

Virginia Health Information

Inpatient Submission Record Layout and Data Edits



Version 2.0

March 30, 2022

Inpatient Record Layout

Data Element Formats

- **Alphanumeric** fields can include both letters and numbers. These fields must be left-justified and blank filled to the right.
- **Unsigned numeric** fields can only include numbers. Negative numbers or zoned decimals are not allowed. These fields must be right-justified and zero-filled to the left.
- **Signed numeric** fields can only include numbers, with the exception of zoned decimals, which are also allowed. Negative numbers are allowed. Negative numbers may be encoded with a leading minus sign ("-"). The sign of the numeric field (positive or negative) may also be encoded using zoned decimals. These fields must be right-justified and zero-filled to the left.

Record Layout Table

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
1	Provider Number (Medicare/VHI)	Alphanumeric	1	6	6	Medicare Provider Number or number assigned by VHI.		27, 29
2	Provider NPI	Alphanumeric	7	16	10	Provider's NPI	56	28
3	Patient Control Number	Alphanumeric	17	36	20	Patient Control Number on UB-04	3a	
4	Discharge Date	Unsigned numeric	37	44	8	Discharge/Statement Covers Period Through Date in MMDDYYYY format	6	20, 21, 22, 23, 24, 25
5	Patient Zip Code	Alphanumeric	45	53	9	Zip Code of Patient Address	9d	48, 49, 50, 84
6	Patient Date of Birth	Unsigned numeric	54	61	8	Date in MMDDYYYY format	10	14, 15, 16, 17, 18, 19, 96
7	Patient Sex	Alphanumeric	62	62	1	M, F, or U	11	69, 70

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
8	Admission Date	Unsigned numeric	63	70	8	Date in MMDDYYYY format	12	1, 2, 3, 4, 5, 6
9	Admission Hour	Unsigned numeric	71	72	2	Hour of admission in military time (00 - 23)	13	7, 77
10	Admission Type	Alphanumeric	73	73	1	See UB-04 manual for valid codes	14	8, 9, 11, 78
11	Admission Source	Alphanumeric	74	74	1	Source of Referral for Admission or Point of Origin for Admission - See UB-04 manual for valid codes.	15	71, 85
12	Patient Discharge Status	Unsigned numeric	75	76	2	Patient Discharge Status - See UB-04 manual for valid codes.	17	42, 43, 81
13	Medical Record Number	Alphanumeric	77	93	17	Medical Record Number on UB-04	3b	
14	Revenue Center Code 1	Unsigned numeric	94	97	4	As specified for UB-04	42-1	56, 57, 58, 89, 90
15	Revenue Center Units 1	Signed numeric	98	104	7	As specified for UB-04	46-1	64, 65, 66, 68
16	Revenue Center Charges 1	Signed numeric	105	114	8	Dollars and cents with an implied decimal	47-1	60, 61
17	Revenue Center Code 2	Unsigned numeric	115	118	4	As specified for UB-04	42-2	56, 57, 89, 90
18	Revenue Center Units 2	Signed numeric	119	125	7	As specified for UB-04	46-2	64, 65, 66
19	Revenue Center Charges 2	Signed numeric	126	135	8	Dollars and cents with an implied decimal	47-2	60, 61
20	Revenue Center Code 3	Unsigned numeric	136	139	4	As specified for UB-04	42-3	56, 57, 89, 90
21	Revenue Center Units 3	Signed numeric	140	146	7	As specified for UB-04	46-3	64, 65, 66
22	Revenue Center Charges 3	Signed numeric	147	156	8	Dollars and cents with an implied decimal	47-3	60, 61
23	Revenue Center Code 4	Unsigned numeric	157	160	4	As specified for UB-04	42-4	56, 57, 89, 90
24	Revenue Center Units 4	Signed numeric	161	167	7	As specified for UB-04	46-4	64, 65, 66
25	Revenue Center Charges 4	Signed numeric	168	177	8	Dollars and cents with an implied decimal	47-4	60, 61

