90-590 MAINE HEALTH DATA ORGANIZATION

Chapter 241: UNIFORM REPORTING SYSTEM FOR HOSPITAL INPATIENT DATA SETS AND HOSPITAL OUTPATIENT DATA SETS

SUMMARY: This Chapter contains the provisions for filing hospital inpatient data sets and hospital outpatient service data sets.

The provisions include:

Identification of the organizations required to report;

Establishment of requirements for the content, format, method~~ium~~, and time frame for filing hospital inpatient data and hospital outpatient service data;

Establishment of standards for the data reported; and

Compliance provisions.

**1. Definitions.**

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

A. Designee. "Designee" means an entity with which the MHDO has entered into an arrangement under which the entity performs data collection, validation and management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity if the information is not authorized for release by the MHDO.

B. Carrier. "Carrier" means an insurance company licensed in accordance with 24-A M.R.S.A., including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 M.R.S.A.. An employer exempted from the applicability of 24-A M.R.S.A., chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

C. E-codes. “E-codes” in ICD-9 terminology means the supplementary classification of external causes of injury and poisoning*.*

D. External Causes Codes. “External causes codes” in ICD-10 are codes designed to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition occurred (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event and the person’s status (e.g. civilian, military).

E. Hospital. "Hospital" meansany acute care institution required to be licensed pursuant to 22 M.R.S.A, chapter 405.

* + - * 1. ~~any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405;.~~
        2. ~~and/or a Parent Entity, which means the person, organization or corporation that has control, directly or indirectly through majority ownership, affiliation, contract or membership of a hospital and/or any affiliated health care facility.  A parent entity may be an individual hospital or, as a parent of a health care facility, may be considered a health care facility.~~

F. Hospital Inpatient Data. "Hospital inpatient data" pertains to the information generated at the time of discharge which is associated with patients who are provided with room, board, and continuous nursing service based on a physician’s written order in an area of the hospital where patients generally stay more than twenty-four hours.

G. Hospital Outpatient Data. "Hospital outpatient data" pertains to the data generated for any patient visit that is not considered an inpatient admission, at any department of the hospital, regardless of its physical location.  Hospital Outpatient Data also includes services provided by specialty groups or primary care practices when the hospital owns the data.~~pertains to information which is associated with patients who receive services in a formally organized ambulatory department, clinic, provider-based practice considered a department of the hospital, and/or other departments of a hospital when those patients are not considered to be inpatients.~~

H. MHDO. "MHDO" means the Maine Health Data Organization.

I. M.R.S.A. “M.R.S.A.” means Maine Revised Statutes Annotated.

~~J. NAIC. "NAIC" means National Association of Insurance Commissioners.~~

J~~K~~. Third-party Administrator. “Third-party administrator” means any person licensed by the Maine Bureau of Insurance under 24-A M.R.S.A., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.

**2. Hospital Inpatient and Outpatient Service Data Sets Filing Description.**

Each hospital shall file with the MHDO or its designee a completed hospital inpatient data set and a completed hospital outpatient data set for every service provided to each patient.

1. General Requirements.
   1. Codes.

(a) Code Sources. The code sources listed and described in Appendix A are to be utilized with the inpatient and outpatient data file submissions.

~~(b) Payer Identification Number. The payer identification number shall be populated using hierarchical payer code sets provided by the MHDO through its designee. The Maine Hospital Database Payer Codes set delineates the overall structure and is to be used initially when applicable. Recurrent commercial carriers and third-party administrators shall be identified using the additional code sets in the following order: 1. Hospital Electronic Billing Payer Codes; 2. NAIC Codes; 3. MHDO Individual Payer.~~

(b~~c~~) Specific and Unique Coding. With the exception of ~~payer identification codes,~~ location of service codes and provider number, specific or unique coding systems shall not be permitted as part of the inpatient and outpatient data submissions.

(c~~d~~) E-codes or External Cause Codes. An E-code or External Cause Codes shall be assigned for all initial treatments of an injury, poisoning, or adverse effect of drugs. If a patient is transferred to another facility for continued treatment, this facility shall also assign the appropriate E-code or External Cause Code.

* 1. Definitions for Required Data Elements. Unless otherwise specified, the definitions for the required data elements described in Appendix B-1 and Appendix C-1 are the same as those provided in the most current National Uniform Billing Data Element Specifications as developed by the National Uniform Billing Committee and approved by the State of Maine Uniform Billing Committee.

(3) Outpatient Data Filing. Outpatient data ~~filing~~ for ~~each~~all ~~department~~ outpatient services of the hospital ~~not located in the municipality of the primary hospital~~ must be filed in one or more data streams under the MHDO provider code assigned to that hospital. ~~one of the following ways:~~ Every encounter shall contain a Location of Service code, internally created by the Hospital. Also, each hospital shall submit quarterly an updated Location of Service list, which includes unique location of service code, full name, type, city, state, zip code and National Provider Identifier (NPI).

~~(a.) by submitting a separate file using a unique facility identification number assigned by MHDO; or~~

~~(b.) by incorporating the data in the outpatient file and associating it with a unique location code, facility name, type, and physical location (see Appendix C-1 Record Type 40 for specific reporting requirements.)~~

(4) Adjustment Charges. Adjustment charges and negative values are not to be reported in ~~the~~ inpatient and outpatient data sets. The adjustment charges are reconciled to the individual line item for which the adjustment applies.

B. Detailed File Specifications.

(1) Filled Fields. All fields shall be filled where applicable. Non-applicable text fields shall be space filled. Non-applicable numeric fields shall be zero filled and shall not include decimal points.

(2) Position. All text fields are to be left justified. All numeric fields are to be right justified.

~~(3) Signed Fields. Positive values are assumed and need not be indicated as such. Negative values must be indicated with a minus sign and must appear in the left-most position of all numeric fields. Over-punched signed integers or decimals are not to be utilized.~~

(3~~4~~) Individual Elements and Mapping. Individual data elements, data types, field lengths, and mapping locators (UB-04, CMS 1500, ANSI X12N 837) for each file type are presented in the following appendices:

(a) (i) Inpatient Data Specifications - Appendix B-1

(ii) Inpatient Data Mapping to National Standards   
Formats - Appendix B-2

(b) (i) Outpatient Data Specifications - Appendix C-1

(ii) Outpatient Data Mapping to National Standards Formats - Appendix C-2

**3. Submission Requirements.**

A. File Format. The inpatient file and the outpatient file(s) are to be submitted to the MHDO or it designee as separate ASCII files with fixed length records. Each record shall be terminated with a carriage return line feed (ASCII 13, ASCII 10).

B. Filing Method~~ium~~. Data files shall be submitted via electronic transmission using the Secure Hypertext ~~File~~ Transfer Protocol (HTTPS). E-mail attachments shall not be accepted.

C. File Editing. All data files must be processed through the MHDO designee’s system. Corrections must be applied to the data files before the data are transmitted.

D. Filing Specifications. Each hospital shall file all applicable data sets to the MHDO in accordance with the electronic specifications for submission of claims to Maine’s designated Medicare intermediary.

E. Filing Periods. Each inpatient discharge or outpatient service record must be filed no later than 90 ~~30~~ days following the calendar quarter in which the discharge or service occurred. ~~Each outpatient service record must be filed no later than 90 days following the calendar quarter in which the service occurred.~~

F. Replacement of Data Files. No hospital may amend its data submission more than one year after the end of the quarter in which the discharge or outpatient service occurred unless it can be established by the hospital that exceptional circumstances occurred. Any resubmission of data after the elapse of the one year period must be approved by the MHDO.

G. Rejection of Files. Failure to conform to the requirements of subsections A, B, C or D of this section shall result in the rejection of the data file(s). Rejected files must be resubmitted in the appropriate corrected form to the MHDO within 15 days of notification.

**4. Standards for Data; Notification; Response.**

A. Standards. The MHDO shall evaluate each inpatient file and each outpatient file submission in accordance with the following standards:

(1) The code for each data element identified in Appendices B-1 and C-1 shall be included within eligible values for the field;

(2) Coding values indicating "data not available" "data unknown" or the equivalent shall not be used for individual data elements unless specified as an eligible value for the field;

(3) Outpatient data sets shall have Current Procedural Terminology (CPT) Codes and Health Care Common Procedural Coding System (HCPCS) codes reported for specific revenue centers. The list of revenue centers requiring CPT and HCPCS codes shall be provided via the MHDO’s designee; and

(4) CPT and HCPCS codes shall be assigned to the correct revenue centers.

B. Notification. Upon completion of the evaluation, the MHDO or its designee shall promptly notify each hospital whose data sets do not satisfy the standards for any filing period. This notification shall identify the specific file and the data fields and elements that do not satisfy the standards.

C. Response. Each hospital notified under Subsection B shall respond within 32 days of the notification by making the required changes and resubmitting, if necessary, to satisfy the standards.

**5. Public Access.**

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. Sec. 8707 and Code of Maine Rules 90-590, Chapter 120: Release of Information to the Public, unless prohibited by state or federal law.

**6. Extension or Waiver to Data Submission Requirements.**

If a hospital, due to circumstances beyond its control, is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Compliance Officer of the MHDO as soon as it is practicable after the hospital has determined that an extension or waiver is required. The written request shall include: the specific requirement to be extended or waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the extension or waiver; and the time frame required to come into compliance. If the Compliance Officer does not approve the requested extension or waiver, the hospital making the request may submit a written request appealing the decision to the MHDO Board. The appeal shall be heard by the MHDO Board at the next regularly scheduled meeting following receipt of the request at the MHDO.

**7. Compliance.**

Failure to file, report, or correct in accordance with the provisions of this Chapter may be considered a violation under 22 M.R.S.A. Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: Enforcement Procedures.

**~~8. Central Registry for Health Professional Codes.~~**

~~Whenever a new physician or other health professional is granted staff privileges at a hospital, the hospital shall submit to the MHDO or its designee the physician's or other health professional’s name, birth date, specialty and National Provider Identifier (NPI).~~

AUTHORITY: 22 M.R.S.A., Sections 8704 (4) and 8708.

EFFECTIVE DATE: May 2, 1990

AMENDED: May 14, 1991

February 10, 1993

July 6, 1994

April 19, 1995

July 1, 1999

February 28, 2006

March 18, 2007

April 15, 2009

February 7, 2010

May 21, 2011

November 26, 2013

November 22, 2015

**National Uniform Billing Data Element Specifications as Developed by the National Uniform Billing Committee (NUBC)**

**(All MHDO Data Elements except for the following: Diagnosis Codes, Procedure Codes, Payer Identification Number, Social Security Number, HCPCS Procedure Codes, HCPCS Procedure Modifiers, Race/Ethnicity, Present on Admission Indicator, Filler)**

SOURCE: National Uniform Billing Committee

AVAILABLE FROM:

<http://www.nubc.org/subscriber/index.dhtml>

National Uniform Billing Committee

American Hospital Association

155 N Wacker Drive

Chicago, IL 60606

ABSTRACT: This serves as the official source of information for institutional health care billing. It contains all billing conventions and codes, including form locators, data element descriptions, definitions, reporting requirements, field attributes, approval and effective dates, and revenue, condition, occurrence, and value codes.

**American Medical Association**

**Current Procedural Terminology (CPT) Codes**

**(MHDO Data Elements: OP6105, OP6106, OP6107, OP6112, OP6113, OP6114, OP6119, OP6120, OP6121)**

SOURCE: Physicians' Current Procedural Terminology (CPT) Manual

AVAILABLE FROM:

<https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category_id=cat1150007&navAction=push>

American Medical Association

AMA Plaza

330 N. Wabash Ave., Suite 39300

Chicago, IL 60611-~~5885Order Department~~

~~American Medical Association~~

~~515 North State Street~~

~~Chicago, IL 60654~~

ABSTRACT: A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians in an outpatient setting.

**U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services**

**Health Care Common Procedural Coding System**

**(MHDO Data Elements: OP6105, OP6106, OP6107, OP6112, OP6113, OP6114, OP6119, OP6120, OP6121)**

SOURCE: Health Care Common Procedural Coding System

AVAILABLE FROM:

[www.cms.gov/HCPCSReleaseCodeSets/](http://www.cms.gov/HCPCSReleaseCodeSets/)

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

Center for Health Plans and Providers

7500 Security Boulevard

Baltimore, MD 21244‑1850

ABSTRACT: HCPCS is the Centers for Medicare and Medicaid Services (CMS) coding scheme to group procedures performed for payment to providers.

