

**Information for  
Submission of  
Outpatient Surgical Data  
to  
Virginia Health Information**

**January 2008**

# Submission of Outpatient Surgical Data

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## Background

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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 New Law?

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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?

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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. As an alternative, if a reporting entity performs fewer than 100 or more of the selected procedures annually, paper copies of claims (HCFA 1500 or UB-92 or successors) may be provided with patient names and street address removed.

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?

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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 Cholecystectomy
  - 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-9-CM Codes are to be Reported?**

Please refer to Attachment #2, **Required Outpatient Surgical Procedures and Related CPT and ICD-9 CM Procedure Codes**, for a detailed list of CPT codes and ICD-9-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.

### **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**

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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**

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Processed and verified data is that which pass edits for 95% of all records electronically submitted by a provider. These edits are posted on VHI's website at [www.vhi.org](http://www.vhi.org). 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**

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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**

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Until January 1, 2004, reporting entities performing fewer than 100 procedures may submit UB-92 or HCFA-1500 paper forms. Care must be taken to remove patient names and street addresses (include patient zip code only). Ensure the patient identifier (not subscriber identifier) is present as well as the primary payer (self pay must be marked as such). All copies must be legible to be accepted.

**Figure 1- Data Submission Types**

| <b>Type of Submission</b>                  | <b>Frequency of Submission</b>                | <b>Fee Applied</b>  | <b>Notes</b>   |
|--|---|---|--|
| <b>Processed and Verified</b>              | 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 records are submitted late  |
| <b>Non-verified, electronic submission</b> | 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  |
| <b>Paper Submission</b>                    | 45 days following end of calendar quarter     | May be established by Board of Health effective for procedures performed after September 30, 2002. \$0.75 per record to accompany submission of records | Paper submission only allowed for reporting entities performing less than 100 of selected procedures annually. Paper submission only allowed until January 1, 2004 |

## **Electronic Submission**

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Attachment #3, **VHI Outpatient Record Layout**, 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. For more information on this visit [www.vhi.org](http://www.vhi.org).

## **Records in Error**

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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**

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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 electronic or paper submission of quarterly data.

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

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Copies of the law as passed are available on the legislative information system. The URL for direct access to the law is: <http://leg1.state.va.us>. The bill was passed during the 2001 session and numbered HB2763.

## **May I gain access to this data?**

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Yes, non-confidential data that does not identify individual patients may be made available to individuals and organizations for the purposes noted above. If you are interested in this information please indicate interest by email to [info@vhi.org](mailto:info@vhi.org) or by calling 804-643-5573.

## Attachment 1

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### Outpatient Data Notification Form

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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. 124  
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.
- We will submit paper copies of UB-92s or HCFA 1500s

Indicate below the contact person:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person completing form: \_\_\_\_\_

## Attachment 2

### Required Outpatient Surgical Procedures and Related CPT and ICD-9 CM Procedure Codes

| CPT Code   | CPT Description  | ICD-9 Procedure      |
|--|--|----------------------|
| <b>COLONOSCOPY (Group 01)</b>                            |  |                      |
| 45355  | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple  | 4525<br>4521<br>4824 |
| 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) | 4685<br>4523         |
| 45379  | with removal of foreign body   | 4523<br>9805         |
| 45380  | with biopsy, single or multiple  | 4525<br>4824         |
| 45382  | with control of bleeding, any method   | 4543                 |
| 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  | 4543<br>4835         |
| 45384  | with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery   | 4543<br>4832         |
| 45385  | with removal of tumor(s), polyp(s) or other lesion(s) by snare technique   | 4542<br>4836         |
| <b>LAPAROSCOPY &amp; LAPAROSCOPIC SURGERY (Group 02)</b> |  |                      |
| 49320  | Laparoscopy, abdomen, peritoneum and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)  | 5421                 |
| 49321  | Laparoscopy, surgical: with biopsy (single or multiple)  | 5424<br>5421         |
| 49322  | with aspiration of cavity or cyst (e.g. Ovarian cyst) single or multiple   | 5424<br>6591<br>5421 |
| 49323  | with drainage of lymphocele to peritoneal cavity   | 5421<br>540          |
| 49329  | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum  | 5421<br>5499         |
| 58550  | Laparoscopy, surgical: with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)                      | 6851                 |
| 58551  | with removal of leiomyomata (single or multiple)   | 6829<br>5421         |
| 58559  | with lysis of intrauterine adhesions (any method)  | 6821<br>6812         |
| 58560  | with division or resection of intrauterine septum (any method)   | 6822<br>6812         |

| <b>CPT Code</b>                         | <b>CPT Description</b>  | <b>ICD-9 Procedure</b> |
|---|---|------------------------|
| 58561                                   | with removal of leiomyomata   | 6829<br>6812           |
| 58563                                   | with endometrial ablation (any method)  | 6823                   |
| 58578                                   | Unlisted laparoscopy procedure, uterus  | 6999<br>5421           |
| 58579                                   | Unlisted hysteroscopy procedure, uterus   | 6812                   |
| 58660                                   | Laparoscopy, surgical with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)             | 6581                   |
| 58661                                   | with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)                     | 6541                   |
| 58662                                   | with fulguration or excision of lesions of the ovary, pelvic viscera or peritoneal surface by any method    | 6525                   |
| 58670                                   | with fulguration of oviducts (with or without transection)  | 6629                   |
| 58671                                   | with occlusion of oviducts by device (e.g. band, clip or Falope ring)                                       | 6629                   |
| 58672                                   | with fimbrioplasty  | 6679<br>5421           |
| 58673                                   | with salpingostomy (salpingoneostomy)   | 6602<br>5421           |
| 58679                                   | Unlisted laparoscopy procedure, oviduct, ovary  | 6599<br>5421           |
| 47562                                   | Laparoscopy, surgical; cholecystectomy  | 5123                   |
| 47563                                   | cholecystectomy with cholangiography  | 5123<br>8753           |
| 47564                                   | cholecystectomy with exploration of common duct   | 5123<br>5151<br>5183   |
| 47570                                   | cholecysto-enterostomy  | 5132<br>5421           |
| 47579                                   | Unlisted laparoscopy procedure, biliary tract   | 5199<br>5421           |
| 49650                                   | Laparoscopy, surgical: repair initial inguinal hernia   | 5300<br>5421           |
| 49651                                   | repair recurrent inguinal hernia  | 5300<br>5421           |
| 49659                                   | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy                                     | 539<br>5421            |
| <b>SURGERY OF THE BREAST (Group 03)</b> |   |                        |
| 19102                                   | Biopsy of breast; percutaneous, needle core, using imaging guidance   | 8511                   |
| 19103                                   | percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance                   | 8511                   |
| 19110                                   | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct | 850                    |
| 19112                                   | Excision of lactiferous duct fistula  | 8520                   |