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
26	Revenue Center Code 5	Unsigned numeric	178	181	4	As specified for UB-04	42-5	56, 57, 89, 90
27	Revenue Center Units 5	Signed numeric	182	188	7	As specified for UB-04	46-5	64, 65, 66
28	Revenue Center Charges 5	Signed numeric	189	198	8	Dollars and cents with an implied decimal	47-5	60, 61
29	Revenue Center Code 6	Unsigned numeric	199	202	4	As specified for UB-04	42-6	56, 57, 89, 90
30	Revenue Center Units 6	Signed numeric	203	209	7	As specified for UB-04	46-6	64, 65, 66
31	Revenue Center Charges 6	Signed numeric	210	219	8	Dollars and cents with an implied decimal	47-6	60, 61
32	Revenue Center Code 7	Unsigned numeric	220	223	4	As specified for UB-04	42-7	56, 57, 89, 90
33	Revenue Center Units 7	Signed numeric	224	230	7	As specified for UB-04	46-7	64, 65, 66
34	Revenue Center Charges 7	Signed numeric	231	240	8	Dollars and cents with an implied decimal	47-7	60, 61
35	Revenue Center Code 8	Unsigned numeric	241	244	4	As specified for UB-04	42-8	56, 57, 89, 90
36	Revenue Center Units 8	Signed numeric	245	251	7	As specified for UB-04	46-8	64, 65, 66
37	Revenue Center Charges 8	Signed numeric	252	261	8	Dollars and cents with an implied decimal	47-8	60, 61
38	Revenue Center Code 9	Unsigned numeric	262	265	4	As specified for UB-04	42-9	56, 57, 89, 90
39	Revenue Center Units 9	Signed numeric	266	272	7	As specified for UB-04	46-9	64, 65, 66
40	Revenue Center Charges 9	Signed numeric	273	282	8	Dollars and cents with an implied decimal	47-9	60, 61
41	Revenue Center Code 10	Unsigned numeric	283	286	4	As specified for UB-04	42-10	56, 57, 89, 90
42	Revenue Center Units 10	Signed numeric	287	293	7	As specified for UB-04	46-10	64, 65, 66
43	Revenue Center Charges 10	Signed numeric	294	303	8	Dollars and cents with an implied decimal	47-10	60, 61
44	Revenue Center Code 11	Unsigned numeric	304	307	4	As specified for UB-04	42-11	56, 57, 89, 90

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
45	Revenue Center Units 11	Signed numeric	308	314	7	As specified for UB-04	46-11	64, 65, 66
46	Revenue Center Charges 11	Signed numeric	315	324	8	Dollars and cents with an implied decimal	47-11	60, 61
47	Revenue Center Code 12	Unsigned numeric	325	328	4	As specified for UB-04	42-12	56, 57, 89, 90
48	Revenue Center Units 12	Signed numeric	329	335	7	As specified for UB-04	46-12	64, 65, 66
49	Revenue Center Charges 12	Signed numeric	336	345	8	Dollars and cents with an implied decimal	47-12	60, 61
50	Revenue Center Code 13	Unsigned numeric	346	349	4	As specified for UB-04	42-13	56, 57, 89, 90
51	Revenue Center Units 13	Signed numeric	350	356	7	As specified for UB-04	46-13	64, 65, 66
52	Revenue Center Charges 13	Signed numeric	357	366	8	Dollars and cents with an implied decimal	47-13	60, 61
53	Revenue Center Code 14	Unsigned numeric	367	370	4	As specified for UB-04	42-14	56, 57, 89, 90
54	Revenue Center Units 14	Signed numeric	371	377	7	As specified for UB-04	46-14	64, 65, 66
55	Revenue Center Charges 14	Signed numeric	378	387	8	Dollars and cents with an implied decimal	47-14	60, 61
56	Revenue Center Code 15	Unsigned numeric	388	391	4	As specified for UB-04	42-15	56, 57, 89, 90
57	Revenue Center Units 15	Signed numeric	392	398	7	As specified for UB-04	46-15	64, 65, 66
58	Revenue Center Charges 15	Signed numeric	399	408	8	Dollars and cents with an implied decimal	47-15	60, 61
59	Revenue Center Code 16	Unsigned numeric	409	412	4	As specified for UB-04	42-16	56, 57, 89, 90
60	Revenue Center Units 16	Signed numeric	413	419	7	As specified for UB-04	46-16	64, 65, 66
61	Revenue Center Charges 16	Signed numeric	420	429	8	Dollars and cents with an implied decimal	47-16	60, 61
62	Revenue Center Code 17	Unsigned numeric	430	433	4	As specified for UB-04	42-17	56, 57, 89, 90
63	Revenue Center Units 17	Signed numeric	434	440	7	As specified for UB-04	46-17	64, 65, 66