**U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services**

**Ambulance Modifiers**

**(MHDO Data Element: OP6106, OP6107, OP6113, OP6114, OP6120, OP6121)**

SOURCE: Medicare Claims Processing Manual

AVAILABLE FROM:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html>

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244-1850

ABSTRACT: Ambulance Modifiers are HCPCS modifier codes available for use with Ambulance services.

**World Health Organization (WHO)**

**International Classification of Diseases Clinical Modification (ICD‑9‑CM)**

**(MHDO Data Elements: IP7004, IP7005, IP7006, IP7007, IP7008, IP7009, IP7010, IP7011, IP7012, IP7013, IP7014, IP7015, IP7016, IP7017, IP7018, IP7019, IP7020, IP7021, IP7023, IP7025, IP7027, IP7029, IP7031, IP7033, IP7034, OP7005, OP7006, OP7007, OP7008, OP7009, OP7010, OP7011, OP7012, OP7013, OP7015, OP7017, OP7019, OP7021, OP7023, OP7025, OP7026)**

SOURCE: International Classification of Diseases, 9th Revision, Clinical Modification (ICD‑9-CM)

AVAILABLE FROM:

<http://www.who.int/classifications/icd/en/>

World Health Organization (WHO)

Regional Office for the Americas

525, 23rd Street, N.W.

Washington, DC 20037

USA

OR

<http://www.cdc.gov/nchs/icd/icd9cm.htm>

Centers for Disease Control and Prevention

1600 Clifton Road

Atlanta, GA

30329-4027

~~WHO Publications Center AUS~~

~~49 Sheridan Avenue~~

~~Albany, NY 12210~~

ABSTRACT: The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

**World Health Organization (WHO)**

**International Classification of Diseases Clinical Modification (ICD‑10‑CM)**

**(MHDO Data Elements: IP7104, IP7106 IP7110, IP7204, IP7206, IP7208, IP7210, IP7212, IP7214, IP7216, IP7218, IP7304, IP7306, IP7308, IP7310, IP7312, IP7314, IP7316, IP7318, IP7320, IP7322, IP7324, IP7326, IP7404, IP7406, IP7408, IP7410, IP7412, IP7414, IP7416, IP7418, IP7420, IP7422, IP7424, IP7426, OP7104, OP7107, OP7108, OP7109, OP7110, OP7204, OP7206, OP7208, OP7210, OP7212, OP7214, OP7216, OP7218, OP7304, OP7306, OP7308, OP7310, OP7312, OP7314, OP7316, OP7318, OP7320, OP7322, OP7324, OP7326, OP7404, OP7406, OP7408, OP7410, OP7412, OP7414, OP7416, OP7418, OP7420, OP7422, OP7424, OP7426)**

SOURCE: International Classification of Diseases, 10th Revision, Clinical Modification (ICD‑10-CM)

AVAILABLE FROM:

<http://www.who.int/classifications/icd/en/>

World Health Organization (WHO)

Regional Office for the Americas

525, 23rd Street, N.W.

Washington, DC 20037

USA

OR

[www.cdc.gov/nchs/icd/icd10cm.htm#9update](http://www.cdc.gov/nchs/icd/icd10cm.htm#9update)

Centers for Disease Control and Prevention

1600 Clifton Road

Atlanta, GA

30329-4027

~~WHO Publications Center AUS~~

~~49 Sheridan Avenue~~

~~Albany, NY 12210~~

ABSTRACT: The International Classification of Diseases, 10th Revision, is used to report medical diagnosis and inpatient procedures. ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10­PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding. The transition to ICD-10 is occurring because ICD-9 produces limited data about patients’ medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

**~~National Association of Insurance Commissioners (NAIC) Code~~**

**~~(MHDO Data Elements: IP3004, OP3004)~~**

~~SOURCE: National Association of Insurance Commissioners Company Code List Manual~~

~~AVAILABLE FROM:~~

[~~http://www.naic.org/prod\_serv\_alpha\_listing.htm~~](http://www.naic.org/prod_serv_alpha_listing.htm)

~~National Association of Insurance Commission Publications Department~~

~~1100 Walnut Street, Suite 1500~~

~~Kansas City, MO 64106‑2197~~

~~ABSTRACT: Codes that uniquely identify each insurance company.~~

**United States Postal Service**

**States and Outlying Areas and Zip Codes of the U.S.**

**(MHDO Data Elements: IP0106, IP2009, OP0106, OP2009, IP0107, IP2010, OP0107, OP2010)**

SOURCE: National Zip Code and Post Office Directory

The USPS Domestic Mail Manual

AVAILABLE FROM:

<https://www.usps.com>

OR

<https://ribbs.usps.gov/index.cfm?page=address_manage_quality>

U.S. Postal Service

National Information Data Center

P.O. Box 9408

Gaithersburg, MD 20898-9408

OR

Address Information Systems Products

National Customer Support Center

U.S. Postal Service

6060 Primacy Pkwy Ste 231

Memphis, TN 38119-5772

~~U.S. Postal Service~~

~~National Information Data Center~~

~~P.O. Box 2977~~

~~Washington, DC 20013~~

ABSTRACT: Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche AVAILABLE FROM: NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB ‑ Alberta

BC ‑ British Columbia

MB ‑ Manitoba

NB ‑ New Brunswick

NF ‑ Newfoundland

NS ‑ Nova Scotia

NT ‑ North West Territories

ON ‑ Ontario

PE ‑ Prince Edward Island

PQ ‑ Quebec

SK ‑ Saskatchewan

YT – Yukon

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two right-most digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11‑digit zip code.

**International Country Codes**

**(MHDO Data Elements: IP2021, OP2018)**

SOURCE: [www.nationsonline.org/oneworld/country\_code\_list.htm](http://www.nationsonline.org/oneworld/country_code_list.htm)

ABSTRACT: The ISO country codes are internationally recognized codes that designate each country and most of the dependent areas with a two- or three-letter combination or a numeric code.

**ASC X12N Electronic Data Interchange Transaction Set Implementation Guide**

**Health Care Claim: Institutional and Professional (837)**

(Used for all Mapping of HIPAA Reference – Transaction Set/Loop/Segment Qualifier/Data Elements)

AVAILABLE FROM:

<http://store.x12.org/store>

Accredited Standards Committee

~~Data Interchange Standards Association, Inc. (DISA)~~

8300 Greensboro Drive, Suite 800

McLean VA 22102

~~7600 Leesburg Pike Ste 430~~

~~Falls Church, VA 22043~~

ABSTRACT: The data implementation guide provides standardized data requirements and content for all users of the ANSI ASC X12N 837 Health Care Claims transaction.