| <b>CPT Code</b> | <b>CPT Description</b>   | <b>ICD-9 Procedure</b>               |
|-----------------|--|--------------------------------------|
| 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 | 8521                                 |
| 19125           | Excision of breast lesion identified by preoperative placement of radiological marker, open, single lesion   | 8521                                 |
| 19126           | Each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)   | 8521                                 |
| 19140           | Mastectomy for gynecomastia  | 8534                                 |
| 19160           | Mastectomy, partial;   | 8523                                 |
| 19290           | Preoperative placement of needle localization wire, breast   | 8519                                 |
| 19291           | each additional lesion (List separately in addition to code for primary procedure)   | 8519                                 |
| 19499           | Unlisted procedure, breast   | 8599                                 |
| 19316           | Mastopexy  | 856                                  |
| 19318           | Reduction mammoplasty  | 8531                                 |
| 19324           | Mammoplasty, augmentation; without prosthetic implant  | 8550                                 |
| 19325           | with prosthetic implant  | 8553U<br>8554B                       |
| 19328           | Removal of intact mammary implant  | 8594                                 |
| 19330           | Removal of mammary implant material  | 8594                                 |
| 19340           | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction  | 8553U<br>8554B                       |
| 19342           | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction  | 8553U<br>8554B                       |
| 19350           | Nipple/areola reconstruction   | 8587                                 |
| 19355           | Correction of inverted nipples   | 8587                                 |
| 19357           | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion  | 8595                                 |
| 19361           | Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant   | 8585<br>8554B                        |
| 19364           | Breast reconstruction with free flap   | 8581<br>8582<br>8583<br>8584<br>8586 |
| 19366           | Breast reconstruction with other technique   | 8589                                 |
| 19367           | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;  | 857                                  |
| 19368           | with microvascular anastomosis (supercharging)   | 857                                  |
| 19369           | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site   | 857                                  |
| 19370           | Open periprosthetic capsulotomy, breast  | 850                                  |
| 19371           | Periprosthetic capsulectomy, breast  | 8594                                 |
| 19380           | Revision of reconstructed breast   | 8589                                 |

| <b>CPT Code</b>                  | <b>CPT Description</b>   | <b>ICD-9 Procedure</b> |
|----------------------------------|--|------------------------|
| 19396                            | Preparation of moulage for custom breast implant   | CPT only               |
| <b>HERNIA REPAIR (Group 04)</b>  |  |                        |
| 49495                            | Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible  | 5300                   |
| 49496                            | incarcerated or strangulated   | 5300                   |
| 49500                            | Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible   | 5300                   |
| 49501                            | incarcerated or strangulated   | 5300                   |
| 49505                            | Repair initial inguinal hernia, age 5 years or over; reducible   | 5300                   |
| 49507                            | incarcerated or strangulated   | 5300                   |
| 49520                            | Repair recurrent inguinal hernia, any age; reducible   | 5300                   |
| 49521                            | incarcerated or strangulated   | 5300                   |
| 49525                            | Repair inguinal hernia; sliding, any age   | 5300                   |
| 49540                            | Repair lumbar hernia   | 539                    |
| 49550                            | Repair initial femoral hernia, any age; reducible  | 5329                   |
| 49553                            | incarcerated or strangulated   | 5329                   |
| 49555                            | Repair recurrent femoral hernia; reducible   | 5329                   |
| 49557                            | incarcerated or strangulated   | 5329                   |
| 49560                            | Repair initial incisional or ventral hernia; reducible   | 5351                   |
| 49561                            | incarcerated or strangulated   | 5351                   |
| 49565                            | Repair recurrent incisional or ventral hernia; reducible   | 5351                   |
| 49566                            | incarcerated or strangulated   | 5351                   |
| 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) | 5351<br>(49565)        |
| 49570                            | Repair epigastric hernia (e.g. Preperitoneal fat); reducible (separate procedure)  | 5359                   |
| 49572                            | incarcerated or strangulated   | 5359                   |
| 49580                            | Repair umbilical hernia, under age 5 years; reducible  | 5359                   |
| 49582                            | incarcerated or strangulated   | 5359                   |
| 49585                            | Repair umbilical hernia, age 5 years or over; reducible  | 5349                   |
| 49587                            | incarcerated or strangulated   | 5349                   |
| 49590                            | Repair spigelian hernia  | 5359                   |
| 49600                            | Repair of small omphalocele, with primary closure  | 5349                   |
| 49605                            | Repair of large omphalocele or gastroschisis; with or without prosthesis   | 5341                   |
| 49606                            | with removal of prosthesis, final reduction and closure, in operating room   | 5341                   |
| 49610                            | Repair of omphalocele (Gross type operation); first stage  | 5349                   |
| 49611                            | second stage   | 5349                   |
| <b>LIPOSUCTION (Group 05)</b>    |  |                        |
| 15876                            | Suction assisted lipectomy; head and neck  | 8683                   |
| 15877                            | trunk  | 8683                   |
| 15878                            | upper extremity  | 8683                   |
| 15879                            | lower extremity  | 8683                   |
| <b>FACIAL SURGERY (Group 06)</b> |  |                        |