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
64	Revenue Center Charges 17	Signed numeric	441	450	8	Dollars and cents with an implied decimal	47-17	60, 61
65	Revenue Center Code 18	Unsigned numeric	451	454	4	As specified for UB-04	42-18	56, 57, 89, 90
66	Revenue Center Units 18	Signed numeric	455	461	7	As specified for UB-04	46-18	64, 65, 66
67	Revenue Center Charges 18	Signed numeric	462	471	8	Dollars and cents with an implied decimal	47-18	60, 61
68	Revenue Center Code 19	Unsigned numeric	472	475	4	As specified for UB-04	42-19	56, 57, 89, 90
69	Revenue Center Units 19	Signed numeric	476	482	7	As specified for UB-04	46-19	64, 65, 66
70	Revenue Center Charges 19	Signed numeric	483	492	8	Dollars and cents with an implied decimal	47-19	60, 61
71	Revenue Center Code 20	Unsigned numeric	493	496	4	As specified for UB-04	42-20	56, 57, 89, 90
72	Revenue Center Units 20	Signed numeric	497	503	7	As specified for UB-04	46-20	64, 65, 66
73	Revenue Center Charges 20	Signed numeric	504	513	8	Dollars and cents with an implied decimal	47-20	60, 61
74	Revenue Center Code 21	Unsigned numeric	514	517	4	As specified for UB-04	42-21	56, 57, 89, 90
75	Revenue Center Units 21	Signed numeric	518	524	7	As specified for UB-04	46-21	64, 65, 66
76	Revenue Center Charges 21	Signed numeric	525	534	8	Dollars and cents with an implied decimal	47-21	60, 61
77	Revenue Center Code 22	Unsigned numeric	535	538	4	As specified for UB-04	42-22	56, 57, 89, 90
78	Revenue Center Units 22	Signed numeric	539	545	7	As specified for UB-04	46-22	64, 65, 66
79	Revenue Center Charges 22	Signed numeric	546	555	8	Dollars and cents with an implied decimal	47-22	60, 61
80	Total Charges	Unsigned numeric	556	565	8	Dollars and cents with an implied decimal; If greater than \$999,999.99, then use 99999999	47-23	72, 73, 74
81	Payer Identifier A	Alphanumeric	566	590	25	Enter the Board of Health approved payer designation which will be the nationally assigned payer ID, its successor, or English description of the payer.	50 A per instructions	

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
82	Payer Code A	Alphanumeric	591	592	2	For VHHA only		
83	Payer Identifier B	Alphanumeric	593	617	25	Enter the Board of Health approved payer designation which will be the nationally assigned payer ID, its successor, or English description of the payer.	50 B per instructions	
84	Payer Code B	Alphanumeric	618	619	2	For VHHA only		
85	Payer Identifier C	Alphanumeric	620	644	25	Enter the Board of Health approved payer designation which will be the nationally assigned payer ID, its successor, or English description of the payer.	50 C per instructions	
86	Payer Code C	Alphanumeric	645	646	2	For VHHA only		
87	Patient Relationship to Insured A	Alphanumeric	647	648	2	See UB-04 manual for valid codes.	59 A	44, 45, 82
88	Patient Social Security Number (SSN)	Alphanumeric	649	657	9	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	46, 47, 83, 86, 87, 88, 97, 99, 102, 103, 104
89	Employment Status Code	Alphanumeric	658	658	1	Use the following codes: 1 - Employed Full Time 2 - Employed Part Time 3 - Not Employed 4 - Self-employed 5 - Retired 6 - On Active Military Duty 9 - Unknown		26, 80
90	Employer Identifier	Alphanumeric	659	682	24	Enter the federally approved EIN, or employer name, whichever is adopted by the Board of Health.	65 A with name/code s noted in instructions.	
91	Principal Diagnosis Code	Alphanumeric	683	690	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67	51, 52, 53, 107, 111, 115
92	Other Diagnosis Code 1	Alphanumeric	691	698	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-A	51, 52, 107, 112