|  |
| --- |
|  |
|  |
| The record types in the file must be in the following order: |
| Record Type 01 - Processor Data |
| Record Type 20 - Sequence 01 - Patient Data |
| Record Type 30 - Sequence 01 - Third Party Payer Data Primary Payer |
| Record Type 30 - Sequence 02-99 - Third Party Payer ~~Secondary~~Additional Payer(s) Required ~~if secondary~~ for payer(s) other than primary. |
| Record Type 40 - Claim Data |
| Record Type 50 - IP Accommodations Data |
| Record Type 60 - IP Ancillary Services |
| Record Type 70 - Medical Data |
| Record Type 71 - ICD-10 CM Principal and Admitting Diagnosis Codes, ICD-10 PCS Principal Procedure Code |
| Record Type 72 - ICD-10 PCS Other Procedure Codes |
| Record Type 73 - ICD-10 CM External Cause of Injury Diagnosis Codes |
| Record Type 74 - ICD-10 CM Other Diagnosis Information |
| Record Type 80 - Provider Data |
| Record Type 90 - Claim Control Screen |
| Record Type 99 - File Control |
|  |
| The individual claim begins with Record Type 20 and ends with Record Type 90. |
| The patient control number must be the same on each record type generated for a single patient record. |
| The medical record number should not be substituted for the patient control number. |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP0101** | **Record Type** |  | T | 2 | 01 |
| **IP0102** | **MHDO-Assigned Hospital ID ~~Submitter EIN~~** |  | T | 6 | Must be the MHDO-assigned, 6-digit hospital code, left justified |
| **IP0198** | **Filler** |  | T | 38 |  |
| **IP0103** | **Hospital ~~Submitter~~ Name** |  | T | 21 |  |
| **IP0104** | **Address** |  | T | 18 |  |
| **IP0105** | **City** |  | T | 15 |  |
| **IP0106** | **State** |  | T | 2 |  |
| **IP0107** | **Zip Code** |  | T | 9 |  |
| **IP0199** | **Filler** |  | T | 78 |  |
| **IP0108** | **Version** |  | T | 3 | leave blank |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP2001** | **Record Type** |  | T | 2 | 20 |
| **IP2002** | **Filler (National Use)** |  | T | 2 |  |
| **IP2003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP2095** | **Filler** |  | T | 30 | Space filled |
| **IP2004** | **Patient Sex** |  | T | 1 | M = Male F = Female U = Unknown |
| **IP2005** | **Patient Birth Date** |  | T | 8 | CCYYMMDD |
| **IP2096** | **Filler** |  | T | 1 |  |
| **IP2006** | **Priority (Type) of Admission or Visit** |  | T | 1 |  |
| **IP2007** | **Point of Origin for Admission or Visit** |  | T | 1 |  |
| **IP2097** | **Filler** |  | T | 30 |  |
| **IP2008** | **Patient City** |  | T | 15 |  |
| **IP2009** | **Patient State** |  | T | 2 |  |
| **IP2010** | **Patient Zip Code** |  | T | 9 | As defined by US Postal Service Do not include dashes |
| **IP2011** | **Admission/Start of Care Date** |  | T | 8 | CCYYMMDD |
| **IP2012** | **Admission Hour** |  | T | 2 | Military Time - Range 00-23 |
| **IP2098** | **Filler** |  | T | 8 |  |
| **IP2013** | **Statement Covers Period - Thru** |  | T | 8 | CCYYMMDD |
| **IP2014** | **Patient Discharge Status** |  | ~~N~~T | 2 |  |
| **IP2015** | **Discharge Hour** |  | T | 2 | Military Time - Range 00-23 |
| **IP2099** | **Filler** |  | T | 20 |  |
| **IP2016** | **Medical/Health Record Number** |  | T | 17 | Assigned by the facility |
| **IP2017** | **Race** | March 1, 2007 | T | 1 | 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected not to Answer 8 = Unknown |
| **IP2018** | **Ethnicity** | March 1, 2007 | T | 1 | 1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown |
| **IP2019** | **Filler** |  | T | 1 |  |
| **IP2020** | **Statement Covers Period – From** | January 1, 2018 | T | 8 | CCYYMMDD |
| **IP2021** | **Patient Country Code** | January 1, 2018 | T | 2 | Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A. |
| **IP2022** | **Patient Last Name** | January 1, 2018 | T | 60 |  |
| **IP2023** | **Patient First Name** | January 1, 2018 | T | 35 |  |
| **IP2024** | **Patient Middle Name or Initial** | January 1, 2018 | T | 25 |  |
| **IP2025** | **Patient Name Suffix** | January 1, 2018 | T | 10 |  |
| **IP2026** | **Patient Address Line 1** | January 1, 2018 | T | 55 |  |
| **IP2027** | **Patient Address Line 2** | January 1, 2018 | T | 55 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP3001** | **Record Type** |  | T | 2 | 30 |
| **IP3002** | **Sequence Number** |  | T | 2 | 01 Primary Payer 02 - 99 Secondary Payer |
| **IP3003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP3095** | **Filler** |  | T | 10 |  |
| **~~IP3004~~** | **~~Payer Identification Number~~** | January 1, 20~~06~~18 | ~~T~~ | ~~5~~ | ~~Left Justified~~ |
| **~~IP3096~~** | **~~Filler~~** |  | ~~T~~ | 4 |  |
| **IP3005** | **Social Security Number** | April 1, 2006 | T | 19 | Do not include the dashes For internal use only – Required if collected |
| **IP3097** | **Filler** |  | T | 26 |  |
| **~~IP3006~~** | **~~Payer Name~~** | January 1, 2018 | ~~T~~ | ~~23~~ |  |
| **~~IP3098~~** | **~~Filler~~** |  | ~~T~~ | ~~1~~ |  |
| **IP3007** | **Insured’s Group Number** | April 1, 2006 | T | 17 | For internal use only – Required if collected |
| **IP3008** | **Insured’s Unique Identifier** |  | T | 20 | Insurance policy or certificate ID |
| **IP3099** | **Filler** |  | T | ~~76~~1 |  |
| **IP3009** | **Payer Name** | January 1, 2018 | T | 100 | Full or unabbreviated payer name, not plan name |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP4001** | **Record Type** |  | T | 2 | 40 |
| **IP4002** | **Sequence Number** |  | T | 2 | 01 |
| **IP4003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP4004** | **Type of Bill** |  | T | 3 | Code indicating the specific type of institutional bill |
| **IP4099** | **Filler** |  | T | 165 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP5001** | **Record Type** |  | T | 2 | 50 |
| **IP5002** | **Sequence Number** |  | T | 3 | 001-999 |
| **IP5003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP5091** | **Filler** |  | T | 3 |  |
| **IP5004** | **Accommodations Revenue Code #1** |  | T | 4 |  |
| **IP5092** | **Filler** |  | T | 9 |  |
| **IP5005** | **Accommodations Service Units #1** |  | N | 4 | Right Justified, leading zeros |
| **IP5006** | **Accommodations Total Charges #1** |  | T | 10 | Two decimal places implied |
| **IP5093** | **Filler** |  | T | 14 |  |
| **IP5007** | **Accommodations Revenue Code #2** |  | T | 4 |  |
| **IP5094** | **Filler** |  | T | 9 |  |
| **IP5008** | **Accommodations Service Units #2** |  | N | 4 | Right Justified, leading zeros |
| **IP5009** | **Accommodations Total Charges #2** |  | N | 10 | Two decimal places implied |
| **IP5095** | **Filler** |  | T | 14 |  |
| **IP5010** | **Accommodations Revenue Code #3** |  | T | 4 |  |
| **IP5096** | **Filler** |  | T | 9 |  |
| **IP5011** | **Accommodations Service Units #3** |  | N | 4 | Right Justified, leading zeros |
| **IP5012** | **Accommodations Total Charges #3** |  | N | 10 | Two decimal places implied |
| **IP5097** | **Filler** |  | T | 14 |  |
| **IP5013** | **Accommodations Revenue Code #4** |  | T | 4 |  |
| **IP5098** | **Filler** |  | T | 9 |  |
| **IP5014** | **Accommodations Service Units #4** |  | N | 4 | Right Justified, leading zeros |
| **IP5015** | **Accommodations Total Charges #4** |  | N | 10 | Two decimal places implied |
| **IP5099** | **Filler** |  | T | 14 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP6001** | **Record Type** |  | T | 2 | 60 |
| **IP6002** | **Sequence Number** |  | T | 3 | 001 to 999 |
| **IP6003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP6093** | **Filler** |  | T | 2 |  |
| **IP6004** | **Inpatient Ancillary Revenue Code #1** |  | T | 4 |  |
| **IP6094** | **Filler** |  | T | 16 |  |
| **IP6005** | **Inpatient Ancillary Total Charges #1** |  | N | 10 | Two decimal places implied |
| **IP6095** | **Filler** |  | T | 25 |  |
| **IP6006** | **Inpatient Ancillary Revenue Code #2** |  | T | 4 |  |
| **IP6096** | **Filler** |  | T | 16 |  |
| **IP6007** | **Inpatient Ancillary Total Charges #2** |  | N | 10 | Two decimal places implied |
| **IP6097** | **Filler** |  | T | 25 |  |
| **IP6008** | **Inpatient Ancillary Revenue Code #3** |  | T | 4 |  |
| **IP6098** | **Filler** |  | T | 16 |  |
| **IP6009** | **Inpatient Ancillary Total Charge #3** |  | N | 10 | Two decimal places implied |
| **IP6099** | **Filler** |  | T | 25 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP7001** | **Record Type** |  | T | 2 | 70 |
| **IP7002** | **Sequence Number** |  | T | 2 | 01 |
| **IP7003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP7004** | **Principal Diagnosis Code** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7004A** | **Present on Admission Indicator** | April 1, 2009 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present~~ ~~1 = Exempt from POA reporting~~ |
| **IP7005** | **Other Diagnosis Code - 1** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7006** | **Present on Admission Indicator - 1** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7007** | **Other Diagnosis Code - 2** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7008** | **Present on Admission Indicator - 2** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7009** | **Other Diagnosis Code - 3** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7010** | **Present on Admission Indicator - 3** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7011** | **Other Diagnosis Code - 4** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7012** | **Present on Admission Indicator - 4** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7013** | **Other Diagnosis Code - 5** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7014** | **Present on Admission Indicator - 5** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7015** | **Other Diagnosis Code - 6** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7016** | **Present on Admission Indicator - 6** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7017** | **Other Diagnosis Code - 7** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7018** | **Present on Admission Indicator - 7** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7019** | **Other Diagnosis Code - 8** |  | T | 5 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7020** | **Present on Admission Indicator - 8** | March 1, 2007 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting~~ |
| **IP7021** | **Principal Procedure Code** |  | T | 7 | If present must a valid ICD9-CM procedure code. |
| **IP7022** | **Principal Procedure Date** |  | T | 8 | CCYYMMDD |
| **IP7023** | **Other Procedure Code - 1** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7024** | **Other Procedure Date - 1** |  | T | 8 | CCYYMMDD |
| **IP7025** | **Other Procedure Code - 2** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7026** | **Other Procedure Date - 2** |  | T | 8 | CCYYMMDD |
| **IP7027** | **Other Procedure Code - 3** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7028** | **Other Procedure Date - 3** |  | T | 8 | CCYYMMDD |
| **IP7029** | **Other Procedure Code - 4** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7030** | **Other Procedure Date - 4** |  | T | 8 | CCYYMMDD |
| **IP7031** | **Other Procedure Code - 5** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7032** | **Other Procedure Date - 5** |  | T | 8 | CCYYMMDD |
| **IP7033** | **Admitting Diagnosis Code** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7034** | **External Cause of Injury (E-Code) - 1** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **IP7034A** | **Present on Admission Indicator - 1** | April 1, 2009 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present~~ ~~1 = Exempt from POA reporting~~ |
| **IP7035** | **External Cause of Injury (E-Code)  - 2** | April 1, 2009 | T | 6 | ICD9-CM – Do not code decimal point – Left Justified |
| **IP7035A** | **Present on Admission Indicator - 2** | April 1, 2009 | T | 1 | ~~Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present~~ ~~1 = Exempt from POA reporting~~ |
| **IP7099** | **Filler** |  | T | 4 |  |

Note: E-codes when applicable must be reported in the E-Code field. If there are additional E-codes they can be reported in one of the 8 other diagnosis code fields.

DO NOT DUPLICATE E-CODES.

| **Data Element #** | **Data Element** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| --- | --- | --- | --- | --- | --- |
| **IP7101** | **Record Type** | 10/1/2014 | T | 2 | 71 |
| **IP7102** | **Sequence Number** | 10/1/2014 | T | 2 | 01 |
| **IP7103** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **IP7104** | **Principal Diagnosis** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7105** | **Present On Admission Indicator** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7106** | **Admitting Diagnosis** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7107** | **Filler** |  | T | 10 |  |
| **IP7108** | **Filler** |  | T | 10 |  |
| **IP7109** | **Filler** |  | T | 10 |  |
| **IP7110** | **Principal Procedure Code** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7111** | **Principal Procedure Date** | 10/1/2014 | T | 8 | CCYYMMDD |

| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| --- | --- | --- | --- | --- | --- |
| **IP7201** | **Record Type** | 10/1/2014 | T | 2 | 72 |
| **IP7202** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 03 |
| **IP7203** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **IP7204** | **Other Procedure Code - 1** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7205** | **Other Procedure Date - 1** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7206** | **Other Procedure Code - 2** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7207** | **Other Procedure Date - 2** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7208** | **Other Procedure Code - 3** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7209** | **Other Procedure Date - 3** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7210** | **Other Procedure Code - 4** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7211** | **Other Procedure Date - 4** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7212** | **Other Procedure Code - 5** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7213** | **Other Procedure Date -5** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7214** | **Other Procedure Code - 6** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7215** | **Other Procedure Date - 6** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7216** | **Other Procedure Code - 7** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7217** | **Other Procedure Date - 7** | 10/1/2014 | T | 8 | CCYYMMDD |
| **IP7218** | **Other Procedure Code - 8** | 10/1/2014 | T | 10 | ICD-10 PCS - do not code decimal point - Left Justified |
| **IP7219** | **Other Procedure Date - 8** | 10/1/2014 | T | 8 | CCYYMMDD |

| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| --- | --- | --- | --- | --- | --- |
| **IP7301** | **Record Type** | 10/1/2014 | T | 2 | 73 |
| **IP7302** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 02 |
| **IP7303** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **IP7304** | **External Cause of Injury Code - 1** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7305** | **Present On Admission Indicator - 1** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7306** | **External Cause of Injury Code - 2** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7307** | **Present On Admission Indicator - 2** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7308** | **External Cause of Injury Code - 3** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7309** | **Present On Admission Indicator - 3** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7310** | **External Cause of Injury Code - 4** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7311** | **Present On Admission Indicator - 4** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7312** | **External Cause of Injury Code - 5** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7313** | **Present On Admission Indicator - 5** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7314** | **External Cause of Injury Code - 6** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7315** | **Present On Admission Indicator - 6** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7316** | **External Cause of Injury Code - 7** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7317** | **Present On Admission Indicator - 7** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7318** | **External Cause of Injury Code - 8** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7319** | **Present On Admission Indicator - 8** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7320** | **External Cause of Injury Code - 9** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7321** | **Present On Admission Indicator - 9** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7322** | **External Cause of Injury Code - 10** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7323** | **Present On Admission Indicator - 10** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7324** | **External Cause of Injury Code - 11** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7325** | **Present On Admission Indicator - 11** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7326** | **External Cause of Injury Code - 12** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7327** | **Present On Admission Indicator - 12** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |

| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| --- | --- | --- | --- | --- | --- |
| **IP7401** | **Record Type** | 10/1/2014 | T | 2 | 74 |
| **IP7402** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 02 |
| **IP7403** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **IP7404** | **Other Diagnosis Code - 1** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7405** | **Present On Admission Indicator - 1** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7406** | **Other Diagnosis Code - 2** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7407** | **Present On Admission Indicator - 2** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7408** | **Other Diagnosis Code - 3** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7409** | **Present On Admission Indicator - 3** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7410** | **Other Diagnosis Code - 4** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7411** | **Present On Admission Indicator - 4** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7412** | **Other Diagnosis Code - 5** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7413** | **Present On Admission Indicator – 5** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7414** | **Other Diagnosis Code - 6** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7415** | **Present On Admission Indicator - 6** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7416** | **Other Diagnosis Code - 7** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7417** | **Present On Admission Indicator - 7** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7418** | **Other Diagnosis Code - 8** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7419** | **Present On Admission Indicator - 8** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7420** | **Other Diagnosis Code - 9** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7421** | **Present On Admission Indicator - 9** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7422** | **Other Diagnosis Code - 10** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7423** | **Present On Admission Indicator - 10** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7424** | **Other Diagnosis Code - 11** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7425** | **Present On Admission Indicator - 11** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |
| **IP7426** | **Other Diagnosis Code - 12** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **IP7427** | **Present On Admission Indicator - 12** | 10/1/2014 | T | 3 | Standard POA code set - Left Justified |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP8001** | **Record Type** |  | T | 2 | 80 |
| **IP8002** | **Sequence** |  | T | 2 | 01 |
| **IP8003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP8097** | **Filler** |  | T | 2 |  |
| **IP8004** | **Attending Provider Identifier** | April 1, 2009 | T | 16 | NPI of Attending Provider |
| **IP8005** | **Operating Provider Identifier** | April 1, 2009 | T | 16 | NPI of Operating Provider |
| **IP8098** | **Filler** |  | T | 32 |  |
| **IP8006** | **Attending Provider Last Name** |  | T | 16 | Cannot be blank |
| **IP8007** | **Attending Provider First Name** |  | T | 8 | Cannot be blank |
| **IP8008** | **Attending Provider Middle Initial** |  | T | 1 |  |
| **IP8009** | **Operating Provider Last Name** |  | T | 16 | If a surgical procedure code (ICD) is reported, this field must be filled in. |
| **IP8010** | **Operating Provider First Name** |  | T | 8 | Cannot be blank if IP8009 is filled |
| **IP8011** | **Operating Provider Middle Initial** |  | T | 1 |  |
| **IP8099** | **Filler** |  | T | 52 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP9001** | **Record Type** |  | T | 2 | 90 |
| **IP9002** | **Filler (National Use)** |  | T | 2 |  |
| **IP9003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **IP9097** | **Filler** |  | T | 20 |  |
| **IP9004** | **Total Accommodation Charges – Revenue Centers** |  | N | 10 | Must equal the sum of record type 50 revenue code data Two decimal places implied |
| **IP9098** | **Filler** |  | ~~N~~T | 10 |  |
| **IP9005** | **Total Ancillary Charges – Revenue Centers** |  | N | 10 | Must equal the sum of record type 60 revenue code data Two decimal places implied |
| **IP9099** | **Filler** |  | T | 118 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **IP9901** | **Record Type** |  | T | 2 | 99 |
| **IP9999** | **Filler** |  | T | 190 |  |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP0101 | Record Type | NA | NA |
| IP0102 | MHDO-Assigned Provider ID~~Submitter EIN~~ | NA | NA |
| IP0103 | Provider~~Submitter~~ Name | 1 | 837/2010AA/NM1/85/2/03 |
| IP0104 | Address | 1 | 837/2010AA/N3/01 |
| IP0105 | City | 1 | 837/2010AA/N4/01 |
| IP0106 | State | 1 | 837/2010AA/N4/02 |
| IP0107 | Zip Code | 1 | 837/2010AA/N4/03 |
| IP0108 | Version | NA | NA |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP2001 | Record Type | NA | NA |
| IP2003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP2004 | Patient Sex | 11 | 837/2010CA/DMG/03  837/2010BA/DMG/03 |
| IP2005 | Patient Birth Date | 10 | 837/2010CA/DMG/D8/02  837/2010BA/DMG/D8/02 |
| IP2006 | Priority (Type) of Admission or Visit | 14 | 837/2300/CL1/01 |
| IP2007 | Point of Origin for Admission or Visit | 15 | 837/2300/CL1/02 |
| IP2008 | Patient City | 9B | 837/2010CA/N4/01  837/2010BA/N4/01 |
| IP2009 | Patient State | 9C | 837/2010CA/N4/02  837/2010BA/N4/02 |
| IP2010 | Patient Zip Code | 9D | 837/2010CA/N4/03  837/2010BA/N4/03 |
| IP2011 | Admission/Start of Care Date | 12 | 837/2300/DTP/435/DT/03 |
| IP2012 | Admission Hour | 13 | 837/2300/DTP/435/DT/03 |
| IP2013 | Statement Covers Period Thru | 6 | 837/2300/DTP/434/RD8/03 |
| IP2014 | Patient Discharge Status | 17 | 837/2300/CL1/03 |
| IP2015 | Discharge Hour | 16 | 837/2300/DTP/096/TM/03 |
| IP2016 | Medical/Health Record Number | 3B | 837/2300/REF/EA/02 |
| IP2017 | Race | NA | 837/2010CA/DMG/05  837/2010BA/DMG/05 |
| IP2018 | Ethnicity | NA | 837/2010CA/DMG/05  837/2010BA/DMG/05 |
| IP2020 | Statement Covers Period – From | 6 | 837/2300/DTP/434/RD8/03 |
| IP2021 | Patient Country Code | 9E | 837/2010CA/N4/04  837/2010BA/N4/04 |
| IP2022 | Patient Last Name | 8B | 837/2010CA/NM1/QC/1/03 837/2010BA/NM1/IL/1/03 |
| IP2023 | Patient First Name | 8B | 837/2010CA/NM1/QC/1/04 837/2010BA/NM1/IL/1/04 |
| IP2024 | Patient Middle Name or Initial | 8B | 837/2010CA/NM1/QC/1/05 837/2010BA/NM1/IL/1/05 |
| IP2025 | Patient Name Suffix | 8B | 837/2010CA/NM1/QC/1/07 837/2010BA/NM1/IL/1/07 |
| IP2026 | Patient Address Line 1 | 9A | 837/2010CA/N3/01 837/2010BA/N3/01 |
| IP2027 | Patient Address Line 2 | 9A | 837/2010CA/N3/02 837/2010BA/N3/02 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP3001 | Record Type | NA | NA |
| IP3002 | Sequence Number | NA | 837/2000B/SBR/01 |
| IP3003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| ~~IP3004~~ | ~~Payer Identification Number (Primary)~~ | ~~NA~~ | ~~NA~~ |
|  | ~~Payer Identification Number (Secondary)~~ | ~~NA~~ | ~~NA~~ |
| IP3005 | Social Security Number | NA | NA |
| ~~IP3006~~ | ~~Payer Name (Primary)~~ | ~~50A~~ | ~~837/2010BB/NM1/PR/2/03~~ |
|  | ~~Payer Name (Secondary)~~ | ~~50B~~ | ~~837/2330B/NM1/PR/2/03~~ |
| IP3007 | Insured’s Group Number (Primary) | 62A | 837/2000B/SBR/P/03 |
|  | Insured’s Group Number (Secondary) | 62B | 837/2320A/SBR/S/03 |
| IP3008 | Insured’s Unique Identifier (Primary) | 60A | 837/2010BA/NM1/MI/09 |
|  | Insured’s Unique Identifier (Secondary) | 60B | 837/2330A/NM1/MI/09 |
| IP3009 | Payer Name (Primary) | 50A | 837/2010BB/NM1/PR/2/03 |
|  | Payer Name (Secondary) | 50B | 837/2330B/NM1/PR/2/03 |

| **Data Element #** | **Data Element Name** | **UB-04Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP4001 | Record Type | NA | NA |
| IP4002 | Sequence Number | NA | NA |
| IP4003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP4004 | Type of Bill | 4 | 837/2300/CLM/05-1 837/2300/CLM/05-3 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP5001 | Record Type | NA | NA |
| IP5002 | Sequence Number | NA | NA |
| IP5003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP5004 | Accommodations Revenue Code - 1 | 42 | 837/2400/SV2/01 |
| IP5005 | Accommodations Service Units - 1 | 46 | 837/2400/SV2/DA/05 |
| IP5006 | Accommodations Total Charges - 1 | 47 | 837/2400/SV2/03 |
| IP5007 | Accommodations Revenue Code - 2 | 42 | 837/2400/SV2/01 |
| IP5008 | Accommodations Service Units - 2 | 46 | 837/2400/SV2/DA/05 |
| IP5009 | Accommodations Total Charges - 2 | 47 | 837/2400/SV2/03 |
| IP5010 | Accommodations Revenue Code - 3 | 42 | 837/2400/SV2/01 |
| IP5011 | Accommodations Service Units - 3 | 46 | 837/2400/SV2/DA/05 |
| IP5012 | Accommodations Total Charges - 3 | 47 | 837/2400/SV2/03 |
| IP5013 | Accommodations Revenue Code - 4 | 42 | 837/2400/SV2/01 |
| IP5014 | Accommodations Service Units - 4 | 46 | 837/2400/SV2/DA/05 |
| IP5015 | Accommodations Total Charges - 4 | 47 | 837/2400/SV2/03 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP6001 | Record Type | NA | NA |
| IP6002 | Sequence Number | NA | NA |
| IP6003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP6004 | Inpatient Ancillary Revenue Code - 1 | 42 | 837/2400/SV2/01 |
| IP6005 | Inpatient Ancillary Total Charges - 1 | 47 | 837/2400/SV2/03 |
| IP6006 | Inpatient Ancillary Revenue Code - 2 | 42 | 837/2400/SV2/01 |
| IP6007 | Inpatient Ancillary Total Charges - 2 | 47 | 837/2400/SV2/03 |
| IP6008 | Inpatient Ancillary Revenue Code - 3 | 42 | 837/2400/SV2/01 |
| IP6009 | Inpatient Ancillary Total Charges - 3 | 47 | 837/2400/SV2/03 |

| **Data Element #** | **Data Element Name** | **UB-04Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP7001 | Record Type | NA | NA |
| IP7002 | Sequence Number | NA | NA |
| IP7003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP7004 | Principal Diagnosis Code | 67 | 837/2300/HI/BK/01-2 |
| IP7004A | Present on Admission Indicator | 67 | 837/2300/HI/01-9 |
| IP7005 | Other Diagnosis Code – 1 | 67A | 837/2300/HI/BF/01-2 |
| IP7006 | Present on Admission Indicator – 1 | 67A (pos 8) | 837/2300/HI/01-9 |
| IP7007 | Other Diagnosis Code – 2 | 67B | 837/2300/HI/BF/02-2 |
| IP7008 | Present on Admission Indicator – 2 | 67B (pos 8) | 837/2300/HI/02-9 |
| IP7009 | Other Diagnosis Code – 3 | 67C | 837/2300/HI/BF/03-2 |
| IP7010 | Present on Admission Indicator – 3 | 67C (pos 8) | 837/2300/HI/03-9 |
| IP7011 | Other Diagnosis Code – 4 | 67D | 837/2300/HI/BF/04-2 |
| IP7012 | Present on Admission Indicator – 4 | 67D (pos 8) | 837/2300/HI/04-9 |
| IP7013 | Other Diagnosis Code – 5 | 67E | 837/2300/HI/BF/05-2 |
| IP7014 | Present on Admission Indicator – 5 | 67E (pos 8) | 837/2300/HI/05-9 |
| IP7015 | Other Diagnosis Code – 6 | 67F | 837/2300/HI/BF/06-2 |
| IP7016 | Present on Admission Indicator – 6 | 67F (pos 8) | 837/2300/HI/06-9 |
| IP7017 | Other Diagnosis Code – 7 | 67G | 837/2300/HI/BF/07-2 |
| IP7018 | Present on Admission Indicator – 7 | 67G (pos 8) | 837/2300/HI/07-9 |
| IP7019 | Other Diagnosis Code – 8 | 67H | 837/2300/HI/BF/08-2 |
| IP7020 | Present on Admission Indicator – 8 | 67H (pos 8) | 837/2300/HI/08-9 |
| IP7021 | Principal Procedure Code | 74 | 837/2300/HI/BR/01-2 |
| IP7022 | Principal Procedure Date | 74 | 837/2300/HI/D8/01-4 |
| IP7023 | Other Procedure Code – 1 | 74A | 837/2300/HI/BQ/01-2 |
| IP7024 | Other Procedure Date – 1 | 74A | 837/2300/HI/D8/01-4 |
| IP7025 | Other Procedure Code – 2 | 74B | 837/2300/HI/BQ/02-2 |
| IP7026 | Other Procedure Date – 2 | 74B | 837/2300/HI/D8/02-4 |
| IP7027 | Other Procedure Code – 3 | 74C | 837/2300/HI/BQ/03-2 |
| IP7028 | Other Procedure Date – 3 | 74C | 837/2300/HI/D8/03-4 |
| IP7029 | Other Procedure Code – 4 | 74D | 837/2300/HI/BQ/04-2 |
| IP7030 | Other Procedure Date – 4 | 74D | 837/2300/HI/D8/04-4 |
| IP7031 | Other Procedure Code – 5 | 74E | 837/2300/HI/BQ/05-2 |
| IP7032 | Other Procedure Date – 5 | 74E | 837/2300/HI/D8/05-4 |
| IP7033 | Admitting Diagnosis Code | 69 | 837/2300/HI/BJ/01-2 |
| IP7034 | External Cause of Injury (E-Code) - 1 | 72A | 837/2300/HI/BN/01-2 |
| IP7034A | Present on Admission Indicator - 1 | 72A (pos 8) | 837/2300/HI/01-9 |
| IP7035 | External Cause of Injury (E-code) - 2 | 72B | 837/2300/HI/BN/02-2 |
| IP7035A | Present on Admission Indicator - 2 | 72B (pos 8) | 837/2300/HI/02-9 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **UB-04**  **Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| IP7101 | Record Type | NA | NA |
| IP7102 | Sequence Number | NA | NA |
| IP7103 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP7104 | Principal Diagnosis | 67 | 837/2300/HI/ABK/01-2 |
| IP7105 | Present On Admission Indicator | 67 (pos 8) | 837/2300/HI/01-9 |
| IP7106 | Admitting Diagnosis | 69 | 837/2300/HI/ABJ/01-2 |
| IP7110 | Principal Procedure Code | 74 | 837/2300/HI/BBR/01-2 |
| IP7111 | Principal Procedure Date | 74 | 837/2300/HI/D8/01-4 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **UB-04**  **Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| IP7201 | Record Type | NA | NA |
| IP7202 | Sequence Number | NA | NA |
| IP7203 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP7204 | Other Procedure Code - 1 | 74A | 837/2300/HI/BBQ/01-2 |
| IP7205 | Other Procedure Date - 1 | 74A | 837/2300/HI/D8/01-4 |
| IP7206 | Other Procedure Code - 2 | 74B | 837/2300/HI/BBQ/02-2 |
| IP7207 | Other Procedure Date - 2 | 74B | 837/2300/HI/D8/02-4 |
| IP7208 | Other Procedure Code - 3 | 74C | 837/2300/HI/BBQ/03-2 |
| IP7209 | Other Procedure Date - 3 | 74C | 837/2300/HI/D8/03-4 |
| IP7210 | Other Procedure Code - 4 | 74D | 837/2300/HI/BBQ/04-2 |
| IP7211 | Other Procedure Date - 4 | 74D | 837/2300/HI/D8/04-4 |
| IP7212 | Other Procedure Code - 5 | 74E | 837/2300/HI/BBQ/05-2 |
| IP7213 | Other Procedure Date - 5 | 74E | 837/2300/HI/D8/05-4 |
| IP7214 | Other Procedure Code - 6 | NA | 837/2300/HI/BBQ/06-2 |
| IP7215 | Other Procedure Date - 6 | NA | 837/2300/HI/D8/06-4 |
| IP7216 | Other Procedure Code - 7 | NA | 837/2300/HI/BBQ/07-2 |
| IP7217 | Other Procedure Date - 7 | NA | 837/2300/HI/D8/07-4 |
| IP7218 | Other Procedure Code - 8 | NA | 837/2300/HI/BBQ/08-2 |
| IP7219 | Other Procedure Date - 8 | NA | 837/2300/HI/D8/08-4 |