| <b>CPT Code</b>                    | <b>CPT Description</b>   | <b>ICD-9 Procedure</b> |
|------------------------------------|--|------------------------|
| 15825                              | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)  | 8682                   |
| 15828                              | cheek, chin and neck   | 8682                   |
| 15820                              | Blepharoplasty, lower eyelid;  | 0886                   |
| 15821                              | with extensive herniated fat pad   | 0886                   |
| 15822                              | Blepharoplasty, upper eyelid   | 0887                   |
| 15823                              | with excessive skin weighing down lid  | 0887                   |
| <b>KNEE ARTHROSCOPY (Group 07)</b> |  |                        |
| 29871                              | Arthroscopy, knee, surgical; for infection, lavage and drainage  | 8016                   |
| 29874                              | for removal of loose body or foreign body (e.g. Osteochondritis dissecans fragmentation, chondral fragmentation)                       | 8016                   |
| 29875                              | synovectomy, limited (e.g. Plica or shelf resection) (separate procedure)  | 8076                   |
| 29876                              | synovectomy, major, two or more compartments (e.g. medial or lateral)  | 8076                   |
| 29877                              | debridement/shaving of articular cartilage (chondroplasty)   | 8086                   |
| 29879                              | abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture                                   | 8147                   |
| 29880                              | with meniscectomy (medial AND lateral, including any meniscal shaving)   | 806                    |
| 29881                              | with meniscectomy (medial OR lateral, including any meniscal shaving)  | 806                    |
| 29882                              | with meniscus repair (medial OR lateral)   | 8147                   |
| 29883                              | with meniscus repair (medial AND lateral)  | 8147                   |
| 29884                              | with lysis of adhesions, with or without manipulation (separate procedure)   | 8046                   |
| 29885                              | drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) | 8147                   |
| 29886                              | drilling for intact osteochondritis dissecans lesion   | 8147                   |
| 29887                              | drilling for intact osteochondritis dissecans lesion with internal fixation  | 8147                   |
| 29888                              | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction  | 8145                   |
| 29889                              | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction   | 8145                   |

## Attachment 3

### Outpatient Data Record Layout (updated 06/07/06)

| Item Seq # | Data Element                   | Format    | Position From | Position Through | Instructions  | UB-92 Form Locator | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions                           |
|------------|--------------------------------|-----------|---------------|------------------|---|--------------------|------------------------|--|
| 1          | Provider Identifier            | PIC X(10) | 1             | 10               | Hospitals and ambulatory care centers enter the six-digit CMS provider number. Physician Offices and those without a CMS number should use the VHI assigned provider number. After the Board of Health adopts the NPI, you will be notified when to begin using that or any other number assigned by the Board. | See Instructions   | See Instructions       | Required - data will not be accepted if this field is missing or invalid |
| 2          | Operating Physician Identifier | PIC X(10) | 11            | 20               | Enter the Uniform Physician Identification Number (UPIN) or its successor as approved by the Board of Health for the physician identified as performing the principal procedure that requires state data submission. OTH000 and RES000 are allowed only if a number has not been assigned.                      | 83 A               | 17a but with NPI       | Warning 13, 92   |
| 3          | Record Type                    | PIC X     | 21            | 21               | The Patient Record is based on a UB-92 format or a HCFA 1500 format. Use 1 for UB-92, use 2 for HCFA 1500.  | N/A                | N/A                    | Required - data will not be accepted if this field is missing or invalid |
| 4          | Patient Control Number         | PIC X(20) | 22            | 41               | Optional: used for correction/analysis of data if needed  | 3                  | 26                     |  |
| 5          | Medical Record Number          | PIC X(23) | 42            | 64               | Optional: used for correction/analysis of data if needed  | 23                 | N/A                    |  |
| 6          | Patient Identifier (SSN)       | PIC X(9)  | 65            | 73               | 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                     |
| 7          | Patient Sex                    | PIC X     | 74            | 74               | Enter M for Male, F for Female or U for Unknown   | 15                 | 3                      | Errors 69, 70  |

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-92 Form Locator                             | HCFA 1500 Field Number                        | Edit Error Codes - see Edit Error Descriptions |
|------------|-----------------------------------|-----------|---------------|------------------|--|--|---|--|
| 8          | Date of Birth                     | PIC 9(8)  | 75            | 82               | Enter the date in MMDDYYYY format  | 14 must be in format specified in instructions | 3 must be in format specified in instructions | Errors 14, 15, 16, 17, 18, 19, 96              |
| 9          | Zip Code                          | PIC X(9)  | 83            | 91               | Enter patient zip code   | 13   | 5   | Errors 48, 49, 50, 84                          |
| 10         | Status at Discharge               | PIC 9(2)  | 92            | 93               | Enter code as appropriate to billing form and discharge date   | 22   | Use outpatient UB-92 codes 24 A               | Errors 42, 43, 81                              |
| 11         | Admission Date                    | PIC 9(8)  | 94            | 101              | Admission/start of care date in MMDDYYYY format  | 17   |   | Errors 1, 2, 3, 4, 5, 98                       |
| 12         | Admission Hour                    | PIC 9(2)  | 102           | 103              | Hour of admission in military time (00 - 23)   | 18   | See instructions                              | Errors 7, 77                                   |
| 13         | Payer Identifier A                | PIC X(25) | 104           | 128              | Enter the English description of the payer name. Payer name will 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                          | 9d per instructions                           |  |
| 14         | Payer Identifier B                | PIC X(25) | 129           | 153              | Enter the English description of the payer name. Payer name will 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                          | N/A   |  |
| 15         | Payer Identifier C                | PIC X(25) | 154           | 178              | Enter the English description of the payer name. Payer name will 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   |  |
| 16         | Patient Relationship to Insured A | PIC X(2)  | 179           | 180              | Use definitions  | 59 A   | 6   | Errors 44, 45, 82                              |
| 17         | Patient Relationship to Insured B | PIC X(2)  | 181           | 182              | Use definitions  | 59 B   | N/A   | Errors 44, 45                                  |
| 18         | Patient Relationship to Insured C | PIC X(2)  | 183           | 184              | Use definitions  | 59 C   | N/A   | Errors 44, 45                                  |
| 19         | Employer Identifier               | PIC X(24) | 185           | 208              | 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     | 9c with name/codes noted in instructions      |  |
| 20         | Employment Status Code            | PIC X     | 209           | 209              | Use definitions  | 64 A   | 8   | Error 26                                       |

