
|----------------|--|----------|------------|-----------------------|------------------|-----------|----------|-------------------------|-------------------|--|------------------|--|---|--|---|---------------------------------------|---|---|---|---|--|
| | | | | | | | | | | <table border="1"> <tr> <td>~</td> <td>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</td> </tr> <tr> <td>~</td> <td>Units required only for room and board charges</td> </tr> </table> <p>CPT®/HCPCS Service Line Item codes, plus modifiers, if applicable, for Outpatient services.</p> <table border="1"> <tr> <td>~</td> <td>5 digit code, plus up to four 2 digit</td> </tr> <tr> <td>~</td> <td>Must be valid codes/modifiers for discharge date time frame</td> </tr> <tr> <td>~</td> <td>Room and board charges can be recorded for an outpatient stay if the patient was never classified as an inpatient</td> </tr> </table> <p>Repeat Segment for revenue codes, units, and line items as many times as is necessary to complete all charges.</p> | ~ | 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 | ~ | 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 | <p>There must be a related Revenue Code and Charge for every Outpatient Service Line Item on the patient record</p> |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | |
| ~ | 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 | | | | | | | | | | | | | | | | | | | | |

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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 | | | | | | |
|----------------|---|----------|------------|-----------------------|------------------|--------------------|----------|-------------------------|-------------------|--|------------------|---|---|--|---|---|--|
| | | | | | | | | | | <p>Total Charges for each individual corresponding revenue code</p> <table border="1"> <tr> <td>~</td> <td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td> </tr> <tr> <td>~</td> <td>A given individual charge may be negative (credit)</td> </tr> <tr> <td>~</td> <td>The sum of all charges must be positive</td> </tr> </table> | ~ | 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 | <p>Segment Example:</p> <p>LX*3~</p> <p>SV2*0214**363.90*DA*3~</p> <p>LX*4~</p> <p>SV2*0250**1337.90*UN*242~</p> |
| ~ | 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 | | | | | | | | | | | | | | | | |
| 32 *O | CPT®/HCPCS Service Date | 2400 | DTP | DTP03 | 1251 | DTP02=D8 (Date) | 455 | 45 (UB04) | 445-446 | <p>Service Date for each CPT®/HCPCS code reported as a service line item for Outpatient services in data segment #31</p> <table border="1"> <tr> <td>~</td> <td>CCYYMMDD format</td> </tr> <tr> <td>~</td> <td>Repeat service date segment</td> </tr> </table> | ~ | CCYYMMDD format | ~ | Repeat service date segment | <p>Segment Example:</p> <p>LX*1</p> <p>SV2*0250**18.7*UN*2~</p> | | |
| ~ | CCYYMMDD format | | | | | | | | | | | | | | | | |
| ~ | Repeat service date segment | | | | | | | | | | | | | | | | |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 | | Definition and Instruction | Reference Charts |
|----------------|------------------------------------|----------|------------|-----------------------|------------------|-----------|----------|------------------|-------------------|---|---|
| | | | | | | | | # (Form Locator) | 837 Manual Page # | | |
| | | | | | | | | | | 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~ |

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

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 10/1/2014 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 10/1/2014 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 10/1/2014 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 PTTYPER = 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 DXPPPOA invalid if PTTYPER = 2. | Present on Admission code is valid for inpatients only. |
| DXP_POA | 3370 | Present on Admission code required for this type of patient. Mark DXPPPOA invalid if NULL and PTTYPER = 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 DXPPPOA 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 DXPPPOA 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 tkProcedure 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 (mmdyyy). |
| 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 tkProcedure 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 ptype = 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 PTTYE 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 lookup 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 (mmdyyyy). |
| 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 (mmdyyyy). |
| 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 | |



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 | 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 | 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 % | 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 | Yes | Yes | No | Yes | No | No | No | No |

Emergency Cases

| | | | | | | | | | | | | | | | | | |
|------------------|----------|----------|----------|----------|--------|--------|--------|--------|--------|----------|---------|--------|---------|--------|--------|--------|--------|
| Reported Cases | 3,429 | 3,119 | 3,599 | 10,147 | 0 | 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 % | 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 | No | Yes | Yes | No | Yes | No | No | No | No |

Mammography Cases

| | | | | | | | | | | | | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|--------|---------|--------|--------|--------|--------|
| Reported Cases | 0 | 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 % | 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 | Yes | Yes | No | Yes | No | No | No | No |

Other Outpatient Cases

| | | | | | | | | | | | | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---------|--------|---------|--------|--------|--------|--------|
| Reported Cases | 0 | 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 % | 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 | Yes | Yes | No | Yes | No | No | No | No |

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 % |



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 % |



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 | |



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 | |



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 |

IPOP

Kentucky Inpatient Outpatient Data Collection System

| facility_num | Facility | Patient Control | Service Code | ddat_value | billtype | Payer Code |
|--------------|------------|-----------------|--|------------|----------|------------|
| 999999999 | Hospital A | 1000xxxxxxx | 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