| **Data Element #** | **Data Element Name** | **UB-04**  **Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP7301 | Record Type | NA | NA |
| IP7302 | Sequence Number | NA | NA |
| IP7303 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP7304 | External Cause of Injury Code - 1 | 72A | 837/2300/HI/ABN/01-2 |
| IP7305 | Present On Admission Indicator - 1 | 72A (pos 8) | 837/2300/HI/01-9 |
| IP7306 | External Cause of Injury Code - 2 | 72B | 837/2300/HI/ABN/02-2 |
| IP7307 | Present On Admission Indicator - 2 | 72B (pos 8) | 837/2300/HI/02-9 |
| IP7308 | External Cause of Injury Code - 3 | 72C | 837/2300/HI/ABN/03-2 |
| IP7309 | Present On Admission Indicator - 3 | 72C (pos 8) | 837/2300/HI/03-9 |
| IP7310 | External Cause of Injury Code - 4 | NA | 837/2300/HI/ABN/04-2 |
| IP7311 | Present On Admission Indicator - 4 | NA | 837/2300/HI/04-9 |
| IP7312 | External Cause of Injury Code - 5 | NA | 837/2300/HI/ABN/05-2 |
| IP7313 | Present On Admission Indicator - 5 | NA | 837/2300/HI/05-9 |
| IP7314 | External Cause of Injury Code - 6 | NA | 837/2300/HI/ABN/06-2 |
| IP7315 | Present On Admission Indicator - 6 | NA | 837/2300/HI/06-9 |
| IP7316 | External Cause of Injury Code - 7 | NA | 837/2300/HI/ABN/07-2 |
| IP7317 | Present On Admission Indicator - 7 | NA | 837/2300/HI/07-9 |
| IP7318 | External Cause of Injury Code - 8 | NA | 837/2300/HI/ABN/08-2 |
| IP7319 | Present On Admission Indicator - 8 | NA | 837/2300/HI/08-9 |
| IP7320 | External Cause of Injury Code - 9 | NA | 837/2300/HI/ABN/09-2 |
| IP7321 | Present On Admission Indicator - 9 | NA | 837/2300/HI/09-9 |
| IP7322 | External Cause of Injury Code - 10 | NA | 837/2300/HI/ABN/10-2 |
| IP7323 | Present On Admission Indicator - 10 | NA | 837/2300/HI/10-9 |
| IP7324 | External Cause of Injury Code - 11 | NA | 837/2300/HI/ABN/11-2 |
| IP7325 | Present On Admission Indicator - 11 | NA | 837/2300/HI/11-9 |
| IP7326 | External Cause of Injury Code - 12 | NA | 837/2300/HI/ABN/12-2 |
| IP7327 | Present On Admission Indicator - 12 | NA | 837/2300/HI/12-9 |

| **Data Element #** | **Data Element Name** | **UB-04**  **Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP7401 | Record Type | NA | NA |
| IP7402 | Sequence Number | NA | NA |
| IP7403 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP7404 | Other Diagnosis Code - 1 | 67A | 837/2300/HI/ABF/01-2 |
| IP7405 | Present On Admission Indicator - 1 | 67A (pos 8) | 837/2300/HI/01-9 |
| IP7406 | Other Diagnosis Code - 2 | 67B | 837/2300/HI/ABF/02-2 |
| IP7407 | Present On Admission Indicator - 2 | 67B (pos 8) | 837/2300/HI/02-9 |
| IP7408 | Other Diagnosis Code - 3 | 67C | 837/2300/HI/ABF/03-2 |
| IP7409 | Present On Admission Indicator - 3 | 67C (pos 8) | 837/2300/HI/03-9 |
| IP7410 | Other Diagnosis Code - 4 | 67D | 837/2300/HI/ABF/04-2 |
| IP7411 | Present On Admission Indicator - 4 | 67D (pos 8) | 837/2300/HI/04-9 |
| IP7412 | Other Diagnosis Code - 5 | 67E | 837/2300/HI/ABF/05-2 |
| IP7413 | Present On Admission Indicator - 5 | 67E (pos 8) | 837/2300/HI/05-9 |
| IP7414 | Other Diagnosis Code - 6 | 67F | 837/2300/HI/ABF/06-2 |
| IP7415 | Present On Admission Indicator - 6 | 67F (pos 8) | 837/2300/HI/06-9 |
| IP7416 | Other Diagnosis Code - 7 | 67G | 837/2300/HI/ABF/07-2 |
| IP7417 | Present On Admission Indicator - 7 | 67G (pos 8) | 837/2300/HI/07-9 |
| IP7418 | Other Diagnosis Code - 8 | 67H | 837/2300/HI/ABF/08-2 |
| IP7419 | Present On Admission Indicator - 8 | 67H (pos 8) | 837/2300/HI/08-9 |
| IP7420 | Other Diagnosis Code - 9 | 67I | 837/2300/HI/ABF/09-2 |
| IP7421 | Present On Admission Indicator - 9 | 67I (pos 8) | 837/2300/HI/09-9 |
| IP7422 | Other Diagnosis Code - 10 | 67J | 837/2300/HI/ABF/10-2 |
| IP7423 | Present On Admission Indicator - 10 | 67J (pos 8) | 837/2300/HI/10-9 |
| IP7424 | Other Diagnosis Code - 11 | 67K | 837/2300/HI/ABF/11-2 |
| IP7425 | Present On Admission Indicator - 11 | 67K (pos 8) | 837/2300/HI/11-9 |
| IP7426 | Other Diagnosis Code - 12 | 67L | 837/2300/HI/ABF/12-2 |
| IP7427 | Present On Admission Indicator - 12 | 67L (pos 8) | 837/2300/HI/12-9 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP8001 | Record Type | NA | NA |
| IP8002 | Sequence | NA | NA |
| IP8003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP8004 | Attending Provider NPI | 76 | 837/2310A/NM1/71/1/XX/09 |
| IP8005 | Operating Provider NPI | 77 | 837/2310B/NM1/72/1/XX/09 |
| IP8006 | Attending Provider Last Name | 76 | 837/2310A/NM1/71/1/03 |
| IP8007 | Attending Provider First Name | 76 | 837/2310A/NM1/71/1/04 |
| IP8008 | Attending Provider Middle Initial | 76 | 837/2310A/NM1/71/1/05 |
| IP8009 | Operating Provider Last Name | 77 | 837/2310B/NM1/72/1/03 |
| IP8010 | Operating Provider First Name | 77 | 837/2310B/NM1/72/1/04 |
| IP8011 | Operating Provider Middle Initial | 77 | 837/2310B/NM1/72/1/05 |

| **Data Element #** | **Data Element Name** | **UB-04Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP9001 | Record Type | NA | NA |
| IP9003 | Patient Control Number | 3A | 837/2300/CLM/01 |
| IP9004 | Total Accommodation Charges - Revenue Centers | NA | This is the total of the SV2 segments with the exception of Revenue Code 0001 |
| IP9005 | Total Ancillary Charges - Revenue Centers | NA | This is the total of the SV2 segments with the exception of Revenue Code 0001 |

| **Data Element #** | **Data Element Name** | **UB-04Form Locator** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- |
| IP9901 | Record Type | NA | NA |