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
93	Other Diagnosis Code 2	Alphanumeric	699	706	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-B	51, 52, 107, 112
94	Other Diagnosis Code 3	Alphanumeric	707	714	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-C	51, 52, 107, 112
95	Other Diagnosis Code 4	Alphanumeric	715	722	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-D	51, 52, 107, 112
96	Other Diagnosis Code 5	Alphanumeric	723	730	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-E	51, 52, 107, 112
97	Other Diagnosis Code 6	Alphanumeric	731	738	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-F	51, 52, 107, 112
98	Other Diagnosis Code 7	Alphanumeric	739	746	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-G	51, 52, 107, 112
99	Other Diagnosis Code 8	Alphanumeric	747	754	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-H	51, 52, 107, 112
100	Other Diagnosis Code 9	Alphanumeric	755	762	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-I	51, 52, 107, 112
101	Other Diagnosis Code 10	Alphanumeric	763	770	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-J	51, 52, 107, 112
102	Other Diagnosis Code 11	Alphanumeric	771	778	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-K	51, 52, 107, 112
103	Other Diagnosis Code 12	Alphanumeric	779	786	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-L	51, 52, 107, 112

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
104	Other Diagnosis Code 13	Alphanumeric	787	794	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-M	51, 52, 107, 112
105	Other Diagnosis Code 14	Alphanumeric	795	802	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-N	51, 52, 107, 112
106	Other Diagnosis Code 15	Alphanumeric	803	810	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-O	51, 52, 107, 112
107	Other Diagnosis Code 16	Alphanumeric	811	818	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-P	51, 52, 107, 112
108	Other Diagnosis Code 17	Alphanumeric	819	826	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-Q	51, 52, 107, 112
109	Admitting Diagnosis Code	Alphanumeric	827	833	7	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	69	12, 52, 75, 110, 114
110	External Cause of Injury Code 1	Alphanumeric	834	841	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-a	94, 95, 107, 113
111	External Cause of Injury Code 2	Alphanumeric	842	849	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-b	94, 95, 107, 113
112	External Cause of Injury Code 3	Alphanumeric	850	857	8	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-c	94, 95, 107, 113
113	Principal Procedure Code	Alphanumeric	858	864	7	Codes set ICD-10 or their successors, omit decimal	74	34, 35
114	Principal Procedure Date	Unsigned numeric	865	870	6	Date in MMDDYY format	74	36, 37, 38, 40, 41
115	Other Procedure Code A	Alphanumeric	871	877	7	Codes set ICD-10 or their successors, omit decimal	74-a	34, 35