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-92 Form Locator | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions |
|------------|--|----------|---------------|------------------|---|--------------------|------------------------|--|
| 21         | Admission Diagnosis                          | PIC X(6) | 210           | 215              | Codes set ICD9 or their successors, omit decimal  | 76                 | N/A                    | Errors 12, 52, 75                              |
| 22         | Principal Diagnosis                          | PIC X(6) | 216           | 221              | Codes set ICD9 or their successors, omit decimal  | 67                 | 21-1                   | Errors 51, 52, 53                              |
| 23         | Other Diagnosis 1                            | PIC X(6) | 222           | 227              | Codes set ICD9 or their successors, omit decimal  | 68                 | 21-2                   | Errors 51, 52                                  |
| 24         | Other Diagnosis 2                            | PIC X(6) | 228           | 233              | Codes set ICD9 or their successors, omit decimal  | 69                 | 21-3                   | Errors 51, 52                                  |
| 25         | Other Diagnosis 3                            | PIC X(6) | 234           | 239              | Codes set ICD9 or their successors, omit decimal  | 70                 | 21-4                   | Errors 51, 52                                  |
| 26         | Other Diagnosis 4                            | PIC X(6) | 240           | 245              | Codes set ICD9 or their successors, omit decimal  | 71                 | N/A                    | Errors 51, 52                                  |
| 27         | Other Diagnosis 5                            | PIC X(6) | 246           | 251              | Codes set ICD9 or their successors, omit decimal  | 72                 | N/A                    | Errors 51, 52                                  |
| 28         | Other Diagnosis 6                            | PIC X(6) | 252           | 257              | Codes set ICD9 or their successors, omit decimal  | 73                 | N/A                    | Errors 51, 52                                  |
| 29         | Other Diagnosis 7                            | PIC X(6) | 258           | 263              | Codes set ICD9 or their successors, omit decimal  | 74                 | N/A                    | Errors 51, 52                                  |
| 30         | Other Diagnosis 8                            | PIC X(6) | 264           | 269              | Codes set ICD9 or their successors, omit decimal  | 75                 | N/A                    | Errors 51, 52                                  |
| 31         | External Cause of Injury (ECODE)             | PIC X(6) | 270           | 275              | Codes set ICD9 or their successors, omit decimal  | 77                 | N/A                    | Errors 94, 95                                  |
| 32         | Co-morbid condition existing but not treated | PIC X(6) | 276           | 281              | Enter the code for any co-morbid conditions existing but not treated.                     | See Instructions   | See Instructions       |  |
| 33         | Principal Procedure (ICD-9)                  | PIC X(7) | 282           | 288              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 39) | 80 (ICD-9 only)    | N/A                    | Errors 34, 35                                  |
| 34         | Other Procedure A (ICD-9)                    | PIC X(7) | 289           | 295              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 40) | 81 A (ICD-9 only)  | N/A                    | Errors 34, 35                                  |
| 35         | Other Procedure B (ICD-9)                    | PIC X(7) | 296           | 302              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 41) | 81 B (ICD-9 only)  | N/A                    | Errors 34, 35                                  |
| 36         | Other Procedure C (ICD-9)                    | PIC X(7) | 303           | 309              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 42) | 81 C (ICD-9 only)  | N/A                    | Errors 34, 35                                  |
| 37         | Other Procedure D (ICD-9)                    | PIC X(7) | 310           | 316              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 43) | 81 D (ICD-9 only)  | N/A                    | Errors 34, 35                                  |
| 38         | Other Procedure E (ICD-9)                    | PIC X(7) | 317           | 323              | Codes set ICD-9 or their successors, omit decimal (if using CPT codes, fill item Seq# 44) | 81 E (ICD-9 only)  | N/A                    | Errors 34, 35                                  |
| 39         | Procedure 1 (CPT)                            | PIC X(5) | 324           | 328              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 33)                   | 80 (CPT only)      | 24 D-1                 | Errors 34, 35                                  |

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| Item Seq # | Data Element      | Format   | Position From | Position Through | Instructions  | UB-92 Form Locator | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions |
|------------|-------------------|----------|---------------|------------------|---|--------------------|------------------------|--|
| 40         | Procedure 2 (CPT) | PIC X(5) | 329           | 333              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 34) | 81 A (CPT only)    | 24 D-2                 | Errors 34, 35                                  |
| 41         | Procedure 3 (CPT) | PIC X(5) | 334           | 338              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 35) | 81 B (CPT only)    | 24 D-3                 | Errors 34, 35                                  |
| 42         | Procedure 4 (CPT) | PIC X(5) | 339           | 343              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 36) | 81 C (CPT only)    | 24 D-4                 | Errors 34, 35                                  |
| 43         | Procedure 5 (CPT) | PIC X(5) | 344           | 348              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 37) | 81 D (CPT only)    | 24 D-5                 | Errors 34, 35                                  |
| 44         | Procedure 6 (CPT) | PIC X(5) | 349           | 353              | Codes set CPT 4 or their successors (if using ICD-9, fill item Seq# 38) | 81 E (CPT only)    | 24 D-6                 | Errors 34, 35                                  |
| 45         | CPT Modifier 1-a  | PIC X(2) | 354           | 355              | Include First CPT, First Modifier, if applicable                        | N/A                | 24 D-1                 |  |
| 46         | CPT Modifier 1-b  | PIC X(2) | 356           | 357              | Include First CPT, Second Modifier, if applicable                       | N/A                | 24 D-1                 |  |
| 47         | CPT Modifier 1-c  | PIC X(2) | 358           | 359              | Include First Procedure, Third Modifier, if applicable                  | N/A                | 24 D-1                 |  |
| 48         | CPT Modifier 1-d  | PIC X(2) | 360           | 361              | Include First Procedure, Fourth Modifier, if applicable                 | N/A                | 24 D-1                 |  |
| 49         | CPT Modifier 1-e  | PIC X(2) | 362           | 363              | Include First Procedure, Fifth Modifier, if applicable                  | N/A                | 24 D-1                 |  |
| 50         | CPT Modifier 2-a  | PIC X(2) | 364           | 365              | Include Second CPT, First Modifier, if applicable                       | N/A                | 24 D-2                 |  |
| 51         | CPT Modifier 2-b  | PIC X(2) | 366           | 367              | Include Second CPT, Second Modifier, if applicable                      | N/A                | 24 D-2                 |  |
| 52         | CPT Modifier 2-c  | PIC X(2) | 368           | 369              | Include Second CPT, Third Modifier, if applicable                       | N/A                | 24 D-2                 |  |
| 53         | CPT Modifier 2-d  | PIC X(2) | 370           | 371              | Include Second CPT, Fourth Modifier, if applicable                      | N/A                | 24 D-2                 |  |
| 54         | CPT Modifier 2-e  | PIC X(2) | 372           | 373              | Include Second CPT, Fifth Modifier, if applicable                       | N/A                | 24 D-2                 |  |
| 55         | CPT Modifier 3-a  | PIC X(2) | 374           | 375              | Include Third CPT, First Modifier, if applicable                        | N/A                | 24 D-3                 |  |
| 56         | CPT Modifier 3-b  | PIC X(2) | 376           | 377              | Include Third CPT, Second Modifier, if applicable                       | N/A                | 24 D-3                 |  |
| 57         | CPT Modifier 3-c  | PIC X(2) | 378           | 379              | Include Third CPT, Third Modifier, if applicable                        | N/A                | 24 D-3                 |  |
| 58         | CPT Modifier 3-d  | PIC X(2) | 380           | 381              | Include Third CPT, Fourth Modifier, if applicable                       | N/A                | 24 D-3                 |  |
| 59         | CPT Modifier 3-e  | PIC X(2) | 382           | 383              | Include Third CPT, Fifth Modifier, if applicable                        | N/A                | 24 D-3                 |  |
| 60         | CPT Modifier 4-a  | PIC X(2) | 384           | 385              | Include Fourth CPT, First Modifier, if applicable                       | N/A                | 24 D-4                 |  |
| 61         | CPT Modifier 4-b  | PIC X(2) | 386           | 387              | Include Fourth CPT, Second Modifier, if applicable                      | N/A                | 24 D-4                 |  |
| 62         | CPT Modifier 4-c  | PIC X(2) | 388           | 389              | Include Fourth CPT, Third Modifier, if applicable                       | N/A                | 24 D-4                 |  |
| 63         | CPT Modifier 4-d  | PIC X(2) | 390           | 391              | Include Fourth CPT, Fourth Modifier, if applicable                      | N/A                | 24 D-4                 |  |
| 64         | CPT Modifier 4-e  | PIC X(2) | 392           | 393              | Include Fourth CPT, Fifth Modifier, if applicable                       | N/A                | 24 D-4                 |  |