|  |
| --- |
|  |
|  |
| The record types in the file must be in the following order: |
| Record Type 01 – Processor Data |
| Record Type 20 Sequence 01 – Patient Data |
| Record Type 30 Sequence 01 – Third Party Payer Data Primary Payer |
| Record Type 30 Sequence 02-99 - Third Party Payer ~~Secondary~~Additional Payer(s) Required ~~if secondary~~ for payer(s) other than primary. |
| Record Type 40 – Claim Data |
| Record Type 61 – Outpatient Procedures |
| Record Type 70 – Medical Data |
| Record Type 71 – ICD-10 CM Principal and Reason for Visit Diagnosis Codes, ICD-10 PCS Principal Procedure Code |
| Record Type 72 – ICD-10 PCS Other Procedure Codes |
| Record Type 73 – ICD-10 CM External Cause of Injury Diagnosis Codes |
| Record Type 74 – ICD-10 CM Other Diagnosis Information |
| Record Type 80 – Provider Data |
| Record Type 90 – Claim Control Screen |
| Record Type 99 – File Control |
|  |
| The individual claim begins with Record Type 20 and ends with Record Type 90. |
| The patient control number must be the same on each record type generated for a single patient record. |
| The medical record number should not be substituted for the patient control number. |
|  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP0101** | **Record Type** |  | T | 2 | 01 |
| **OP0102** | **MHDO-Assigned Hospital ID ~~Submitter EIN~~** |  | T | 6 | Must be the MHDO-assigned, 6-digit hospital code, left justified ~~If filing for a facility in a different service area, a code is assigned by the MHDO~~ |
| **OP0198** | **Filler** |  | T | 38 |  |
| **OP0103** | **Hospital ~~Submitter~~ Name** |  | T | 21 | ~~Assigned by the editing software~~ |
| **OP0104** | **Address** |  | T | 18 |  |
| **OP0105** | **City** |  | T | 15 |  |
| **OP0106** | **State** |  | T | 2 |  |
| **OP0107** | **Zip Code** |  | T | 9 |  |
| **OP0199** | **Filler** |  | T | 78 |  |
| **OP0108** | **Version** |  | T | 3 | Leave blank |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP2001** | **Record Type** |  | T | 2 | 20 |
| **OP2002** | **Filler (National Use)** |  | T | 2 |  |
| **OP2003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP2094** | **Filler** |  | T | 30 |  |
| **OP2004** | **Patient Sex** |  | T | 1 | M = Male F = Female U = Unknown |
| **OP2005** | **Patient Birth Date** |  | T | 8 | CCYYMMDD |
| **OP2095** | **Filler** |  | T | 2 |  |
| **OP2007** | **Point of Origin for Admission or Visit** |  | T | 1 |  |
| **OP2096** | **Filler** |  | T | 30 |  |
| **OP2008** | **Patient City** |  | T | 15 |  |
| **OP2009** | **Patient State** |  | T | 2 |  |
| **OP2010** | **Patient Zip Code** |  | T | 9 | As defined by US Postal Service Do not include dashes |
| **OP2011** | **Admission/Start of Care Date** |  | T | 8 | CCYYMMDD |
| **OP2097** | **Filler** |  | T | 2 |  |
| **OP2012** | **Statement Covers Period – From** |  | T | 8 | The beginning service date for the period covered on the record CCYYMMDD |
| **OP2013** | **Statement Covers Period – Thru** |  | T | 8 | The ending service date for the period covered on the record CCYYMMDD |
| **OP2014** | **Patient Discharge Status** |  | ~~N~~T | 2 |  |
| **OP2098** | **Filler** |  | T | 22 |  |
| **OP2015** | **Medical/Health Record Number** |  | T | 17 | Assigned by the facility |
| **OP2016** | **Race** | March 1, 2007 | T | 1 | 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected Not to Answer 8 = Unknown |
| **OP2017** | **Ethnicity** | March 1, 2007 | T | 1 | 1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown |
| **OP2099** | **Filler** |  | T | 1 |  |
| **OP2018** | **Patient Country Code** | January 1, 2018 | T | 2 | Use ISO 3166-1 alpha-2 country codes. Refer to Appendix A. |
| **OP2019** | **Patient Last Name** | January 1, 2018 | T | 60 |  |
| **OP2020** | **Patient First Name** | January 1, 2018 | T | 35 |  |
| **OP2021** | **Patient Middle Name or Initial** | January 1, 2018 | T | 25 |  |
| **OP2022** | **Patient Name Suffix** | January 1, 2018 | T | 10 |  |
| **OP2023** | **Patient Address Line 1** | January 1, 2018 | T | 55 |  |
| **OP2024** | **Patient Address Line 2** | January 1, 2018 | T | 55 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP3001** | **Record Type** |  | T | 2 | 30 |
| **OP3002** | **Sequence Number** |  | T | 2 | 01 Primary Payer 02 - 99 Secondary Payer |
| **OP3003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP3095** | **Filler** |  | T | 10 |  |
| **~~OP3004~~** | **~~Payer Identification Number~~** | January 1, 20~~06~~18 | ~~T~~ | ~~5~~ | ~~Code that uniquely identifies each payer~~ |
| **~~OP3096~~** | **~~Filler~~** |  | ~~T~~ | 4 |  |
| **OP3005** | **Social Security Number** | April 1, 2006 | T | 19 | Do not include dashes For internal use only – Required if collected |
| **OP3097** | **Filler** |  | T | 26 |  |
| **~~OP3006~~** | **~~Payer Name~~** | January 1, 2018 | ~~T~~ | ~~23~~ |  |
| **~~OP3098~~** | **~~Filler~~** |  | ~~T~~ | ~~1~~ |  |
| **OP3007** | **Insured’s Group Number** | April 1, 2006 | T | 17 | For internal use only – Required if collected |
| **OP3008** | **Insured’s Unique Identifier** |  | T | 20 | For internal use only – Required if collected |
| **OP3099** | **Filler** |  | T | ~~76~~1 |  |
| **OP3009** | **Payer Name** | January 1, 2018 | T | 100 | Full or unabbreviated payer name, not plan name |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP4001** | **Record Type** |  | T | 2 | 40 |
| **OP4002** | **Sequence Number** |  | T | 2 | 01 |
| **OP4003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP4004** | **Type of Bill** |  | T | 3 | Code indicating the specific type of institutional bill; mutually exclusive with OP4006 – Place of Service |
| **OP4005** | **Location of Service** |  | T | 10 | ~~To be used by those facilities that wish to report physician office/clinic data on the same file as facility data.~~ Every encounter shall contain a Location of Service code, internally created by the Hospital. |
| **OP4099** | **Filler** |  | T | 155 |  |
| **OP4006** | **Place of Service** | January 1, 2018 | T | 2 | CMS code indicating the specific type of professional bill; mutually exclusive with OP4004 – Type of Bill |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP6101** | **Record Type** |  | T | 2 | 61 |
| **OP6102** | **Sequence Number** |  | T | 3 | 001 to 999 |
| **OP6103** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP6190** | **Filler** |  | T | 2 |  |
| **OP6104** | **Revenue Center Code - 1** |  | T | 4 | Code which identifies a specific ancillary service, supplies, professional fees on billing calculation. |
| **OP6105** | **HCPCS Procedure Code - 1** |  | T | 5 | Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association |
| **OP6106** | **Modifier – 1 (HCPCS & CPT-4) - 1** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6107** | **Modifier – 2 (HCPCS & CPT-4) - 1** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6108** | **Service Units - 1** |  | N | 7 | A quantitative measure of services rendered by the Revenue Center |
| **OP6191** | **Filler** |  | T | 6 |  |
| **OP6109** | **Outpatient Total Charges - 1** |  | N | 10 | Negative charges not accepted Two decimal places implied |
| **OP6192** | **Filler** |  | T | 10 |  |
| **OP6110** | **Service Date - 1** |  | T | 8 | The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru”. CCYYMMDD |
| **OP6193** | **Filler** |  | T | 1 |  |
| **OP6111** | **Revenue Center Code - 2** |  | T | 4 | Code which identifies a specific ancillary service, supplies, professional fees on billing calculation. |
| **OP6112** | **HCPCS Procedure Code - 2** |  | T | 5 | Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association |
| **OP6113** | **Modifier – 1 (HCPCS & CPT-4) - 2** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6114** | **Modifier – 2 (HCPCS & CPT-4) - 2** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6115** | **Service Units - 2** |  | N | 7 | A quantitative measure of services rendered by the Revenue Center |
| **OP6194** | **Filler** |  | T | 6 |  |
| **OP6116** | **Outpatient Total Charges - 2** |  | N | 10 | Negative charges not accepted Two decimal places implied |
| **OP6195** | **Filler** |  | T | 10 |  |
| **OP6117** | **Service Date - 2** |  | T | 8 | The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru” CCYYMMDD |
| **OP6196** | **Filler** |  | T | 1 |  |
| **OP6118** | **Revenue Center Code - 3** |  | T | 4 | Code which identifies a specific ancillary service, supplies, professional fees on billing calculation. |
| **OP6119** | **HCPCS Procedure Code - 3** |  | T | 5 | Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association |
| **OP6120** | **Modifier – 1 (HCPCS & CPT-4) - 3** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6121** | **Modifier – 2 (HCPCS & CPT-4) - 3** |  | T | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code |
| **OP6122** | **Service Units - 3** |  | N | 7 | A quantitative measure of services rendered by the Revenue Center |
| **OP6197** | **Filler** |  | T | 6 |  |
| **OP6123** | **Outpatient Total Charges - 3** |  | N | 10 | Negative charges not accepted Two decimal places implied |
| **OP6198** | **Filler** |  | T | 10 |  |
| **OP6124** | **Service Date - 3** |  | T | 8 | The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru” CCYYMMDD |
| **OP6199** | **Filler** |  | T | 1 |  |

Sequence numbers go from 001 to 999 with 3 revenue centers on each physical record makes it possible to have 2,997 revenue centers on a single logical record. The last revenue center code must be the 0001 code which contains the total of all the line item charges. The total charge reported on the revenue code 0001 must equal the total ancillary charges reported on record type 90 and must equal the summation of all line item charges reported on the logical record.

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP7001** | **Record Type** |  | T | 2 | 70 |
| **OP7002** | **Sequence Number** |  | T | 2 | 01 |
| **OP7003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP7004** | **Principal Diagnosis Code** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7005** | **Other Diagnosis Code - 1** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7006** | **Other Diagnosis Code - 2** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7007** | **Other Diagnosis Code - 3** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7008** | **Other Diagnosis Code - 4** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7009** | **Other Diagnosis Code - 5** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7010** | **Other Diagnosis Code - 6** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7011** | **Other Diagnosis Code - 7** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7012** | **Other Diagnosis Code - 8** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7013** | **Principal Procedure Code (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7014** | **Principal Procedure Date (optional)** |  | T | 8 | CCYYMMDD |
| **OP7015** | **Other Procedure Code – 1 (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7016** | **Other Procedure Date – 1 (optional)** |  | T | 8 | CCYYMMDD |
| **OP7017** | **Other Procedure Code – 2 (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7018** | **Other Procedure Date – 2 (optional)** |  | T | 8 | CCYYMMDD |
| **OP7019** | **Other Procedure Code – 3 (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7020** | **Other Procedure Date – 3 (optional)** |  | T | 8 | CCYYMMDD |
| **OP7021** | **Other Procedure Code – 4 (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7022** | **Other Procedure Date – 4 (optional)** |  | T | 8 | CCYYMMDD |
| **OP7023** | **Other Procedure Code – 5 (optional)** |  | T | 7 | ICD9-CM - Do not code decimal point - Left Justified |
| **OP7024** | **Other Procedure Date – 5 (optional)** |  | T | 8 | CCYYMMDD |
| **OP7025** | **Patient's Reason for Visit** |  | T | 6 | Required for all unscheduled outpatient visits when revenue code 045X, 0516 or 0526 are present |
| **OP7026** | **External Cause of Injury (E- code) - 1** |  | T | 6 | ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect |
| **OP7027** | **External Cause of Injury (E-code) - 2** | April 1, 2009 | T | 6 | ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect |
| **OP7099** | **Filler** |  | T | 6 |  |

Note: E-codes when applicable must be reported in the E-Code field. If there are additional e-codes they can be reported in one of the 8 other diagnosis code fields.

DO NOT DUPLICATE E-CODES.

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| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| **OP7101** | **Record Type** | 10/1/2014 | T | 2 | 71 |
| **OP7102** | **Sequence Number** | 10/1/2014 | T | 2 | 01 |
| **OP7103** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **OP7104** | **Principal Diagnosis** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7105** | **Filler** |  | T | 3 |  |
| **OP7106** | **Filler** |  | T | 10 |  |
| **OP7107** | **Reason for Visit Diagnosis - 1** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7108** | **Reason for Visit Diagnosis - 2** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7109** | **Reason for Visit Diagnosis - 3** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7110** | **Principal Procedure Code** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7111** | **Principal Procedure Date** | 10/1/2014 | T | 8 | CCYYMMDD |

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| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| **OP7201** | **Record Type** | 10/1/2014 | T | 2 | 72 |
| **OP7202** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 03 |
| **OP7203** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **OP7204** | **Other Procedure Code - 1** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7205** | **Other Procedure Date - 1** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7206** | **Other Procedure Code - 2** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7207** | **Other Procedure Date - 2** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7208** | **Other Procedure Code - 3** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7209** | **Other Procedure Date - 3** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7210** | **Other Procedure Code - 4** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7211** | **Other Procedure Date - 4** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7212** | **Other Procedure Code - 5** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7213** | **Other Procedure Date - 5** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7214** | **Other Procedure Code - 6** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7215** | **Other Procedure Date - 6** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7216** | **Other Procedure Code - 7** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7217** | **Other Procedure Date - 7** | 10/1/2014 | T | 8 | CCYYMMDD |
| **OP7218** | **Other Procedure Code - 8** | 10/1/2014 | T | 10 | If an organization or entity is using ICD-10- PCS for outpatient claims, and only if applicable, please report here.  ICD-10 PCS - do not code decimal point - Left Justified |
| **OP7219** | **Other Procedure Date - 8** | 10/1/2014 | T | 8 | CCYYMMDD |

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| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| **OP7301** | **Record Type** | 10/1/2014 | T | 2 | 73 |
| **OP7302** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 02 |
| **OP7303** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **OP7304** | **External Cause of Injury - 1** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7305** | **Filler** |  | T | 3 |  |
| **OP7306** | **External Cause of Injury - 2** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7307** | **Filler** |  | T | 3 |  |
| **OP7308** | **External Cause of Injury - 3** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7309** | **Filler** |  | T | 3 |  |
| **OP7310** | **External Cause of Injury - 4** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7311** | **Filler** |  | T | 3 |  |
| **OP7312** | **External Cause of Injury - 5** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7313** | **Filler** |  | T | 3 |  |
| **OP7314** | **External Cause of Injury - 6** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7315** | **Filler** |  | T | 3 |  |
| **OP7316** | **External Cause of Injury - 7** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7317** | **Filler** |  | T | 3 |  |
| **OP7318** | **External Cause of Injury - 8** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7319** | **Filler** |  | T | 3 |  |
| **OP7320** | **External Cause of Injury - 9** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7321** | **Filler** |  | T | 3 |  |
| **OP7322** | **External Cause of Injury - 10** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7323** | **Filler** |  | T | 3 |  |
| **OP7324** | **External Cause of Injury - 11** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7325** | **Filler** |  | T | 3 |  |
| **OP7326** | **External Cause of Injury - 12** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7327** | **Filler** |  | T | 3 |  |

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| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **Implementation Date For New Data Elements** | **Type** | **Length** | **Description** |
| **OP7401** | **Record Type** | 10/1/2014 | T | 2 | 74 |
| **OP7402** | **Sequence Number** | 10/1/2014 | T | 2 | 01 - 02 |
| **OP7403** | **Patient Control Number** | 10/1/2014 | T | 20 | Assigned by facility |
| **OP7404** | **Other Diagnosis Code - 1** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7405** | **Filler** |  | T | 3 |  |
| **OP7406** | **Other Diagnosis Code - 2** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7407** | **Filler** |  | T | 3 |  |
| **OP7408** | **Other Diagnosis Code - 3** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7409** | **Filler** |  | T | 3 |  |
| **OP7410** | **Other Diagnosis Code - 4** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7411** | **Filler** |  | T | 3 |  |
| **OP7412** | **Other Diagnosis Code - 5** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7413** | **Filler** |  | T | 3 |  |
| **OP7414** | **Other Diagnosis Code - 6** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7415** | **Filler** |  | T | 3 |  |
| **OP7416** | **Other Diagnosis Code - 7** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7417** | **Filler** |  | T | 3 |  |
| **OP7418** | **Other Diagnosis Code - 8** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7419** | **Filler** |  | T | 3 |  |
| **OP7420** | **Other Diagnosis Code - 9** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7421** | **Filler** |  | T | 3 |  |
| **OP7422** | **Other Diagnosis Code - 10** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7423** | **Filler** |  | T | 3 |  |
| **OP7424** | **Other Diagnosis Code - 11** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7425** | **Filler** |  | T | 3 |  |
| **OP7426** | **Other Diagnosis Code - 12** | 10/1/2014 | T | 10 | ICD-10 CM - do not code decimal point - Left Justified |
| **OP7427** | **Filler** |  | T | 3 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP8001** | **Record Type** |  | T | 2 | 80 |
| **OP8002** | **Sequence** |  | T | 2 | 01 |
| **OP8003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP8097** | **Filler** |  | T | 2 |  |
| **OP8004** | **Attending Provider NPI** |  | T | 16 | NPI of Attending Provider; attending provider is only defined for facility/institutional (not professional) claims |
| **OP8005** | **Operating Provider NPI** |  | T | 16 | NPI of Operating Provider; operating provider is only defined for facility/institutional (not professional) claims |
| **OP8098** | **Filler** |  | T | 32 |  |
| **OP8006** | **Attending Provider Last Name** |  | T | 16 | Cannot be blank if OP8004 is present on a facility/institutional claim. |
| **OP8007** | **Attending Provider First Name** |  | T | 8 | Cannot be blank if OP8004 is present on a facility/institutional claim. |
| **OP8008** | **Attending Provider Middle Initial** |  | T | 1 |  |
| **OP8009** | **Operating Provider Last Name** |  | T | 16 | If a CPT code in the range 10000 - 69999 (excluding 36415), 92950 – 92999, 93501- 93599 or 96400 - 96569 is reported, this field must be filled in. |
| **OP8010** | **Operating Provider First Name** |  | T | 8 | Cannot be blank if OP8009 is filled in. |
| **OP8011** | **Operating Provider Middle Initial** |  | T | 1 |  |
| **OP8099** | **Filler** |  | T | 52 |  |

Attending Provider is the physician or health care professional that requested the surgery, therapy, diagnostic test or other service.

Operating Provider is the physician or health care professional who performed the principal procedure.

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP9001** | **Record Type** |  | T | 2 | 90 |
| **OP9002** | **Filler (National Use)** |  | T | 2 |  |
| **OP9003** | **Patient Control Number** |  | T | 20 | Assigned by the facility |
| **OP9098** | **Filler** |  | T | 40 |  |
| **OP9004** | **Total Ancillary Charges - Revenue Centers** |  | N | 10 | Must equal line item charges on revenue code 0001 and the summation of line item charges excluding 0001 for this record Two decimal positions implied |
| **OP9099** | **Filler** |  | T | 118 |  |

| **Data Element #** | **Data Element** | **Implementation Date for New Data Elements** | **Type** | **Length** | **Description/Codes/Sources** |
| --- | --- | --- | --- | --- | --- |
| **OP9901** | **Record Type** |  | T | 2 | 99 |
| **OP9998** | **Filler** |  | T | 190 |  |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP0101 | Record Type | NA | NA | NA |
| OP0102 | MHDO-Assigned Provider ID~~Submitter EIN~~ | NA | NA | NA |
| OP0103 | Provider~~Submitter~~ Name | 1 | 33 | 837/2010AA/NM1/85/2/03 |
| OP0104 | Address | 1 | 33 | 837/2010AA/N3/01 |
| OP0105 | City | 1 | 33 | 837/2010AA/N4/01 |
| OP0106 | State | 1 | 33 | 837/2010AA/N4/02 |
| OP0107 | Zip Code | 1 | 33 | 837/2010AA/N4/03 |
| OP0108 | Version | NA | NA | NA |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP2001 | Record Type | NA | NA | NA |
| OP2003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP2004 | Patient Sex | 11 | 3 | 837/2010CA/DMG/03 or  837/2010BA/DMG/03 |
| OP2005 | Patient Birth Date | 10 | 3 | 837/2010CA/DMG/D8/02 or  837/2010BA/DMG/D8/02 |
| OP2007 | Point of Origin for Admission or Visit | 15 | NA | 837/2300/CL1/02 |
| OP2008 | Patient City | 9B | 5 | 837/2010CA/N4/01 or  837/2010BA/N4/01 |
| OP2009 | Patient State | 9C | 5 | 837/2010CA/N4/02  837/2010BA/N4/02 |
| OP2010 | Patient Zip Code | 9D | 5 | 837/2010CA/N4/03  837/2010BA/N4/03 |
| OP2011 | Admission/Start of Care Date | 12 | NA | 837/2300/DTP/435/D8/03 |
| OP2012 | Statement Covers Period - From | 6 | 24A | 837I/2300/DTP/434/RD8/03  837P/2400/DTP/472/RD8/03 |
| OP2013 | Statement Covers Period - Thru | 6 | 24A | 837I/2300/DTP/434/RD8/03  837P/2400/DTP/472/RD8/03 |
| OP2014 | Patient Discharge Status | 17 | NA | 837/2300/CL1/03 |
| OP2015 | Medical/Health Record Number | 3B | NA | 837/2300/REF/EA/02 |
| OP2016 | Race | NA | NA | 837/2010CA/DMG/05 |
| OP2017 | Ethnicity | NA | NA | 837/2010CA/DMG/05 |
| OP2018 | Patient Country Code | 9E | NA | 837/2010CA/N4/04  837/2010BA/N4/04 |
| OP2019 | Patient Last Name | 8B | 2 | 837/2010CA/NM1/QC/1/03 837/2010BA/NM1/IL/1/03 |
| OP2020 | Patient First Name | 8B | 2 | 837/2010CA/NM1/QC/1/04 837/2010BA/NM1/IL/1/04 |
| OP2021 | Patient Middle Name or Initial | 8B | 2 | 837/2010CA/NM1/QC/1/05 837/2010BA/NM1/IL/1/05 |
| OP2022 | Patient Name Suffix | 8B | 2 | 837/2010CA/NM1/QC/1/07 837/2010BA/NM1/IL/1/07 |
| OP2023 | Patient Address Line 1 | 9A | 5 | 837/2010CA/N3/01 837/2010BA/N3/01 |
| OP2024 | Patient Address Line 2 | 9A | 5 | 837/2010CA/N3/02 837/2010BA/N3/02 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP3001 | Record Type | NA | NA | NA |
| OP3002 | Sequence Number | NA | NA | 837/2000B/SBR/01 |
| OP3003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| ~~OP3004~~ | ~~Payer Identification Number (Primary) Payer Identification Number (Secondary)~~ | ~~NA~~ | ~~NA~~ | ~~NA~~ |
| OP3005 | Social Security Number | NA | NA | NA |
| ~~OP3006~~ | ~~Payer Name (Primary)~~ | ~~50A~~ | ~~Header/~~  ~~Carrier Block~~ | ~~837/2010BB/NM1/PR/2/03~~ |
|  | ~~Payer Name (Secondary)~~ | ~~50B~~ | ~~Header/~~  ~~Carrier Block~~ | ~~837/2330B/NM1/PR/2/03~~ |
| OP3007 | Insured’s Group Number (Primary) | 62A | 11 | 837/2000B/SBR/P/03 |
|  | Insured’s Group Number (Secondary) | 62B | 9A | 837/2320/SBR/S/03 |
| OP3008 | Insured’s Unique Identifier (Primary) | 60A | 1A | 837/2010BA/NM1/MI/09 |
|  | Insured’s Unique Identifier (Secondary) | 60B | NA | 837/2330A/NM1/MI/09 |
| OP3009 | Payer Name (Primary) | 50A | Header/  Carrier Block | 837/2010BB/NM1/PR/2/03 |
|  | Payer Name (Secondary) | 50B | Header/  Carrier Block | 837/2330B/NM1/PR/2/03 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP4001 | Record Type | NA | NA | NA |
| OP4002 | Sequence Number | NA | NA | NA |
| OP4003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP4004 | Type of Bill | 4 | NA | 837/2300/CLM/A/05-1 837/2300/CLM/05-3 |
| OP4005 | Location of Service | NA | NA | NA |
| OP4006 | Place of Service | NA | 24B | 837/2300/CLM/05-1  837/2400/SV1/05 |

| **Data Element #** | **Data Element Name** | **UB~~-~~04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP6101 | Record Type | NA | NA | NA |
| OP6102 | Sequence Number | NA | NA | NA |
| OP6103 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP6104 | Revenue Center Code - 1 | 42 | NA | 837/2400/SV2/01 |
| OP6105 | HCPCS Procedure Code - 1 | 44 | 24D-1 | 837I/2400/SV2/HC/02-2  837P/2400/SV1/HC/01-2 |
| OP6106 | Modifier - 1 (HCPCS & CPT-4) - 1 | 44 | 24D-1 | 837I/2400/SV2/HC/02-3  837P/2400/SV1/HC/01-3 |
| OP6107 | Modifier - 2 (HCPCS & CPT-4) - 1 | 44 | 24D-1 | 837I/2400/SV2/HC/02-4  837P/2400/SV1/HC/01-4 |
| OP6108 | Service Units - 1 | 46 | 24G-1 | 837I/2400/SV2/DA/05 837I/2400/SV2/UN/05  837P/2400/SV1/UN/04 |
| OP6109 | Outpatient Total Charges - 1 | 47 | 24F-1 | 837I/2400/SV2/03  837P/2400/SV1/02 |
| OP6110 | Service Date - 1 | 45 | 24A-1 | 837/2400/DTP/472/D8/03 |
| OP6111 | Revenue Center Code - 2 | 42 | NA | 837/2400/SV2/01 |
| OP6112 | HCPCS Procedure Code - 2 | 44 | 24D-2 | 837I/2400/SV2/HC/02-2  837P/2400/SV1/HC/01-2 |
| OP6113 | Modifier - 1 (HCPCS & CPT-4) - 2 | 44 | 24D-2 | 837I/2400/SV2/HC/02-3  837P/2400/SV1/HC/01-3 |
| OP6114 | Modifier - 2 (HCPCS & CPT-4) - 2 | 44 | 24D-2 | 837I/2400/SV2/HC/02-4  837P/2400/SV1/HC/01-4 |
| OP6115 | Service Units - 2 | 46 | 24G-2 | 837I/2400/SV2/DA/05 837I/2400/SV2/UN/05  837P/2400/SV1/UN/04 |
| OP6116 | Outpatient Total Charges - 2 | 47 | 24F-2 | 837I/2400/SV2/03  837P/2400/SV1/02 |
| OP6117 | Service Date - 2 | 45 | 24A-2 | 837/2400/DTP/472/D8/03 |
| OP6118 | Revenue Center Code - 3 | 42 | NA | 837/2400/SV2/01 |
| OP6119 | HCPCS Procedure Code - 3 | 44 | 24D-3 | 837I/2400/SV2/HC/02-2  837P/2400/SV1/HC/01-2 |
| OP6120 | Modifier - 1 (HCPCS & CPT-4) - 3 | 44 | 24D-3 | 837I/2400/SV2/HC/02-3  837P/2400/SV1/HC/01-3 |
| OP6121 | Modifier - 2 (HCPCS & CPT-4) - 3 | 44 | 24D-3 | 837I/2400/SV2/HC/02-4  837P/2400/SV1/HC/01-4 |
| OP6122 | Service Units - 3 | 46 | 24G-3 | 837I/2400/SV2/DA/05 837I/2400/SV2/UN/05  837P/2400/SV1/UN/04 |
| OP6123 | Outpatient Total Charges - 3 | 47 | 24F-3 | 837I/2400/SV2/03  837P/2400/SV1/02 |
| OP6124 | Service Date - 3 | 45 | 24A-3 | 837/2400/DTP/472/D8/03 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP7001 | Record Type | NA | NA | NA |
| OP7002 | Sequence Number | NA | NA | NA |
| OP7003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP7004 | Principal Diagnosis Code | 67 | 21A | 837/2300/HI/BK/01-2 |
| OP7005 | Other Diagnosis Code – 1 | 67A | 21B | 837I/2300/HI/BF/01-2  837P/2300/HI/BF/02-2 |
| OP7006 | Other Diagnosis Code – 2 | 67B | 21C | 837I/2300/HI/BF/02-2  837P/2300/HI/BF/03-2 |
| OP7007 | Other Diagnosis Code – 3 | 67C | 21~~4~~D | 837I/2300/HI/BF/03-2  837P/2300/HI/BF/04-2 |
| OP7008 | Other Diagnosis Code – 4 | 67D | 21E | 837I/2300/HI/BF/04-2  837P/2300/HI/BF/05-2 |
| OP7009 | Other Diagnosis Code – 5 | 67E | 21F | 837I/2300/HI/BF/05-2  837P/2300/HI/BF/06-2 |
| OP7010 | Other Diagnosis Code - 6 | 67F | 21G | 837I/2300/HI/BF/06-2  837P/2300/HI/BF/07-2 |
| OP7011 | Other Diagnosis Code - 7 | 67G | 21H | 837I/2300/HI/BF/07-2  837P/2300/HI/BF/08-2 |
| OP7012 | Other Diagnosis Code - 8 | 67H | 21I | 837I/2300/HI/BF/08-2  837P/2300/HI/BF/09-2 |
| OP7013 | Principal Procedure Code | 74 | NA | 837/2300/HI/BR/01-2 |
| OP7014 | Principal Procedure Date | 74 | NA | 837/2300/HI/D8/01-4 |
| OP7015 | Other Procedure Code - 1 | 74A | NA | 837/2300/HI/BQ/01-2 |
| OP7016 | Other Procedure Date - 1 | 74A | NA | 837/2300/HI/D8/01-4 |
| OP7017 | Other Procedure Code - 2 | 74B | NA | 837/2300/HI/BQ/02-2 |
| OP7018 | Other Procedure Date - 2 | 74B | NA | 837/2300/HI/D8/02-4 |
| OP7019 | Other Procedure Code – 3 | 74C | NA | 837/2300/HI/BQ/03-2 |
| OP7020 | Other Procedure Date – 3 | 74C | NA | 837/2300/HI/D8/03-4 |
| OP7021 | Other Procedure Code – 4 | 74D | NA | 837/2300/HI/BQ/04-2 |
| OP7022 | Other Procedure Date - 4 | 74D | NA | 837/2300/HI/D8/04-4 |
| OP7023 | Other Procedure Code - 5 | 74E | NA | 837/2300/HI/BQ/05-2 |
| OP7024 | Other Procedure Date -5 | 74E | NA | 837/2300/HI/D8/05-4 |
| OP7025 | Admitting Diagnosis/ Patient's Reason for Visit | 70 | NA | 837/2300/HI/PR/01-2 |
| OP7026 | External Cause of Injury (E-Code) - 1 | 72A | NA | 837/2300/HI/BN/01-2 |
| OP7027 | External Cause of Injury (E-Code) - 2 | 72B | NA | 837/2300/HI/BN/02-2 |

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| --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| OP7101 | Record Type | NA | NA | NA |
| OP7102 | Sequence Number | NA | NA | NA |
| OP7103 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP7104 | Principal Diagnosis | 67 | 21A | 837/2300/HI/ABK/01-2 |
| OP7107 | Reason for Visit Diagnosis - 1 | 70A | NA | 837/2300/HI/APR/01-2 |
| OP7108 | Reason for Visit Diagnosis - 2 | 70B | NA | 837/2300/HI/APR/02-2 |
| OP7109 | Reason for Visit Diagnosis - 3 | 70C | NA | 837/2300/HI/APR/03-2 |
| OP7110 | Principal Procedure Code | 74 | NA | 837/2300/HI/BBR/01-2 |
| OP7111 | Principal Procedure Date | 74 | NA | 837/2300/HI/D8/01-4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| OP7201 | Record Type | NA | NA | NA |
| OP7202 | Sequence Number | NA | NA | NA |
| OP7203 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP7204 | Other Procedure Code - 1 | 74A | NA | 837/2300/HI/BBQ/01-2 |
| OP7205 | Other Procedure Date - 1 | 74A | NA | 837/2300/HI/D8/01-4 |
| OP7206 | Other Procedure Code - 2 | 74B | NA | 837/2300/HI/BBQ/02-2 |
| OP7207 | Other Procedure Date - 2 | 74B | NA | 837/2300/HI/D8/02-4 |
| OP7208 | Other Procedure Code - 3 | 74C | NA | 837/2300/HI/BBQ/03-2 |
| OP7209 | Other Procedure Date - 3 | 74C | NA | 837/2300/HI/D8/03-4 |
| OP7210 | Other Procedure Code - 4 | 74D | NA | 837/2300/HI/BBQ/04-2 |
| OP7211 | Other Procedure Date - 4 | 74D | NA | 837/2300/HI/D8/04-4 |
| OP7212 | Other Procedure Code - 5 | 74E | NA | 837/2300/HI/BBQ/05-2 |
| OP7213 | Other Procedure Date - 5 | 74E | NA | 837/2300/HI/D8/05-4 |
| OP7214 | Other Procedure Code - 6 | NA | NA | 837/2300/HI/BBQ/06-2 |
| OP7215 | Other Procedure Date - 6 | NA | NA | 837/2300/HI/D8/06-4 |
| OP7216 | Other Procedure Code - 7 | NA | NA | 837/2300/HI/BBQ/07-2 |
| OP7217 | Other Procedure Date - 7 | NA | NA | 837/2300/HI/D8/07-4 |
| OP7218 | Other Procedure Code - 8 | NA | NA | 837/2300/HI/BBQ/08-2 |
| OP7219 | Other Procedure Date - 8 | NA | NA | 837/2300/HI/D8/08-4 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP7301 | Record Type | NA | NA | NA |
| OP7302 | Sequence Number | NA | NA | NA |
| OP7303 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP7304 | External Cause of Injury - 1 | 72A | NA | 837/2300/HI/ABN/01-2 |
| OP7306 | External Cause of Injury - 2 | 72B | NA | 837/2300/HI/ABN/02-2 |
| OP7308 | External Cause of Injury - 3 | 72C | NA | 837/2300/HI/ABN/03-2 |
| OP7310 | External Cause of Injury - 4 | NA | NA | 837/2300/HI/ABN/04-2 |
| OP7312 | External Cause of Injury - 5 | NA | NA | 837/2300/HI/ABN/05-2 |
| OP7314 | External Cause of Injury - 6 | NA | NA | 837/2300/HI/ABN/06-2 |
| OP7316 | External Cause of Injury - 7 | NA | NA | 837/2300/HI/ABN/07-2 |
| OP7318 | External Cause of Injury - 8 | NA | NA | 837/2300/HI/ABN/08-2 |
| OP7320 | External Cause of Injury - 9 | NA | NA | 837/2300/HI/ABN/09-2 |
| OP7322 | External Cause of Injury - 10 | NA | NA | 837/2300/HI/ABN/10-2 |
| OP7324 | External Cause of Injury - 11 | NA | NA | 837/2300/HI/ABN/11-2 |
| OP7326 | External Cause of Injury - 12 | NA | NA | 837/2300/HI/ABN/12-2 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP7401 | Record Type | NA | NA | NA |
| OP7402 | Sequence Number | NA | NA | NA |
| OP7403 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP7404 | Other Diagnosis Code - 1 | 67A | 21B | 837I/2300/HI/ABF/01-2  837P/2300/HI/ABF/02-2 |
| OP7406 | Other Diagnosis Code - 2 | 67B | 21C | 837I/2300/HI/ABF/02-2  837P/2300/HI/ABF/03-2 |
| OP7408 | Other Diagnosis Code - 3 | 67C | 21D | 837I/2300/HI/ABF/03-2  837P/2300/HI/ABF/04-2 |
| OP7410 | Other Diagnosis Code - 4 | 67D | 21E | 837I/2300/HI/ABF/04-2  837P/2300/HI/ABF/05-2 |
| OP7412 | Other Diagnosis Code - 5 | 67E | 21F | 837I/2300/HI/ABF/05-2  837P/2300/HI/ABF/06-2 |
| OP7414 | Other Diagnosis Code - 6 | 67F | 21G | 837I/2300/HI/ABF/06-2  837P/2300/HI/ABF/07-2 |
| OP7416 | Other Diagnosis Code - 7 | 67G | 21H | 837I/2300/HI/ABF/07-2  837P/2300/HI/ABF/08-2 |
| OP7418 | Other Diagnosis Code - 8 | 67H | 21I | 837I/2300/HI/ABF/08-2  837P/2300/HI/ABF/09-2 |
| OP7420 | Other Diagnosis Code - 9 | 67I | 21J | 837I/2300/HI/ABF/09-2  837P/2300/HI/ABF/10-2 |
| OP7422 | Other Diagnosis Code - 10 | 67J | 21K | 837I/2300/HI/ABF/10-2  837P/2300/HI/ABF/11-2 |
| OP7424 | Other Diagnosis Code - 11 | 67K | 21L | 837I/2300/HI/ABF/11-2  837P/2300/HI/ABF/12-2 |
| OP7426 | Other Diagnosis Code - 12 | 67L | NA | 837I/2300/HI/ABF/12-2 |

| **Data Element #** | **Data Element Name** | **UB~~-~~04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP8001 | Record Type | NA | NA | NA |
| OP8002 | Sequence | NA | NA | NA |
| OP8003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP8004 | Attending Provider NPI | 76 | 24J | 837/2310A/NM1/71/1/XX/09 |
| OP8005 | Operating Provider NPI | 77 | 24J | 837/2310B/NM1/72/1/XX/09 |
| OP8006 | Attending Provider Last Name | 76 | NA | 837/2310A/NM1/71/1/03 |
| OP8007 | Attending Provider First Name | 76 | NA | 837/2310A/NM1/71/1/04 |
| OP8008 | Attending Provider Middle Initial | 76 | NA | 837/2310A/NM1/71/1/05 |
| OP8009 | Operating Provider Last Name | 77 | NA | 837/2310B/NM1/72/1/03 |
| OP8010 | Operating Provider First Name | 77 | NA | 837/2310B/NM1/72/1/04 |
| OP8011 | Operating Provider Middle Initial | 77 | NA | 837/2310B/NM1/72/1/05 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP9001 | Record Type | NA | NA | NA |
| OP9003 | Patient Control Number | 3A | 26 | 837/2300/CLM/01 |
| OP9004 | Total Ancillary Charges - Revenue Centers | NA | 28 | This is the total of the  SV2 segments with the exception  of Revenue Code 0001 |

| **Data Element #** | **Data Element Name** | **UB-04 Form Locator** | **CMS-1500** | **HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator** |
| --- | --- | --- | --- | --- |
| OP9901 | Record Type | NA | NA | NA |