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
116	Other Procedure Date A	Unsigned numeric	878	883	6	Date in MMDDYY format	74-a	36, 37, 38, 40, 41
117	Other Procedure Code B	Alphanumeric	884	890	7	Codes set ICD-10 or their successors, omit decimal	74-b	34, 35
118	Other Procedure Date B	Unsigned numeric	891	896	6	Date in MMDDYY format	74-b	36, 37, 38, 40, 41
119	Other Procedure Code C	Alphanumeric	897	903	7	Codes set ICD-10 or their successors, omit decimal	74-c	34, 35
120	Other Procedure Date C	Unsigned numeric	904	909	6	Date in MMDDYY format	74-c	36, 37, 38, 40, 41
121	Other Procedure Code D	Alphanumeric	910	916	7	Codes set ICD-10 or their successors, omit decimal	74-d	34, 35
122	Other Procedure Date D	Unsigned numeric	917	922	6	Date in MMDDYY format	74-d	36, 37, 38, 40, 41
123	Other Procedure Code E	Alphanumeric	923	929	7	Codes set ICD-10 or their successors, omit decimal	74-e	34, 35
124	Other Procedure Date E	Unsigned numeric	930	935	6	Date in MMDDYY format	74-e	36, 37, 38, 40, 41
125	Attending Physician	Alphanumeric	936	945	10	Physician's Individual NPI	76	79, 92
126	Operating Physician	Alphanumeric	946	955	10	Physician's Individual NPI	77	76, 93
127	Other Physician/Provider 1	Alphanumeric	956	965	10	Physician's Individual NPI	78	106
128	Other Physician/Provider 2	Alphanumeric	966	975	10	Physician's Individual NPI	79	106
129	Infant Birth Weight (in grams).	Unsigned numeric	976	979	4	Required by VHI. Required for infants only.	39-41, Value Code 54	30, 91
130	Patient Race	Unsigned numeric	980	980	1	Required by VHI. Use the following codes: 0 - White 1 - Black 2 - Other, specified 3 - Asian 4 - American Indian 5 - Hispanic - White 6 - Hispanic - Black 9 - Unknown, not recorded		54, 55

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	Edit Error Codes
131	Patient Street Address	Alphanumeric	981	1020	40	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	108
132	Patient City or County	Alphanumeric	1021	1050	30	Patient City or County is a required field. Enter the valid patient's complete City or County of residence.	9b	109
133	Patient Legal Status	Unsigned numeric	1051	1052	2	<p>Required by VHI. Required only for patients where TDO status is applicable. Keep blank if not applicable. Use the following codes:</p> <p>01 - Parental admission of minors < 14 and non-objecting minors 14 years of age or older 02 - Parental admission of objecting minor 14 years of age or older 03 - Involuntary TDO (minor) 04 - Involuntary commitment (minor) 05 - Voluntary admission (adult) 06 - Involuntary TDO (adult) 07 - Sexually violent predators (prisoners or defendants)</p>		116

Inpatient Data Edits

Hospital Medicare Provider Number

The hospital Medicare provider number (MPN) is a six-digit identifier for the health care facility. It may be either a CMS-issued Medicare provider number, or a VHI-issued identifier.

Code	Definition
27	Provider ID is a required field.
29	Provider ID must be a valid Medicare provider number or VHI-issued identifier.

Hospital National Provider Identifier

The hospital NPI is the organizational national provider identifier (NPI) for the health care facility.

Code	Definition
28	Provider NPI is invalid.

Patient Control Number

The patient control number (PCN) is for use by a provider to facilitate retrieval of records by hospital. PCN is not a required field, but counts of blanks vs. values are displayed. No edits are performed.

Discharge Date

The discharge date is the date the patient was discharged from the hospital. The format is MMDDYYYY.

Code	Definition
20	Discharge date cannot be before the admission date.
21	Discharge date must be a legal date.
22	Discharge date is a required field.
23	Discharge date must be length 8.
24	Discharge date must be numeric.
25	Discharge date must be in the quarter.

Patient ZIP Code

The ZIP code field is the residential ZIP code of the patient verified by use in the U.S. Postal Service ZIP code table. If the patient address is domestic but the ZIP code is unknown, use XXXXX. For foreign addresses lacking USPS ZIP codes, use YYYYYY.

Code	Definition
48	ZIP Code must be at least length 5.
49	ZIP Code must be numeric, XXXXX or YYYYYY.
50	Must be a valid ZIP Code (FIPS).
84	ZIP code is a required field.

Patient Date of Birth

Birth date of the patient. The format is MMDDYYYY.

Code	Definition
14	Birth date is a required field.

Code	Definition
15	Birth date must be length 8.
16	Birth date must be numeric.
17	Birth date must be a legal date.
18	Birth date cannot be later than Admission date unless newborn within 3 days of admission.
19	Must be born in the 19th, 20th or 21st century.
96	Birth date indicates improbable age > 119 years.

Patient Sex

The sex of the patient. This field is included in form locator 11 of the UB-04 form.

Code	Definition
69	Sex is a required field.
70	Sex must be M, F or U.

Possible values are:

Value	Definition
M	Male
F	Female
U	Not recorded, unknown

Admission Date

The admission date is the date the patient was admitted for service. Format is MMDDYYYY.

Code	Definition
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 a legal date.
5	Admission date must not be more than three years before the start of the quarter.
6	Admission date must be before discharge date.

Admission Hour

The admission hour is formatted in military time (00-23). Use 99 if the admission hour is unknown.

Code	Definition
7	Admission hour must be a valid military hour 00-23, or 99.
77	Admission hour is a required field.

Admission Type

The admission type indicates the priority of the admission or visit. For newborns (admission type 4), a different set of admission source values is allowed.

Code	Definition
8	Valid admission types are 1, 2, 3, 4, 5, 9.
9	Admission source is not valid for discharge date range when admission type = 4.
11	If admission type = 4, then birth date must be within 3 days of admission date.
78	Admission type is a required field.

Discharge Date Range	Admission Source Allowable Values for Type = 4
Before 10/01/2007	1-4, 9
10/01/2007 – 12/31/2007	1-6, 9
Starting with 01/01/2008	5, 6

Admission Source

The admission source is the place of origin for admission or visit. The place of origin is where the patient came from before admission to the provider's facility. The admission source is not a source of physician's order or referral. See UB-04 definitions of form locator 15 for the distinction between source of admission and source of referral. A different set of admission source values is used when the patient is a newborn.

Code	Definition
71	Admission source must be valid for discharge date range.
85	Admission source is a required field.

Discharge Date Range	Admission Source Allowable Values
Before 10/01/2007	1-9, A, B, C, D
10/01/2007 – 12/31/2007	1-9, A, B, C, D, E, F

01/01/2008 – 06/30/2010	1, 2, 4-9, B, C, D, E, F
Starting with 07/01/2010	1, 2, 4, 5, 6, 8, 9, D, E, F

Patient Discharge Status

The patient discharge status indicates the disposition of the patient at the time of discharge from the health facility.

Code	Definition
42	Patient status must be length 2.
43	Patient status value must be valid for discharge date range.
81	Patient status is a required field.

Discharge Date Range	Patient Discharge Status Allowable Values
Before 10/01/2003	01-08, 20, 50, 51, 61, 62, 63, 64, 71 & 72
10/01/2003 – 03/31/2004	01-08, 20, 43, 50, 51, 61, 62, 63 & 64
04/01/2004 – 09/30/2005	01-08, 20, 43, 50, 51, 61, 62, 63, 64 & 65
10/01/2005 – 12/31/2005	01-07, 20, 43, 50, 51, 61, 62, 63, 64 & 65
01/01/2006 – 09/30/2007	01-07, 20, 43, 50, 51, 61, 62, 63, 64, 65 & 66
10/01/2007 – 12/31/2007	01-07, 20, 43, 50, 51, 61-66 & 70
01/01/2008 – 09/30/2009	01-07, 20, 41-43, 50, 51, 61-66 & 70
10/01/2009 – 09/30/2013	01-07, 20, 21, 41-43, 50, 51, 61-66 & 70
Starting with 10/01/2013	01-07, 20, 21, 41-43, 50, 51, 61-66, 69, 70, & 81-95

Medical Record Number

The medical record number (MRN) is used by the provider to facilitate retrieval of records by hospital. This is not a required field but counts of blanks vs. values are collected.

Revenue Code

Revenue codes are listed in the UB-04 manual. A code of "0001" indicates the total charges and, if used, should be the last occurrence in a set of data. There can be up to 22 occurrences of revenue codes.

Code	Definition
56	Revenue code must be numeric.
57	Revenue code must be a valid VHI (UB-04) revenue code.
58	The first revenue code occurrence is a required field.

Revenue Code "0001" edits

These edits check for the existence of the "0001" value in one of the Revenue Code fields.

Code	Definition
89	Revenue code 0001 is required (for data prior to Q2 2008).
90	Revenue code 0001 (if present) must equal the sum of all Revenue Charge fields +/- 500.

Revenue Units

Revenue units quantify the services rendered as coded by the revenue codes. There can be up to 22 occurrences.

Code	Definition
64	Units required since corresponding revenue code is present.
65	Units must be numeric.
66	Units must be zero since the corresponding revenue code is blank.
68	The first revenue units field is a required field.

Revenue Charges

Revenue charges are charges associated with the units or service rendered. If the revenue code is "0001", then the associated revenue charge should be the total of all charges. There can be up to 22 occurrences.

Code	Definition
60	Charges must be numeric.
61	Charges must be zero since the corresponding revenue code is blank.

Total Charges

Code	Definition
72	Total charges must be numeric.
73	Total charges must equal the sum of all revenue charge fields +/- 500.
74	Total charges is required.

Payer Identifiers

The payer identification must be the name of the payer from which the provider might expect some payment. There can be up to three payers. The first payer field is checked for entry only. Counts of blanks vs. values are displayed.

Patient Relationship to Insured

This value is a code indicating the relationship between the patient and the identified party which is insured, commonly referred to as the subscriber. Only include the patient relationship referring to the primary payer.

Code	Definition
44	Patient relationship value must be valid for discharge date range.
45	Patient relationship must be length 2.
82	Patient relationship is a required field for discharges before July 1, 2009.

Discharge Date Range	Patient Relationship Allowable Values
Before 10/01/2003	01-19
10/01/03 – 12/31/2003	01-24, 29, 32, 33, 36, 39, 40, 41, 43, 53 & G8
01/01/2004 – 12/31/2007	01, 04, 05, 07, 10, 15, 17-24, 29, 32, 33, 36, 39-41, 43 & 53 & G8
Starting with 01/01/2008	01, 18-21, 39, 40, 53 & G8

Patient Social Security Number (SSN)

The patient's social security number is not a field included in the UB-04 form, but is required by VHI for patient identification purposes.

If there is an SSN error and the patient is less than four years of age, then warning code 97 is issued. If there is an SSN error and the patient is a foreign citizen or resident based on a ZIP code value of “YYYYY”, then warning code 99 is issued. Warning codes do not count against the accuracy rate of the data.

Code	Definition
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.

Employment Status Code

The insurance subscriber's employment status is not included in the UB-04 form, but is a value collected by VHI. Only include the employment status of the subscriber corresponding to the primary payer.

Code	Definition
26	Employment Status value must be between 1-6 or 9.
80	Employment Status is a required field for discharges before July 1, 2008.

Employer Identifier

This field corresponds to UB-04 form locator 58 for the name of the employer that provides health care coverage for the insured subscriber. This field is checked for entry only. Only include the employer name of the subscriber corresponding to the primary payer. Counts of blanks vs. values are collected.

Principal Diagnosis Code

For the principal diagnosis, standard ICD-10-CM coding is required. The decimal should be omitted.

Code	Definition
51	Principal diagnosis is invalid.
52	Diagnosis is inappropriate for patient sex.
53	Principal diagnosis is a required field.
107	Invalid POA value. Must be "Y", "N", "U", "W" or "1" for each non-blank diagnosis code.
111	External cause of injury codes (V00-Y99) may not be used as principal diagnosis.
115	Manifest diagnosis codes may not be used as principal diagnosis.

Other Diagnosis Codes

For other (secondary) diagnosis codes, standard ICD-10-CM coding is required. The decimal should be omitted. Up to seventeen other diagnoses may be reported.

Code	Definition
51	Secondary diagnosis is invalid.
52	Secondary diagnosis is inappropriate for patient sex.
107	Invalid POA value. Must be "Y", "N", "U", "W" or "1" for each non-blank diagnosis code.
112	External cause of injury codes (V00-Y99) may not be used as secondary diagnosis codes.

Admitting Diagnosis Code

For the admitting diagnosis code, standard ICD-10-CM coding is required. The decimal should be omitted.

Code	Definition
12	Admitting diagnosis is invalid.
52	Admitting diagnosis is inappropriate for patient sex.
75	Admitting diagnosis is a required field.
110	External cause of injury codes (V00-Y99) may not be used as admitting diagnosis.
114	Manifest diagnosis codes may not be used as admitting diagnosis.

External Cause of Injury Codes

The external cause of injury code is a special diagnosis code pertaining to environmental events, circumstances, and conditions as the cause of injury, poisoning, or other adverse effects. In ICD-10-CM, these codes are in the range V00-Y99.

Code	Definition
94	Invalid diagnosis or does not start with an "E" (pre-Oct 1, 2015 discharges).
95	Diagnosis started with an "E" but is inappropriate for the patient sex (pre-Oct 1, 2015 discharges).
107	Invalid POA value. Must be "Y", "N", "U", "W" or "1" for each non-blank diagnosis code.
113	Only external cause of injury codes (V00-Y99) may be reported in the external cause of injury fields.

Procedure Codes

The principal procedure code is the first in the procedure code set. There are five subsequent procedure code fields for up to five other procedures. Standard ICD-10-PCS coding is required for all procedure codes.

Code	Definition
34	Procedure is inappropriate for patient sex.
35	Procedure is invalid.

Procedure Dates

The procedure dates fields include the dates of the principal procedure and up to five other procedures performed. The format is MMDDYY.

Code	Definition
36	Procedure date must be length 6.
37	Procedure date must be numeric.
38	Procedure date must be a valid date.
40	Procedure date must be between 3 days before admission date & 3 days after discharge date.
41	Procedure date is required since a procedure is present.

Attending Physician ID

For the attending physician ID, the 10-digit national provider identifier (NPI) is required.

Code	Definition
79	Attending physician is a required field.
92	Attending physician value is invalid.

Operating Physician ID

For the operating physician ID, the 10-digit national provider identifier (NPI) is required. If no operating physician was present to perform a procedure, this value can be left blank. These edits are only executed when the principal procedure has a value.

Code	Definition
76	Operating physician ID required when a procedure is performed.
93	Operating physician ID value is invalid.

Other Physician IDs

For the other physician, the 10-digit national provider identifier (NPI) is required. There can be up to two other physician NPI values. These values are only required if physicians besides the attending and operating physician were present on the claim. Otherwise, these values can be left blank.

Code	Definition
106	Other Physician ID value is invalid.

Infant Birth Weight

The infant birth weight is only required when the admission type is 4 for newborn patients. This value corresponds to value code 54 included in UB-04 form locators 39-41. The birth weight must be in grams.

Code	Definition
30	Infant birth weight must be numeric.
91	Infant birth weight is required if DX1 is between V30-V39.

Patient Race

The race of the patient. This field is not included in the UB-04 form, but is required.

Code	Definition
54	Race is a required field.
55	Race must be between 0 and 6, or 9.

Possible values are:

Value	Definition
0	White, Non-Hispanic
1	Black
2	Other specified
3	Asian
4	American Indian
5	White, Hispanic
6	Black, Hispanic
9	Unknown or not recorded

Patient Street Address

The patient street address is a residential street number and street name which is included in form locator 9a in the UB-04 form. Do not include PO box numbers.

Code	Definition
108	Patient Street Address is a required field.

Patient City or County

The patient city or county is a part of the patient's mailing address included in form locator 9b in the UB-04 form.

Code	Definition
109	Patient City or County is a required field.

Patient Legal Status

The patient legal status field is only required for patients where temporary detention order (TDO) status is applicable. Keep blank if not applicable.

Code	Definition
116	Patient legal status is invalid.

Possible values are:

Value	Definition
01	Parental admission of minors < 14 and non-objecting minors 14 years of age or older
02	Parental admission of objecting minor 14 years of age or older
03	Involuntary TDO (minor)
04	Involuntary commitment (minor)
05	Voluntary admission (adult)
06	Involuntary TDO (adult)
07	Sexually violent predators (prisoners or defendants)