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| Item Seq # | Data Element  | Format      | Position From | Position Through | Instructions   | UB-92 Form Locator | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions |
|------------|---|-------------|---------------|------------------|--|--------------------|------------------------|--|
| 65         | CPT<br>Modifier 5-a   | PIC<br>X(2) | 394           | 395              | Include Fifth CPT, First<br>Modifier, if applicable  | N/A                | 24 D-5                 |  |
| 66         | CPT<br>Modifier 5-b   | PIC<br>X(2) | 396           | 397              | Include Fifth CPT, Second<br>Modifier, if applicable | N/A                | 24 D-5                 |  |
| 67         | CPT<br>Modifier 5-c   | PIC<br>X(2) | 398           | 399              | Include Fifth CPT, Third<br>Modifier, if applicable  | N/A                | 24 D-5                 |  |
| 68         | CPT<br>Modifier 5-d   | PIC<br>X(2) | 400           | 401              | Include Fifth CPT, Fourth<br>Modifier, if applicable | N/A                | 24 D-5                 |  |
| 69         | CPT<br>Modifier 5-e   | PIC<br>X(2) | 402           | 403              | Include Fifth CPT, Fifth<br>Modifier, if applicable  | N/A                | 24 D-5                 |  |
| 70         | CPT<br>Modifier 6-a   | PIC<br>X(2) | 404           | 405              | Include Sixth CPT, First<br>Modifier, if applicable  | N/A                | 24 D-6                 |  |
| 71         | CPT<br>Modifier 6-b   | PIC<br>X(2) | 406           | 407              | Include Sixth CPT, Second<br>Modifier, if applicable | N/A                | 24 D-6                 |  |
| 72         | CPT<br>Modifier 6-c   | PIC<br>X(2) | 408           | 409              | Include Sixth CPT, Third<br>Modifier, if applicable  | N/A                | 24 D-6                 |  |
| 73         | CPT<br>Modifier 6-d   | PIC<br>X(2) | 410           | 411              | Include Sixth CPT, Fourth<br>Modifier, if applicable | N/A                | 24 D-6                 |  |
| 74         | CPT<br>Modifier 6-e   | PIC<br>X(2) | 412           | 413              | Include Sixth CPT, Fifth<br>Modifier, if applicable  | N/A                | 24 D-6                 |  |
| 75         | Procedure<br>1 From<br>Date                                 | PIC<br>9(8) | 414           | 421              | MMDDYYYY format                                      | N/A                | 24 A-1<br>From Date    | Errors 36, 37,<br>38, 39, 41                   |
| 76         | Principal<br>Procedure<br>Date or<br>Procedure<br>1 To Date | PIC<br>9(8) | 422           | 429              | MMDDYYYY format                                      | 80                 | 24 A-1 To<br>Date      | Errors 36, 37,<br>38, 39, 41                   |
| 77         | Procedure<br>2 From<br>Date                                 | PIC<br>9(8) | 430           | 437              | MMDDYYYY format                                      | N/A                | 24 A-2<br>From Date    | Errors 36, 37,<br>38, 39, 41                   |
| 78         | Other<br>Procedure<br>A Date or<br>Procedure<br>2 To Date   | PIC<br>9(8) | 438           | 445              | MMDDYYYY format                                      | 81 A               | 24 A-2 To<br>Date      | Errors 36, 37,<br>38, 39, 41                   |
| 79         | Procedure<br>3 From<br>Date                                 | PIC<br>9(8) | 446           | 453              | MMDDYYYY format                                      | N/A                | 24 A-3<br>From Date    | Errors 36, 37,<br>38, 39, 41                   |
| 80         | Other<br>Procedure<br>B Date or<br>Procedure<br>3 To Date   | PIC<br>9(8) | 454           | 461              | MMDDYYYY format                                      | 81 B               | 24 A-3 To<br>Date      | Errors 36, 37,<br>38, 39, 41                   |
| 81         | Procedure<br>4 From<br>Date                                 | PIC<br>9(8) | 462           | 469              | MMDDYYYY format                                      | N/A                | 24 A-4<br>From Date    | Errors 36, 37,<br>38, 39, 41                   |
| 82         | Other<br>Procedure<br>C Date or<br>Procedure<br>4 To Date   | PIC<br>9(8) | 470           | 477              | MMDDYYYY format                                      | 81 C               | 24 A-4 To<br>Date      | Errors 36, 37,<br>38, 39, 41                   |
| 83         | Procedure<br>5 From<br>Date                                 | PIC<br>9(8) | 478           | 485              | MMDDYYYY format                                      | N/A                | 24 A-5<br>From Date    | Errors 36, 37,<br>38, 39, 41                   |

| Item Seq # | Data Element                                  | Format   | Position From | Position Through | Instructions  | UB-92 Form Locator | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions |
|------------|---|----------|---------------|------------------|---|--------------------|------------------------|--|
| 84         | Other Procedure D Date or Procedure 5 To Date | PIC 9(8) | 486           | 493              | MMDDYYYY format                                     | 81 D               | 24 A-5 To Date         | Errors 36, 37, 38, 39, 41                      |
| 85         | Procedure 6 From Date                         | PIC 9(8) | 494           | 501              | MMDDYYYY format                                     | N/A                | 24 A-6 From Date       | Errors 36, 37, 38, 39, 41                      |
| 86         | Other Procedure E Date or Procedure 6 To Date | PIC 9(8) | 502           | 509              | MMDDYYYY format                                     | 81 E               | 24 A-6 To Date         | Errors 36, 37, 38, 39, 41                      |
| 87         | Revenue Center Code 1                         | PIC 9(4) | 510           | 513              | As specified for UB-92, not available for HCFA 1500 | 42-1               | N/A                    | Errors 56, 57, 58, 89, 90                      |
| 88         | Revenue Center Code 2                         | PIC 9(4) | 514           | 517              | As specified for UB-92, not available for HCFA 1500 | 42-2               | N/A                    | Errors 56, 57                                  |
| 89         | Revenue Center Code 3                         | PIC 9(4) | 518           | 521              | As specified for UB-92, not available for HCFA 1500 | 42-3               | N/A                    | Errors 56, 57                                  |
| 90         | Revenue Center Code 4                         | PIC 9(4) | 522           | 525              | As specified for UB-92, not available for HCFA 1500 | 42-4               | N/A                    | Errors 56, 57                                  |
| 91         | Revenue Center Code 5                         | PIC 9(4) | 526           | 529              | As specified for UB-92, not available for HCFA 1500 | 42-5               | N/A                    | Errors 56, 57                                  |
| 92         | Revenue Center Code 6                         | PIC 9(4) | 530           | 533              | As specified for UB-92, not available for HCFA 1500 | 42-6               | N/A                    | Errors 56, 57                                  |
| 93         | Revenue Center Code 7                         | PIC 9(4) | 534           | 537              | As specified for UB-92, not available for HCFA 1500 | 42-7               | N/A                    | Errors 56, 57                                  |
| 94         | Revenue Center Code 8                         | PIC 9(4) | 538           | 541              | As specified for UB-92, not available for HCFA 1500 | 42-8               | N/A                    | Errors 56, 57                                  |
| 95         | Revenue Center Code 9                         | PIC 9(4) | 542           | 545              | As specified for UB-92, not available for HCFA 1500 | 42-9               | N/A                    | Errors 56, 57                                  |
| 96         | Revenue Center Code 10                        | PIC 9(4) | 546           | 549              | As specified for UB-92, not available for HCFA 1500 | 42-10              | N/A                    | Errors 56, 57                                  |
| 97         | Revenue Center Code 11                        | PIC 9(4) | 550           | 553              | As specified for UB-92, not available for HCFA 1500 | 42-11              | N/A                    | Errors 56, 57                                  |
| 98         | Revenue Center Code 12                        | PIC 9(4) | 554           | 557              | As specified for UB-92, not available for HCFA 1500 | 42-12              | N/A                    | Errors 56, 57                                  |
| 99         | Revenue Center Code 13                        | PIC 9(4) | 558           | 561              | As specified for UB-92, not available for HCFA 1500 | 42-13              | N/A                    | Errors 56, 57                                  |
| 100        | Revenue Center Code 14                        | PIC 9(4) | 562           | 565              | As specified for UB-92, not available for HCFA 1500 | 42-14              | N/A                    | Errors 56, 57                                  |

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|------------|------------------------|----------|---------------|------------------|---|--------------------|------------------------|--|
| 101        | Revenue Center Code 15 | PIC 9(4) | 566           | 569              | As specified for UB-92, not available for HCFA 1500 | 42-15              | N/A                    | Errors 56, 57                                  |
| 102        | Revenue Center Code 16 | PIC 9(4) | 570           | 573              | As specified for UB-92, not available for HCFA 1500 | 42-16              | N/A                    | Errors 56, 57                                  |
| 103        | Revenue Center Code 17 | PIC 9(4) | 574           | 577              | As specified for UB-92, not available for HCFA 1500 | 42-17              | N/A                    | Errors 56, 57                                  |
| 104        | Revenue Center Code 18 | PIC 9(4) | 578           | 581              | As specified for UB-92, not available for HCFA 1500 | 42-18              | N/A                    | Errors 56, 57                                  |
| 105        | Revenue Center Code 19 | PIC 9(4) | 582           | 585              | As specified for UB-92, not available for HCFA 1500 | 42-19              | N/A                    | Errors 56, 57                                  |
| 106        | Revenue Center Code 20 | PIC 9(4) | 586           | 589              | As specified for UB-92, not available for HCFA 1500 | 42-20              | N/A                    | Errors 56, 57                                  |
| 107        | Revenue Center Code 21 | PIC 9(4) | 590           | 593              | As specified for UB-92, not available for HCFA 1500 | 42-21              | N/A                    | Errors 56, 57                                  |
| 108        | Revenue Center Code 22 | PIC 9(4) | 594           | 597              | As specified for UB-92, not available for HCFA 1500 | 42-22              | N/A                    | Errors 56, 57                                  |
| 109        | Revenue Center Code 23 | PIC 9(4) | 598           | 601              | As specified for UB-92, not available for HCFA 1500 | 42-23              | N/A                    | Errors 56, 57                                  |
| 110        | Revenue Center Units 1 | PIC S(7) | 602           | 608              |   | 46-1               | 24 G-1                 | Errors 64, 65, 66, 67, 68                      |
| 111        | Revenue Center Units 2 | PIC S(7) | 609           | 615              |   | 46-2               | 24 G-2                 | Errors 64, 65, 66, 67, 68                      |
| 112        | Revenue Center Units 3 | PIC S(7) | 616           | 622              |   | 46-3               | 24 G-3                 | Errors 64, 65, 66, 67, 68                      |
| 113        | Revenue Center Units 4 | PIC S(7) | 623           | 629              |   | 46-4               | 24 G-4                 | Errors 64, 65, 66, 67, 68                      |
| 114        | Revenue Center Units 5 | PIC S(7) | 630           | 636              |   | 46-5               | 24 G-5                 | Errors 64, 65, 66, 67, 68                      |
| 115        | Revenue Center Units 6 | PIC S(7) | 637           | 643              |   | 46-6               | 24 G-6                 | Errors 64, 65, 66, 67, 68                      |
| 116        | Revenue Center Units 7 | PIC S(7) | 644           | 650              |   | 46-7               | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 117        | Revenue Center Units 8 | PIC S(7) | 651           | 657              |   | 46-8               | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 118        | Revenue Center Units 9 | PIC S(7) | 658           | 664              |   | 46-9               | N/A                    | Errors 64, 65, 66, 67, 68                      |

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|------------|--------------------------|----------|---------------|------------------|--------------------|--------------------|------------------------|--|
| 119        | Revenue Center Units 10  | PIC S(7) | 665           | 671              |                    | 46-10              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 120        | Revenue Center Units 11  | PIC S(7) | 672           | 678              |                    | 46-11              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 121        | Revenue Center Units 12  | PIC S(7) | 679           | 685              |                    | 46-12              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 122        | Revenue Center Units 13  | PIC S(7) | 686           | 692              |                    | 46-13              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 123        | Revenue Center Units 14  | PIC S(7) | 693           | 699              |                    | 46-14              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 124        | Revenue Center Units 15  | PIC S(7) | 700           | 706              |                    | 46-15              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 125        | Revenue Center Units 16  | PIC S(7) | 707           | 713              |                    | 46-16              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 126        | Revenue Center Units 17  | PIC S(7) | 714           | 720              |                    | 46-17              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 127        | Revenue Center Units 18  | PIC S(7) | 721           | 727              |                    | 46-18              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 128        | Revenue Center Units 19  | PIC S(7) | 728           | 734              |                    | 46-19              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 129        | Revenue Center Units 20  | PIC S(7) | 735           | 741              |                    | 46-20              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 130        | Revenue Center Units 21  | PIC S(7) | 742           | 748              |                    | 46-21              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 131        | Revenue Center Units 22  | PIC S(7) | 749           | 755              |                    | 46-22              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 132        | Revenue Center Units 23  | PIC S(7) | 756           | 762              |                    | 46-23              | N/A                    | Errors 64, 65, 66, 67, 68                      |
| 133        | Revenue Center Charges 1 | PIC S(8) | 763           | 770              | Dollar amount only | 47-1               | 24 F-1                 | Errors 59, 60, 61, 62, 63                      |
| 134        | Revenue Center Charges 2 | PIC S(8) | 771           | 778              | Dollar amount only | 47-2               | 24 F-2                 | Errors 59, 60, 61, 62, 63                      |
| 135        | Revenue Center Charges 3 | PIC S(8) | 779           | 786              | Dollar amount only | 47-3               | 24 F-3                 | Errors 59, 60, 61, 62, 63                      |
| 136        | Revenue Center Charges 4 | PIC S(8) | 787           | 794              | Dollar amount only | 47-4               | 24 F-4                 | Errors 59, 60, 61, 62, 63                      |

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|------------|---------------------------|----------|---------------|------------------|--------------------|--------------------|------------------------|--|
| 137        | Revenue Center Charges 5  | PIC S(8) | 795           | 802              | Dollar amount only | 47-5               | 24 F-5                 | Errors 59, 60, 61, 62, 63                      |
| 138        | Revenue Center Charges 6  | PIC S(8) | 803           | 810              | Dollar amount only | 47-6               | 24 F-6                 | Errors 59, 60, 61, 62, 63                      |
| 139        | Revenue Center Charges 7  | PIC S(8) | 811           | 818              | Dollar amount only | 47-7               | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 140        | Revenue Center Charges 8  | PIC S(8) | 819           | 826              | Dollar amount only | 47-8               | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 141        | Revenue Center Charges 9  | PIC S(8) | 827           | 834              | Dollar amount only | 47-9               | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 142        | Revenue Center Charges 10 | PIC S(8) | 835           | 842              | Dollar amount only | 47-10              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 143        | Revenue Center Charges 11 | PIC S(8) | 843           | 850              | Dollar amount only | 47-11              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 144        | Revenue Center Charges 12 | PIC S(8) | 851           | 858              | Dollar amount only | 47-12              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 145        | Revenue Center Charges 13 | PIC S(8) | 859           | 866              | Dollar amount only | 47-13              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 146        | Revenue Center Charges 14 | PIC S(8) | 867           | 874              | Dollar amount only | 47-14              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 147        | Revenue Center Charges 15 | PIC S(8) | 875           | 882              | Dollar amount only | 47-15              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 148        | Revenue Center Charges 16 | PIC S(8) | 883           | 890              | Dollar amount only | 47-16              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 149        | Revenue Center Charges 17 | PIC S(8) | 891           | 898              | Dollar amount only | 47-17              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 150        | Revenue Center Charges 18 | PIC S(8) | 899           | 906              | Dollar amount only | 47-18              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 151        | Revenue Center Charges 19 | PIC S(8) | 907           | 914              | Dollar amount only | 47-19              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 152        | Revenue Center Charges 20 | PIC S(8) | 915           | 922              | Dollar amount only | 47-20              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 153        | Revenue Center Charges 21 | PIC S(8) | 923           | 930              | Dollar amount only | 47-21              | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 154        | Revenue Center Charges 22 | PIC S(8) | 931           | 938              | Dollar amount only | 47-22              | N/A                    | Errors 59, 60, 61, 62, 63                      |

- 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-92 Form Locator                           | HCFA 1500 Field Number | Edit Error Codes - see Edit Error Descriptions |
|------------|---------------------------|-----------|---------------|------------------|--|--|------------------------|--|
| 155        | Revenue Center Charges 23 | PIC S(8)  | 939           | 946              | Dollar amount only   | 47-23  | N/A                    | Errors 59, 60, 61, 62, 63                      |
| 156        | Total Charges             | PIC S(8)  | 947           | 954              | Dollar amount only. For UB-92, Revenue Center Code 0001 is for total charges and should be reported with the revenue code and reported here. For HCFA 1500, report total charges here. | Column 47, line containing revenue code 0001 | 28                     | Errors 72, 74                                  |
| 157        | Filler - for future use   | PIC X(20) | 955           | 974              |  | N/A  | N/A                    |  |

- 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 (-)

## Error and Edit Descriptions for Outpatient Record Processing

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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.

|             |  |
|-------------|--|
| Error 0:    | No Errors in this field  |
| Error 1:    | Admission Date is a required field   |
| Error 2:    | Admission Date must be length 8  |
| Error 3:    | Admission Date must be numeric   |
| Error 4:    | Admission Date must be a legal date  |
| Error 5:    | Admission Date cannot be before 2001   |
| Error 7:    | Admission Hour must be a valid Military Hour 00 - 23 or 99   |
| Error 12:   | Admitting Diagnosis invalid ICD-9-CM value   |
| Warning 13: | Operating Physician must be valid UPIN value   |
| Error 14:   | Birthdate is a required field  |
| Error 15:   | Birthdate must be length 8   |
| Error 16:   | Birthdate must be numeric  |
| Error 17:   | Birth date must be a legal date  |
| Error 18:   | Birth date cannot be later than Admission Date   |
| Error 19:   | Must be born in the 19th, 20th or 21st century   |
| Error 26:   | Employment Status value must be between 1 - 6 or 9 for UB-92; for HCFA 1500 use 1=Employed, 2=Full-time student, 3=Part-time student, or 9=Unknown |
| Error 34:   | Procedure or CPT code is inappropriate for patient sex   |
| Error 35:   | Invalid Procedure or CPT code  |
| Error 36:   | Procedure Date must be length 8  |
| Error 37:   | Procedure Date must be numeric   |
| Error 38:   | Procedure Date must be a legal date  |
| Error 39:   | Procedure Date cannot be before 2001   |
| Error 41:   | Procedure Date is required since a Procedure is present  |
| Error 42:   | Patient Status must be length 2  |
| Error 43:   | Patient Status is invalid for the Admission Date   |
| Error 44:   | Patient Relationship is invalid for the Admission Date   |
| Error 45:   | Patient Relationship must be length 2.   |
| Error 46:   | SSN must be length 9   |
| Error 47:   | SSN must be numeric  |
| Error 48:   | Zip Code must be at least length 5   |
| Error 49:   | Zip Code must be numeric, XXXXX or YYYYY   |
| Error 50:   | Must be a valid Zip Code (FIPS)  |
| Error 51:   | Invalid Diagnosis  |
| Error 52:   | Diagnosis is inappropriate for patient sex   |
| Error 53:   | DX1 is a required field  |
| Error 56:   | Revcodes must be numeric   |
| Error 57:   | Revcodes must be a valid VHI Revenue Code  |
| Error 58:   | Revenue Code 1 is a required field for UB-92 data  |
| Error 59:   | Charges required since corresponding Revenue Code is present   |
| Error 60:   | Charges must be numeric  |
| Error 61:   | Charges must be zero since corresponding Revenue Code is blank for UB-92 data  |
| Error 62:   | Charges 1 is a required field  |
| Error 63:   | Charges must be > zero since corresponding Revenue Code is present   |
| Error 64:   | Units required if corresponding Revcodes is present and not 0001 (For UB-92)   |
| Error 65:   | Units must be numeric  |

Error 66: Units must be zero since corresponding Revenue Code is blank for UB-92 data  
Error 67: Units must be > zero since corresponding Revenue Code is present  
Error 68: Units required if Corresponding charges are present unless UB-92 and Revcode is 0001. Edit applies overall to both UB-92 and HCFA 1500  
Error 69: Sex is a required field  
Error 70: Sex must be M, F or U  
Error 72: Total Charges must be numeric  
Error 73: TOTCHG must equal the sum of all Revenue Charge fields \$500  
Error 74: Total Charges is a required field  
Error 75: Admitting Diagnosis is a required field for UB-92 data  
Error 77: Admission Hour is a required field for UB-92 data  
Error 80: Employment Status is a required field  
Error 81: Patient Status is a required field for UB-92 data  
Error 82: Patient Relationship is a required field  
Error 83: SSN is a required field (if Patient age > 3)  
Error 84: Zip Code is a required field  
Error 86: Invalid SSN, first 8 entries are zero  
Error 87: Invalid SSN, all entries are the same including zeros  
Error 88: Invalid SSN, first 3 entries are greater than 772  
Error 89: Rcode 0001 is required for UB-92 data  
Error 90: Rcode 0001 charges must equal the sum of all Revenue Charge Fields +/- \$500 for UB-92 data  
Error 92: Operating Physician value has an invalid format  
Error 94: Invalid ECODE value  
Error 95: ECODE value is inappropriate for patient sex  
Error 96: Birth date indicates improbable age > 119 years  
Warning 97: SSN optional for AGE < 4; submitted value invalid  
Error 98: Admission Date is outside the range for this quarter  
Warning 99: SSN optional for patients with a foreign residence (Zip = YYYYYY); submitted value invalid  
Error 102: SSN - First three digits cannot equal 000  
Error 103: SSN - Digits 4 and 5 cannot equal 00  
Error 104: SSN - Digits 6 thru 9 cannot equal 0000

## Attachment 4

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### Outpatient Data Cover Sheet

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Please use this form when submitting data.

#### