Information for
Submission of
Outpatient Surgical Data
to
Virginia Health Information

2016

Submission of Outpatient Surgical Data

Background

This document describes the methods that ambulatory surgical centers, hospitals and physicians (referred to as reporting entities) are to use to submit outpatient surgical data to satisfy Chapter 7.2 of the Code of Virginia. The Virginia Department of Health (VDH) is the state agency responsible for administration of the program. VDH contracts with Virginia Health Information (VHI), a nonprofit company to collect, process, verify, analyze and disseminate this information.

Requirements for reporting certain outpatient surgical procedures came about following the reports of multidisciplinary study groups that recommended expansion of Virginia's Patient Level Data System to include outpatient surgical data. The study groups included business, consumer, hospital, physician and state representatives nominated by their trade associations.

The actual procedures to be reported were not specified in the law. Selection of the procedures was deferred to another multidisciplinary task force that made recommendations to Virginia Health Information. The Board of Health approved the actual procedures in August 2001. The procedures will undergo periodic review.

Who is Affected by the Law?

Ambulatory surgical centers (ASCs), hospital outpatient departments (HOPDs) and physician offices are required to report certain outpatient procedures.

What Information must be Submitted? How is it to be Submitted?

Data comes primarily from a subset of the information routinely reported on the HCFA 1500 or UB-92-whichever the reporting entity routinely employ. Data may be submitted using an electronic record described in this document. **Beginning with procedures performed as of January 1, 2014**, all outpatient data must be submitted electronically. If your office is interested in a contractor, you may contact:

- Tom Phelps 434-977-0000, ext 210 at System13

Please note: Any reference to potential vendors or service by trade name, trademark, manufacturer or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by Virginia Health Information.

Hospitals and other providers participating in professional association private data sharing programs may have the data-sharing program submit ambulatory surgery data on their behalf. Please see **Attachment 1**, **Outpatient Data Notification Form**, to list the name of any organization submitting data on your behalf.

Those entities reporting outpatient procedures should check with their vendor about changes necessary to their electronic billing systems to capture and report the required information. Those using paper systems should review their forms for the ability to capture the necessary information.

What Procedures must be Reported?

The procedures listed below have been approved by the Virginia Board of Health for reporting when performed on an outpatient basis:
1. Colonoscopy
2. Laparoscopy & Laparoscopic Surgery including:
    a. Laparoscopy
    b. Laparoscopy/Hysteroscopy
    c. Laparoscopy Cholestectomy
    d. Laparoscopic Hernia Repair
3. Surgery of the Breast: Includes Repair and Reconstruction
    a. Surgery
    b. Repair and/or Reconstruction of the Breast
4. Hernia Repair
5. Liposuction
6. Facial Surgery; Includes Facelift, Blepharoplasty and Laser Resurfacing
7. Knee Arthroscopy

What CPT Codes are to be Reported? What ICD-10-CM Codes are to be Reported?

Please refer to **Attachment 2 Required Outpatient Surgical Procedures and Related CPT Codes**, for a detailed list of CPT codes and ICD-10-CM procedure codes required. These codes will also be periodically reviewed and updated by the Board of Health with input from affected parties and others. Because codes are sometimes modified by the federal government and others, you may wish to periodically check to see if revisions have been made to the list.

What is the Effective Date? When must Information be Submitted?

Procedures performed on and after November 1, 2001, are to be reported. Depending on how the information is submitted, information is due between 45-120 days from the end of the calendar quarter in which the procedure is performed. See Figure 1- Data Submission Types.

Why are these Procedures to be Reported?

Procedures recommended were chosen based on their volume, clinical severity and actual or perceived risk to the patient. A multi-disciplinary Technical Advisory group also considered their prevalence among various age groups and gender distribution. The procedures were adopted by the Board of Health in August 2001.

If a Physician Performs one of the Listed Procedures in an ASC or Hospital, Who is Responsible for Reporting Information?

When one of these surgeries is performed by a physician in an ASC or HOPD, reporting responsibility falls to the HOPD or ASC—not the physician. Physicians performing selected surgeries in their office are responsible for reporting.

How will this information be used?

Data and information can be utilized to support public health studies, develop information for consumers and for use by ambulatory surgical centers, hospitals and physicians. Information developed for consumers from this outpatient data may be found at www.vhi.org/outpatient.

Some of my Patients are Self-pay. I don't Bill them Using a HCFA-1500 or UB-92. Do I have to Report these Procedures?

Yes, reporting is required for any of the selected procedures performed in an ASC, HOPD or physician's office.

Fees for Submission of Data

No fees will be levied on those providing outpatient surgical data for the processing of this data for the first four quarters of submission (procedures performed November 1, 2001-September 30, 2002). For procedures performed after that date, the Board of Health may establish reporting fees.

Processed and Verified Data

Processed and verified data is that which pass edits for 95% of all records electronically submitted by a provider. These edits are listed in **Attachment 3 Error and Edit Descriptions for Outpatient Record Processing**. Processed and verified data for all specified outpatient surgical discharges that occur in a calendar quarter must be received by VHI by 120 days following the close of the calendar quarter. Filings that are incomplete are subject to a $25 per day fine to be levied by the VDH.

Non-Verified Data-Electronically Submitted Data

The second option is to electronically submit data that is not processed and verified. Non-verified data has not necessarily been subjected to editing prior to submission. Because of the additional effort required to process data that is not pre-edited, non-verified outpatient procedures performed on after September 30, 2002, may be subject to a filing fee for processing if established by the Board of Health. Late fees of $25 per working day may be levied by the VDH.

Non-Verified Data-Paper Copies of UB-92 or HCFA 1500 Forms

Beginning with procedures performed as of January 1, 2014, all outpatient data must be submitted electronically. If your office is interested in a contractor, you may contact:

- Tom Phelps 434-977-0000, ext 210 at System13

Please note: Any reference to potential vendors or service by trade name, trademark, manufacturer or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by Virginia Health Information.

Hospitals and other providers participating in professional association private data sharing programs may have the data-sharing program submit ambulatory surgery data on their behalf. Please see **Attachment 1 Outpatient Data Notification Form**, to list the name of any organization submitting data on your behalf.

Figure 1- Data Submission Types

Type of Submission	Frequency of Submission	Fee Applied	Notes
Processed and Verified	120 days following end of calendar quarter	No fees for first four calendar quarters of data submitted	Late fee may be levied by VDH if

Type of Submission	Frequency of Submission	Fee Applied	Notes
			records are submitted late
Non-verified, electronic submission	45 days following end of the calendar quarter	May be established by Board of Health effective for procedures performed after September 30, 2002	Late fee may be levied by the VDH if records are submitted late
Paper Submission	Not accepted after procedures occurring on or after January 1, 2014.		

Electronic Submission

Attachment 3 Outpatient Data Record Layout (updated 12/15/2015), is a record layout for all electronic submissions of data. Electronic records may be sent via CD or floppy disk using the form in **Attachment 4**.

Records in Error

Records not passing edits, regardless of submission type, will be identified and returned to the provider. VHI produces summary reports of filing data for affected providers.

Where to Submit Data

Outpatient surgical data will be collected and processed by Virginia Health Information (VHI). Any information submitted to the VDH will be forwarded to VHI. **Attachment 4** is an **Outpatient Data Cover Sheet** that is to accompany any submission of quarterly data.

Where May I Find More Details About the Law and Regulations?

Copies of the law as passed are available on the legislative information system. The URL for direct access to the law is http://lis.virginia.gov/. The bill was passed during the 2001 session and numbered HB2763.

May I gain access to this data?

Yes, Information developed for consumers from this outpatient data may be found at vhi.org/outpatient. If you are interested in more information please indicate interest by email to info@vhi.org or by calling 804-643-5573.

Attachment 1

Outpatient Data Notification Form

Please use this form to notify VHI of how your data will be submitted. In addition, please use this form to update contact information as needed.

> Tom Phelps
> System13, Inc.
> 1648 State Farm Boulevard
> Charlottesville, VA 22911-8609
> Phone: 434-977-0000, ext. 210
> Fax: 434-979-1047

Please indicate your choice for submission in the space provided. This form must be received by VHI within 30 days of any changes.

❏ We will submit processed and verified data using:
_____ (indicate whether submission will be made by ambulatory surgical center, hospital, hospital system, physician office or vendor)

❏ We will submit non-verified data.

Indicate below the contact person:

Name: _____

Title: _____

Organization:_____

Address: _____

                _____

Telephone: _____   Fax: _____

Email: _____

Person completing form: _____

Attachment 2

Required Outpatient Surgical Procedures and Related CPT Codes

CPT Code	CPT Description
COLONOSCOPY (Group 01)	
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	with removal of foreign body
45380	with biopsy, single or multiple
45382	with control of bleeding, any method
45383	with ablation of tumor(s), polyp(s) or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	with removal of tumor(s), polyp(s) or other lesion(s) by snare technique
LAPAROSCOPY & LAPAROSCOPIC SURGERY (Group 02)	
49320	Laparoscopy, abdomen, peritoneum and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	Laparoscopy, surgical: with biopsy (single or multiple)
49322	with aspiration of cavity or cyst (e.g. Ovarian cyst) single or multiple
49323	with drainage of lymphocele to peritoneal cavity
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
58550	Laparoscopy, surgical: with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)
58551	with removal of leiomyomata (single or multiple)
58559	with lysis of intrauterine adhesions (any method)
58560	with division or resection of intrauterine septum (any method)
58561	with removal of leiomyomata
58563	with endometrial ablation (any method)
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58660	Laparoscopy, surgical with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	with fulguration or excision of lesions of the ovary, pelvic viscera or peritoneal surface by any method
58670	with fulguration of oviducts (with or without transection)
58671	with occlusion of oviducts by device (e.g. band, clip or Falope ring)
58672	with fimbrioplasty
58673	with salpingostomy (salpingoneostomy)
58679	Unlisted laparoscopy procedure, oviduct, ovary
47562	Laparoscopy, surgical; cholecystectomy

CPT Code	CPT Description
47563	cholecystectomy with cholangiography
47564	cholecystectomy with exploration of common duct
47570	cholecysto-enterostomy
47579	Unlisted laparoscopy procedure, biliary tract
49650	Laparoscopy, surgical: repair initial inguinal hernia
49651	repair recurrent inguinal hernia
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
SURGERY OF THE BREAST (Group 03)	
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open, single lesion
19126	Each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19140	Mastectomy for gynecomastia
19160	Mastectomy, partial;
19290	Preoperative placement of needle localization wire, breast
19291	each additional lesion (List separately in addition to code for primary procedure)
19499	Unlisted procedure, breast
19316	Mastopexy
19318	Reduction mammaplasty
19324	Mammaplasty, augmentation; without prosthetic implant
19325	with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	with microvascular anastomosis (supercharging)

CPT Code	CPT Description
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
HERNIA REPAIR (Group 04)	
49495	Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible
49496	incarcerated or strangulated
49500	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	incarcerated or strangulated
49505	Repair initial inguinal hernia, age 5 years or over; reducible
49507	incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	incarcerated or strangulated
49525	Repair inguinal hernia; sliding, any age
49540	Repair lumbar hernia
49550	Repair initial femoral hernia, any age; reducible
49553	incarcerated or strangulated
49555	Repair recurrent femoral hernia; reducible
49557	incarcerated or strangulated
49560	Repair initial incisional or ventral hernia; reducible
49561	incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
49570	Repair epigastric hernia (e.g. Preperitoneal fat); reducible (separate procedure)
49572	incarcerated or strangulated
49580	Repair umbilical hernia, under age 5 years; reducible
49582	incarcerated or strangulated
49585	Repair umbilical hernia, age 5 years or over; reducible
49587	incarcerated or strangulated
49590	Repair spigelian hernia
49600	Repair of small omphalocele, with primary closure
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	second stage
LIPOSUCTION (Group 05)	
15876	Suction assisted lipectomy; head and neck
15877	trunk
15878	upper extremity
15879	lower extremity

CPT Code	CPT Description
FACIAL SURGERY (Group 06)	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	cheek, chin and neck
15820	Blepharoplasty, lower eyelid;
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighing down lid
KNEE ARTHROSCOPY (Group 07)	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	for removal of loose body or foreign body (e.g. Osteochondritis dissecans fragmentation, chondral fragmentation)
29875	synovectomy, limited (e.g. Plica or shelf resection) (separate procedure)
29876	synovectomy, major, two or more compartments (e.g. medial or lateral)
29877	debridement/shaving of articular cartilage (chondroplasty)
29879	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	with meniscus repair (medial OR lateral)
29883	with meniscus repair (medial AND lateral)
29884	with lysis of adhesions, with or without manipulation (separate procedure)
29885	drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	drilling for intact osteochondritis dissecans lesion
29887	drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

Attachment 3

Outpatient Data Record Layout (updated 12/15/2015)

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
1	Provider Number (Medicare/VHI)	PIC X(6)	1	6	A six-digit VHI provider number assigned to each hospital, ambulatory care center and physician who submits data to VHI.	See Instructions	See Instructions	Required; data will not be accepted if this field is missing or invalid
2	Provider NPI	PIC X(10)	7	16	The hospital, ambulatory care center or physician's organizational NPI.	56	32 or 33	Error 28
3	Operating Physician Identifier	PIC X(10)	17	26	The Operating Physician's individual NPI	77 A	24j NPI	Error 92
4	Record Type	PIC X	27	27	The Patient Record is based on a UB-04 format or a CMS 1500 format. Use 1 for UB-04, use 2 for CMS 1500.	N/A	N/A	Required; data will not be accepted if this field is missing or invalid
5	Patient Control Number (Patient's Account Number)	PIC X(20)	28	47	Used for correction/analysis of data if needed	3a	26	
6	Medical Record Number	PIC X(23)	48	70	Used for correction/analysis of data if needed	3b	N/A	
7	Patient Identifier (SSN)	PIC X(9)	71	79	Enter the nine-digit social security number of the patient. If a social security number has not been assigned, leave blank. The nine-digit social security number is not required for patients under four years of age.	See Instructions	See Instructions	Errors 46,47,83,86,87,88,97,99,102,103,104
8	Patient Sex	PIC X	80	80	Enter M for Male, F for Female or U for Unknown	11	3	Errors 69, 70
9	Date of Birth	PIC 9(8)	81	88	Enter the date in MMDDYYYY format	10; must be in format specified in instructions	3; must be in format specified in instructions	Errors 14,15,16,17,18,19,96
10	Patient Street Address	PIC X(40)	89	128	Patient Street Address is a required field. Enter the valid patient's residence street number and street name. Do not include PO Box numbers.	9a	5	Error 108
11	Patient City or County	PIC X(30)	129	158	Patient City or County is a required field. Enter the valid patient's complete City or County of residence.	9b	5	11
12	Patient Zip Code	PIC X(9)	159	167	Enter patient zip code	9d	5	12
13	Patient Status at Discharge	PIC 9(2)	168	169	Enter code as appropriate to billing form and discharge date	17	Use outpatient UB-04 codes	13
14	Admission Date	PIC 9(8)	170	177	Admission/start of care date in MMDDYYYY format	12	24 A	14
15	Admission Hour	PIC 9(2)	178	179	Hour of admission in military time (00 - 23)	13	See instructions	15

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A) Alpha Fields (PIC X) - Left justified and blank filled to the right
B) Numeric Fields (PIC 9) - Right justified, unpacked, unsigned and zero filled to the left.
C) Signed Fields (PIC S) - Same as Numeric Field except Signed if negative (-)

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
16	Payer Identifier A	PIC X(25)	180	204	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned PAYERID or its successor as approved by the Board of Health.	50 A per instructions	11c per instructions	
17	Payer Code A	PIC X(2)	205	206	For VHHA only			
18	Payer Identifier B	PIC X(25)	207	231	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned PAYERID or its successor as approved by the Board of Health.	50 B per instructions	9d per instructions	
19	Payer Code B	PIC X(2)	232	233	For VHHA only			
20	Payer Identifier C	PIC X(25)	234	258	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned PAYERID or its successor as approved by the Board of Health.	50 C per instructions	N/A	
21	Payer Code C	PIC X(2)	259	260	For VHHA only			
22	Patient Relationship to Insured A	PIC X(2)	261	262	Use definitions	59 A	6	Errors 44,45,82
23	Patient Relationship to Insured B	PIC X(2)	263	264	Use definitions	59 B	N/A	Errors 44,45
24	Patient Relationship to Insured C	PIC X(2)	265	266	Use definitions	59 C	N/A	Errors 44,45
25	Employer Identifier	PIC X(24)	267	290	Enter the employer name or, if subsequently adopted by the Board of Health, the federally approved Employer Identifier (EIN).	65 A with name/codes noted in instructions	9b with name/codes noted in instructions	
26	Employment Status Code	PIC X	291	291	For UB-04, see UB-04 definitions (1-6 and 9); for CMS, use 1 for Employed Full-time, 2 for Full-Time Student and 3 for Part-time Student			Errors 26, 80
27	Admission Diagnosis	PIC X(7)	292	298	Codes set ICD-10 or their successors, omit decimal	69	N/A	Errors 12,52,75,110,114
28	Reason for Visit Code 1	PIC X(7)	299	305	Codes set ICD-10 or their successors, omit decimal	70a	N/A	Errors 51,52,110,114
29	Reason for Visit Code 2	PIC X(7)	306	312	Codes set ICD-10 or their successors, omit decimal	70b	N/A	Errors 51,52,110,114
30	Reason for Visit Code 3	PIC X(7)	313	319	Codes set ICD-10 or their successors, omit decimal	70c	N/A	Errors 51,52,110,114
31	Principal Diagnosis	PIC X(8)	320	327	Codes set ICD-10 or their successors, omit decimal	67	21-A	Errors 51,52,53,111,115
32	Other Diagnosis 1	PIC X(8)	328	335	Codes set ICD-10 or their successors, omit decimal	67A	21-B	Errors 51,52,112
33	Other Diagnosis 2	PIC X(8)	336	343	Codes set ICD-10 or their successors, omit decimal	67B	21-C	Errors 51,52,112
34	Other Diagnosis 3	PIC X(8)	344	351	Codes set ICD-10 or their successors, omit decimal	67C	21-D	Errors 51,52,112
35	Other Diagnosis 4	PIC X(8)	352	359	Codes set ICD-10 or their successors, omit decimal	67D	21-E	Errors 51,52,112
36	Other Diagnosis 5	PIC X(8)	360	367	Codes set ICD-10 or their successors, omit decimal	67E	21-F	Errors 51,52,112

A) Alpha Fields (PIC X) - Left justified and blank filled to the right
B) Numeric Fields (PIC 9) - Right justified, unpacked, unsigned and zero filled to the left.
C) Signed Fields (PIC S) - Same as Numeric Field except Signed if negative (-)

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
37	Other Diagnosis 6	PIC X(8)	368	375	Codes set ICD-10 or their successors, omit decimal	67F	21-G	Errors 51,52,112
38	Other Diagnosis 7	PIC X(8)	376	383	Codes set ICD-10 or their successors, omit decimal	67G	21-H	Errors 51,52,112
39	Other Diagnosis 8	PIC X(8)	384	391	Codes set ICD-10 or their successors, omit decimal	67H	21-I	Errors 51,52,112
40	Other Diagnosis 9	PIC X(8)	392	399	Codes set ICD-10 or their successors, omit decimal	67I	21-J	Errors 51,52,112
41	Other Diagnosis 10	PIC X(8)	400	407	Codes set ICD-10 or their successors, omit decimal	67J	21-K	Errors 51,52,112
42	Other Diagnosis 11	PIC X(8)	408	415	Codes set ICD-10 or their successors, omit decimal	67K	21-L	Errors 51,52,112
43	Other Diagnosis 12	PIC X(8)	416	423	Codes set ICD-10 or their successors, omit decimal	67L	N/A	Errors 51,52,112
44	Other Diagnosis 13	PIC X(8)	424	431	Codes set ICD-10 or their successors, omit decimal	67M	N/A	Errors 51,52,112
45	Other Diagnosis 14	PIC X(8)	432	439	Codes set ICD-10 or their successors, omit decimal	67N	N/A	Errors 51,52,112
46	Other Diagnosis 15	PIC X(8)	440	447	Codes set ICD-10 or their successors, omit decimal	67O	N/A	Errors 51,52,112
47	Other Diagnosis 16	PIC X(8)	448	455	Codes set ICD-10 or their successors, omit decimal	67P	N/A	Errors 51,52,112
48	Other Diagnosis 17	PIC X(8)	456	463	Codes set ICD-10 or their successors, omit decimal	67Q	N/A	Errors 51,52,112
49	External Cause of Injury/Morbidity (ECI) Code 1 (ECODE1)	PIC X(8)	464	471	Codes set ICD-10 or their successors, omit decimal	72a	21-A to 24-L, where appropriate (V00-Y99)	Errors 94,95,113
50	External Cause of Injury/Morbidity (ECI) Code 2 (ECODE2)	PIC X(8)	472	479	Codes set ICD-10 or their successors, omit decimal	72b	21-A to 24-L, where appropriate (V00-Y99)	Errors 94,95,113
51	External Cause of Injury/Morbidity (ECI) Code 3 (ECODE3)	PIC X(8)	480	487	Codes set ICD-10 or their successors, omit decimal	72c	21-A to 24-L, where appropriate (V00-Y99)	Errors 94,95,113
52	Old ICD-9 PX codes - now filler	PIC X(42)	488	529	Filler		N/A	
53	Procedure 1 (CPT)	PIC X(5)	530	534	Codes set CPT 4 or their successors	44-1 (CPT only)	24 D-1	Errors 34,35
54	Procedure 2 (CPT)	PIC X(5)	535	539	Codes set CPT 4 or their successors	44-2 (CPT only)	24 D-2	Errors 34,35
55	Procedure 3 (CPT)	PIC X(5)	540	544	Codes set CPT 4 or their successors	44-3 (CPT only)	24 D-3	Errors 34,35
56	Procedure 4 (CPT)	PIC X(5)	545	549	Codes set CPT 4 or their successors	44-4 (CPT only)	24 D-4	Errors 34,35
57	Procedure 5 (CPT)	PIC X(5)	550	554	Codes set CPT 4 or their successors	44-5 (CPT only)	24 D-5	Errors 34,35
58	Procedure 6 (CPT)	PIC X(5)	555	559	Codes set CPT 4 or their successors	44-6 (CPT only)	24 D-6	Errors 34,35
59	CPT Modifier 1-a	PIC X(2)	560	561	Include First CPT, First Modifier, if applicable	44-1	24 D-1	
60	CPT Modifier 1-b	PIC X(2)	562	563	Include First CPT, Second Modifier, if applicable	44-1	24 D-1	
61	CPT Modifier 1-c	PIC X(2)	564	565	Include First CPT, Third Modifier, if applicable	44-1	24 D-1	
62	CPT Modifier 1-d	PIC X(2)	566	567	Include First CPT, Fourth Modifier, if applicable	44-1	24 D-1	

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C) Signed Fields (PIC S) - Same as Numeric Field except Signed if negative (-)

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
63	CPT Modifier 2-a	PIC X(2)	568	569	Include Second CPT, First Modifier, if applicable	44-2	24 D-2	
64	CPT Modifier 2-b	PIC X(2)	570	571	Include Second CPT, Second Modifier, if applicable	44-2	24 D-2	
65	CPT Modifier 2-c	PIC X(2)	572	573	Include Second CPT, Third Modifier, if applicable	44-2	24 D-2	
66	CPT Modifier 2-d	PIC X(2)	574	575	Include Second CPT, Fourth Modifier, if applicable	44-2	24 D-2	
67	CPT Modifier 3-a	PIC X(2)	576	577	Include Third CPT, First Modifier, if applicable	44-3	24 D-3	
68	CPT Modifier 3-b	PIC X(2)	578	579	Include Third CPT, Second Modifier, if applicable	44-3	24 D-3	
69	CPT Modifier 3-c	PIC X(2)	580	581	Include Third CPT, Third Modifier, if applicable	44-3	24 D-3	
70	CPT Modifier 3-d	PIC X(2)	582	583	Include Third CPT, Fourth Modifier, if applicable	44-3	24 D-3	
71	CPT Modifier 4-a	PIC X(2)	584	585	Include Fourth CPT, First Modifier, if applicable	44-4	24 D-4	
72	CPT Modifier 4-b	PIC X(2)	586	587	Include Fourth CPT, Second Modifier, if applicable	44-4	24 D-4	
73	CPT Modifier 4-c	PIC X(2)	588	589	Include Fourth CPT, Third Modifier, if applicable	44-4	24 D-4	
74	CPT Modifier 4-d	PIC X(2)	590	591	Include Fourth CPT, Fourth Modifier, if applicable	44-4	24 D-4	
75	CPT Modifier 5-a	PIC X(2)	592	593	Include Fifth CPT, First Modifier, if applicable	44-5	24 D-5	
76	CPT Modifier 5-b	PIC X(2)	594	595	Include Fifth CPT, Second Modifier, if applicable	44-5	24 D-5	
77	CPT Modifier 5-c	PIC X(2)	596	597	Include Fifth CPT, Third Modifier, if applicable	44-5	24 D-5	
78	CPT Modifier 5-d	PIC X(2)	598	599	Include Fifth CPT, Fourth Modifier, if applicable	44-5	24 D-5	
79	CPT Modifier 6-a	PIC X(2)	600	601	Include Sixth CPT, First Modifier, if applicable	44-6	24 D-6	
80	CPT Modifier 6-b	PIC X(2)	602	603	Include Sixth CPT, Second Modifier, if applicable	44-6	24 D-6	
81	CPT Modifier 6-c	PIC X(2)	604	605	Include Sixth CPT, Third Modifier, if applicable	44-6	24 D-6	
82	CPT Modifier 6-d	PIC X(2)	606	607	Include Sixth CPT, Fourth Modifier, if applicable	44-6	24 D-6	
83	Procedure 1 From Date	PIC 9(8)	608	615	MMDDYYYY format	N/A	24 A-1 From Date	Errors 36,37,38,39,41
84	Procedure 1 To Date	PIC 9(8)	616	623	MMDDYYYY format	45-1	24 A-1 To Date	Errors 36,37,38,39,41
85	Procedure 2 From Date	PIC 9(8)	624	631	MMDDYYYY format	N/A	24 A-2 From Date	Errors 36,37,38,39,41
86	Procedure 2 To Date	PIC 9(8)	632	639	MMDDYYYY format	45-2	24 A-2 To Date	Errors 36,37,38,39,41
87	Procedure 3 From Date	PIC 9(8)	640	647	MMDDYYYY format	N/A	24 A-3 From Date	Errors 36,37,38,39,41
88	Procedure 3 To Date	PIC 9(8)	648	655	MMDDYYYY format	45-3	24 A-3 To Date	Errors 36,37,38,39,41
89	Procedure 4 From Date	PIC 9(8)	656	663	MMDDYYYY format	N/A	24 A-4 From Date	Errors 36,37,38,39,41
90	Procedure 4 To Date	PIC 9(8)	664	671	MMDDYYYY format	45-4	24 A-4 To Date	Errors 36,37,38,39,41
91	Procedure 5 From Date	PIC 9(8)	672	679	MMDDYYYY format	N/A	24 A-5 From Date	Errors 36,37,38,39,41
92	Procedure 5 To Date	PIC 9(8)	680	687	MMDDYYYY format	45-5	24 A-5 To Date	Errors 36,37,38,39,41

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C) Signed Fields (PIC S) - Same as Numeric Field except Signed if negative (-)

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
93	Procedure 6 From Date	PIC 9(8)	688	695	MMDDYYYY format	N/A	24 A-6 From Date	Errors 36,37,38,39,41
94	Procedure 6 To Date	PIC 9(8)	696	703	MMDDYYYY format	45-6	24 A-6 To Date	Errors 36,37,38,39,41
95	Revenue Center Code 1	PIC 9(4)	704	707	As specified for UB-04, not available for CMS 1500	42-1	N/A	Errors 56,57,58
96	Revenue Center Units 1	PIC S(7)	708	714	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-1	24 G-1	Errors 64,65,66,67,68
97	Revenue Center Charges 1	PIC S(8)	715	722	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-1	24 F-1	Errors 59,60,61,62,63
98	Revenue Center Code 2	PIC 9(4)	723	726	As specified for UB-04, not available for CMS 1500	42-2	N/A	Errors 56,57
99	Revenue Center Units 2	PIC S(7)	727	733	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-2	24 G-2	Errors 64,65,66,67,68
100	Revenue Center Charges 2	PIC S(8)	734	741	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-2	24 F-2	Errors 59,60,61,62,63
101	Revenue Center Code 3	PIC 9(4)	742	745	As specified for UB-04, not available for CMS 1500	42-3	N/A	Errors 56,57
102	Revenue Center Units 3	PIC S(7)	746	752	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-3	24 G-3	Errors 64,65,66,67,68
103	Revenue Center Charges 3	PIC S(8)	753	760	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-3	24 F-3	Errors 59,60,61,62,63
104	Revenue Center Code 4	PIC 9(4)	761	764	As specified for UB-04, not available for CMS 1500	42-4	N/A	Errors 56,57
105	Revenue Center Units 4	PIC S(7)	765	771	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-4	24 G-4	Errors 64,65,66,67,68
106	Revenue Center Charges 4	PIC S(8)	772	779	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-4	24 F-4	Errors 59,60,61,62,63
107	Revenue Center Code 5	PIC 9(4)	780	783	As specified for UB-04, not available for CMS 1500	42-5	N/A	Errors 56,57
108	Revenue Center Units 5	PIC S(7)	784	790	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-5	24 G-5	Errors 64,65,66,67,68
109	Revenue Center Charges 5	PIC S(8)	791	798	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-5	24 F-5	Errors 59,60,61,62,63
110	Revenue Center Code 6	PIC 9(4)	799	802	As specified for UB-04, not available for CMS 1500	42-6	N/A	Errors 56,57
111	Revenue Center Units 6	PIC S(7)	803	809	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS 1500	46-6	24 G-6	Errors 64,65,66,67,68
112	Revenue Center Charges 6	PIC S(8)	810	817	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-6	24 F-6	Errors 59,60,61,62,63
113	Revenue Center Code 7	PIC 9(4)	818	821	As specified for UB-04, not available for CMS 1500	42-7	N/A	Errors 56,57
114	Revenue Center Units 7	PIC S(7)	822	828	Revenue Center Units line item for UB-04	46-7	N/A	Errors 64,65,66,67,68
115	Revenue Center Charges 7	PIC S(8)	829	836	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-7	N/A	Errors 59,60,61,62,63
116	Revenue Center Code 8	PIC 9(4)	837	840	As specified for UB-04, not available for CMS 1500	42-8	N/A	Errors 56,57

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Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
117	Revenue Center Units 8	PIC S(7)	841	847	Revenue Center Units line item for UB-04	46-8	N/A	Errors 64,65,66,67,68
118	Revenue Center Charges 8	PIC S(8)	848	855	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-8	N/A	Errors 59,60,61,62,63
119	Revenue Center Code 9	PIC 9(4)	856	859	As specified for UB-04, not available for CMS 1500	42-9	N/A	Errors 56,57
120	Revenue Center Units 9	PIC S(7)	860	866	Revenue Center Units line item for UB-04	46-9	N/A	Errors 64,65,66,67,68
121	Revenue Center Charges 9	PIC S(8)	867	874	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-9	N/A	Errors 59,60,61,62,63
122	Revenue Center Code 10	PIC 9(4)	875	878	As specified for UB-04, not available for CMS 1500	42-10	N/A	Errors 56,57
123	Revenue Center Units 10	PIC S(7)	879	885	Revenue Center Units line item for UB-04	46-10	N/A	Errors 64,65,66,67,68
124	Revenue Center Charges 10	PIC S(8)	886	893	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-10	N/A	Errors 59,60,61,62,63
125	Revenue Center Code 11	PIC 9(4)	894	897	As specified for UB-04, not available for CMS 1500	42-11	N/A	Errors 56,57
126	Revenue Center Units 11	PIC S(7)	898	904	Revenue Center Units line item for UB-04	46-11	N/A	Errors 64,65,66,67,68
127	Revenue Center Charges 11	PIC S(8)	905	912	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-11	N/A	Errors 59,60,61,62,63
128	Revenue Center Code 12	PIC 9(4)	913	916	As specified for UB-04, not available for CMS 1500	42-12	N/A	Errors 56,57
129	Revenue Center Units 12	PIC S(7)	917	923	Revenue Center Units line item for UB-04	46-12	N/A	Errors 64,65,66,67,68
130	Revenue Center Charges 12	PIC S(8)	924	931	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-12	N/A	Errors 59,60,61,62,63
131	Revenue Center Code 13	PIC 9(4)	932	935	As specified for UB-04, not available for CMS 1500	42-13	N/A	Errors 56,57
132	Revenue Center Units 13	PIC S(7)	936	942	Revenue Center Units line item for UB-04	46-13	N/A	Errors 64,65,66,67,68
133	Revenue Center Charges 13	PIC S(8)	943	950	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-13	N/A	Errors 59,60,61,62,63
134	Revenue Center Code 14	PIC 9(4)	951	954	As specified for UB-04, not available for CMS 1500	42-14	N/A	Errors 56,57
135	Revenue Center Units 14	PIC S(7)	955	961	Revenue Center Units line item for UB-04	46-14	N/A	Errors 64,65,66,67,68
136	Revenue Center Charges 14	PIC S(8)	962	969	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-14	N/A	Errors 59,60,61,62,63
137	Revenue Center Code 15	PIC 9(4)	970	973	As specified for UB-04, not available for CMS 1500	42-15	N/A	Errors 56,57
138	Revenue Center Units 15	PIC S(7)	974	980	Revenue Center Units line item for UB-04	46-15	N/A	Errors 64,65,66,67,68
139	Revenue Center Charges 15	PIC S(8)	981	988	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-15	N/A	Errors 59,60,61,62,63
140	Revenue Center Code 16	PIC 9(4)	989	992	As specified for UB-04, not available for CMS 1500	42-16	N/A	Errors 56,57
141	Revenue Center Units 16	PIC S(7)	993	999	Revenue Center Units line item for UB-04	46-16	N/A	Errors 64,65,66,67,68
142	Revenue Center Charges 16	PIC S(8)	1000	1007	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-16	N/A	Errors 59,60,61,62,63
143	Revenue Center Code 17	PIC 9(4)	1008	1011	As specified for UB-04, not available for CMS 1500	42-17	N/A	Errors 56,57

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Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator	CMS 1500 Field Number	Edit Error Codes - see Edit Error Descriptions
144	Revenue Center Units 17	PIC S(7)	1012	1018	Revenue Center Units line item for UB-04	46-17	N/A	Errors 64,65,66,67,68
145	Revenue Center Charges 17	PIC S(8)	1019	1026	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-17	N/A	Errors 59,60,61,62,63
146	Revenue Center Code 18	PIC 9(4)	1027	1030	As specified for UB-04, not available for CMS 1500	42-18	N/A	Errors 56,57
147	Revenue Center Units 18	PIC S(7)	1031	1037	Revenue Center Units line item for UB-04	46-18	N/A	Errors 64,65,66,67,68
148	Revenue Center Charges 18	PIC S(8)	1038	1045	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-18	N/A	Errors 59,60,61,62,63
149	Revenue Center Code 19	PIC 9(4)	1046	1049	As specified for UB-04, not available for CMS 1500	42-19	N/A	Errors 56,57
150	Revenue Center Units 19	PIC S(7)	1050	1056	Revenue Center Units line item for UB-04	46-19	N/A	Errors 64,65,66,67,68
151	Revenue Center Charges 19	PIC S(8)	1057	1064	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-19	N/A	Errors 59,60,61,62,63
152	Revenue Center Code 20	PIC 9(4)	1065	1068	As specified for UB-04, not available for CMS 1500	42-20	N/A	Errors 56,57
153	Revenue Center Units 20	PIC S(7)	1069	1075	Revenue Center Units line item for UB-04	46-20	N/A	Errors 64,65,66,67,68
154	Revenue Center Charges 20	PIC S(8)	1076	1083	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-20	N/A	Errors 59,60,61,62,63
155	Revenue Center Code 21	PIC 9(4)	1084	1087	As specified for UB-04, not available for CMS 1500	42-21	N/A	Errors 56,57
156	Revenue Center Units 21	PIC S(7)	1088	1094	Revenue Center Units line item for UB-04	46-21	N/A	Errors 64,65,66,67,68
157	Revenue Center Charges 21	PIC S(8)	1095	1102	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-21	N/A	Errors 59,60,61,62,63
158	Revenue Center Code 22	PIC 9(4)	1103	1106	As specified for UB-04, not available for CMS 1500	42-22	N/A	Errors 56,57
159	Revenue Center Units 22	PIC S(7)	1107	1113	Revenue Center Units line item for UB-04	46-22	N/A	Errors 64,65,66,67,68
160	Revenue Center Charges 22	PIC S(8)	1114	1121	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS 1500; dollar amount only	47-22	N/A	Errors 59,60,61,62,63
161	Total Charges	PIC S(8)	1122	1129	Dollar amount only. For UB-04, TOTALS of total charges. For CMS 1500, report total charges here.	Column 47, line 23 Totals	28	Errors 72,74

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Error and Edit Descriptions for Outpatient Record Processing

Please see record layout for field descriptions of applicable errors. The edits apply to data coming from providers extracting data from the HCFA- 1500 form as well as the UB-92 form. Where possible, edits that apply to data from one source versus another have been referenced. Last updated December 15, 2015. See current UB-04 manual for periodic updates

MPN (HOSPITAL MEDICARE PROVIDER NUMBER)

Provider is a required field or the data will not be accepted.
Provider must be a valid VHI or Medicare Provider number or the data will not be accepted.

PROVNPI (HOSPITAL NPI)

28:     Provider NPI is invalid

PCN (PATIENT CONTROL NUMBER: for use by provider to facilitate retrieval of records by hospital)

Not a required field, but counts of blanks vs. values are displayed.
No edit performed

PATADDR (PATIENT STREET ADDRESS: resident street number and street name. Do not include PO Box numbers)

108:     Patient Street Address is a required field.

PATCITY (PATIENT CITY OR COUNTY: resident complete City or County)

109:     Patient City or County is a required field.

ZIPCODE (PATIENT ZIP CODE: resident zip code of patient; verified by use of U.S. Postal Service zip code table; unknown is coded XXXXX; foreign is coded YYYYY)

48:     Zip Code must be at least length 5
49:     Zip Code must be numeric, XXXXX or YYYYY
50:     Must be a valid Zip Code (FIPS)
84:     Zip code is a required field

BDATE (BIRTH DATE: birth date of patient; format is MMDDYYYY)

14:     Birth date is a required field
15:     Birth date must be length 8
16:     Birth date must be numeric
17:     Birth date must be legal date
18:     Birth date cannot be later than Admission date
19:     Must be born in the 19th, 20th or 21st century
96:     Birth date indicates improbable age > 119 years

SEX (SEX CODE: possible values are: M-male, F-female, U-not recorded, unknown)

69:     Sex is a required field
70:     Sex must be M, F or U

ADATE (ADMISSION DATE: date patient was admitted for service; format is MMDDYYYY)

1:     Admission date is a required field

2:      Admission date must be length 8
3:      Admission date must be numeric
4:      Admission date must be legal date
5:      Admission date cannot be less than six months before the start of the quarter
98:     Admission date is outside the range for this quarter

AHOUR (ADMISSION HOUR: hour of admission; use military time - 00 through 23 or 99)

7:      Admission hour must be a valid Military Hour 00-23, or 99
77:     Admission hour is a required field for UB-04 data

PSTAT (PATIENT STATUS: discharge status of patient)

42:     Patient Status must be length 2
43:     Patient Status value must be valid for discharge date range for UB-04
81:     Patient Status is a required field for UB-04 data

Discharge Date Range	PSTAT Allowable Values
Before10/01/03	01-08, 20, 50, 51, 61, 62, 63, 64, 71 & 72
10/01/03 – 03/31/04	01-08, 20, 43, 50, 51, 61, 62, 63 & 64
04/01/04 – 09/30/05	01-08, 20, 43, 50, 51, 61, 62, 63, 64 & 65
10/01/05 – 12/31/05	01-07, 20, 43, 50, 51, 61, 62, 63, 64 & 65
01/01/06 – 09/30/07	01-07, 20, 43, 50, 51, 61, 62, 63, 64, 65 & 66
10/01/07 – 12/31/07	01-07, 20, 43, 50, 51, 61-66 & 70
01/01/08 – 09/30/09	01-07, 20, 41-43, 50, 51, 61-66 & 70
10/01/09 – 09/30/13	01-07, 20, 21, 41-43, 50, 51, 61-66 & 70
Starting with 10/01/13	01-07, 20, 21, 41-43, 50, 51, 61-66, 69, 70, & 81-95

MRN (MEDICAL RECORD NUMBER: for use by provider to facilitate retrieval of records by hospital)

Not a required field but counts of blanks vs. values are displayed.

REL (PATIENT RELATIONSHIP TO INSURED: relationship to named insured party)

44:     Patient Relationship value must be valid for discharge date range for UB-04 data
45:     Patient Rel must be length 2
82:     Patient Rel is a required field for discharges before July 1, 2009

Discharge Date Range	REL Allowable Values
Before 10/01/03	01-19
10/01/03 – 12/31/03	01-24, 29, 32, 33, 36, 39, 40, 41, 43, 53 & G8
01/01/04 – 12/31/07	01, 04, 05, 07, 10, 15, 17-24, 29, 32, 33, 36, 39-41, 43 & 53 & G8
Starting with 01/01/08	01, 18-21, 39, 40, 53 & G8

SSN (PATIENT SOCIAL SECURITY NUMBER: social security number of patient)

**   If there is an SSN error and the patient is < 4, then the error is 97 – Warning. If there is an SSN error and the patient is a foreigner (ZIP = "YYYYY"), then the error is 99 – Warning

46:	SSN must be length 9
47:	SSN must be numeric
83:	SSN is a required field (if patient age > 3)
86:	Invalid SSN, first 8 entries are zero
87:	Invalid SSN, all entries are the same including zeros
88:	Invalid SSN, first 3 entries are 666 or are greater than 899
97:	Warning: SSN optional for age < 4, submitted value invalid
99:	Warning: SSN optional for Zip = YYYYY; submitted value invalid
102:	First three digits cannot equal 000
103:	Digits four and five cannot equal 00
104:	Digits six through nine cannot equal 0000

EMPSTAT (EMPLOYMENT STATUS CODE: code for employment status of patient)

| 26: | Emp Stat value must be between 1-6 or 9 for UB-04; 1-3 for CMS |
| 80: | Employment Status is a required field for discharges before July 1, 2008 |

EMPNAME (EMPLOYER NAME: name of employer)

Enter name of employer; field checked for entry only. Counts of blanks vs. values are displayed.

DX1 (DIAGNOSIS CODE: standard ICD-9-CM coding required)

51:	Invalid Diagnosis
52:	Diagnosis is inappropriate for patient sex
53:	DX1 is a required field
111:	Ecodes (V00-Y99) may not be used as DX1
115:	Manifest diagnosis codes may not be used as DX1

DX2-18 (DIAGNOSIS CODE: standard ICD-9-CM coding required; up to seventeen secondary diagnoses may be reported)

51:	Invalid Diagnosis
52:	Diagnosis is inappropriate for patient sex
112:	Ecodes (V00-Y99) may not be used as Other Diagnosis codes

ADMDX (ADMITTING DIAGNOSIS CODE: diagnosis at admission time; standard ICD-9-CM code)

12:	Admitting Diagnosis invalid ICD-9-CM value
52:	Diagnosis is inappropriate for patient sex
75:	Admitting Diagnosis is a required field for UB-04 data
110:	Ecodes(V00-Y99) may not be used as Admitting/Reason for Visit Diagnosis
114:	Manifest diagnosis codes may not be used as Admitting/Reason for Visit Diagnosis

REASONDX (REASON FOR VISIT CODE: standard ICD-9-CM code; up to three occurrences)

51:	Invalid Diagnosis
52:	Diagnosis is inappropriate for patient sex
110:	Ecodes(V00-Y99) may not be used as Admitting/Reason for Visit Diagnosis
114:	Manifest diagnosis codes may not be used as Admitting/Reason for Visit Diagnosis

E-CODE (EXTERNAL CAUSE OF INJURY CODE: code indicating source of injury; required where appropriate**)**

      94:      Invalid Diagnosis or does not start with an E.
      95:      Diagnosis started with an E but is inappropriate for the patient sex
      113: Only Ecodes (V00-Y99) may be reported in the Ecode fields

PX1-6 (PROCEDURE CODES: principal procedure code is first in procedure code set; other procedure codes are remaining; maximum is five other procedures**)**

      34:      Procedure or CPT code is inappropriate for patient sex
      35:      Invalid Procedure or CPT code

PD1-6 (PROCEDURE DATES: dates of principal procedures and up to five other procedures performed; format is MMDDYYYY**)**

      36:      Procedure Date must be length 8
      37:      Procedure Date must be numeric
      38:      Procedure Date must be a valid date
      39:      Procedure Date cannot be before 2001
      41:      Procedure Date is required since a procedure is present

OPHY (Operating Physician ID: identifier of operating physician; contains the NPI (10 numeric digits) number of the physician performing the principle procedure**)**

      92:      Operating Physician value is invalid

PID(1-3) (PAYER IDENTIFICATION: name identifying each payer name from which the provider might expect some payment; occurs three times**)**

      Enter name of payer; the field is checked for entry only. Counts of blanks vs. values are displayed.

REVCODE (1-22) (REVENUE CODE: codes are listed in state UB-04 manual; a code of "0001" indicates the total charges and, if used, should be the last occurrence in a set of data; up to 22 occurrences**)**

      56:      Revcode must be numeric
      57:      Revcode must be a valid VHI (UB-04) Revenue Code
      58:      The first Revcode occurrence is a required field for UB-04 data

UNITS (1-22) (REVENUE UNITS: quantifies the services rendered as coded by the revenue code; up to 22 occurrences**)**

      64:      Units required since corresponding Revcode is present and not 0001 for UB-04
      65:      Units must be numeric
      66:      Units must be zero since corresponding Revcode is blank for UB-04 data
      67:      Units must be > zero since corresponding Revenue Code is present
      68:      Units required if corresponding charges are present unless UB-04 and Revcode 0001.

REVENUE CHARGES (1-22) (REVENUE CHARGES: charges associated with the units or service rendered**)**

      if revenue code is "0001", this is the total of all charges; up to 22 occurrences)
      59:      Charges required since corresponding Revenue Code is present

60:     Charges must be numeric
61:     Charges must be zero since corresponding Revcode is blank for UB-04 data
62:     The first charge occurrence is a required field
63:     Charges must be > zero since corresponding Revenue Code is present

RCODE "0001" edit (Note, this is NOT a field. This edit checks for the existence of the "0001" value in one of the Revenue Code fields**)**

89:     Rcode 0001 is required for UB-04 data (for data prior to Q2 2008)
90:     Rcode 0001 (if present) must equal the sum of all Revenue Charge fields +/- 500 for UB-04 data

TOTAL CHARGES (these edits were re-implemented beginning with Q2 2008 data**)**

74:     Total Charges is required.
72:     Total Charges must be numeric.

Attachment 4

Outpatient Data Cover Sheet

Please use this form when submitting data.

Send Electronic files to:

Tom Phelps
System13, Inc.
1648 State Farm Boulevard
Charlottesville, VA 22911-8609
Phone: 434-977-0000, ext. 210
Fax: 434-979-1047

This form must be received within 30 days of any changes.

☐ The file that follows includes data for (calendar quarter) _____.
A total of _____records are included

Indicate below the contact person for this submission:

Name: _____

Title: _____

Organization:_____

Submittor Number: _____

Address: _____

_____

Telephone: _____   Fax: _____

Email: _____

Person completing form: _____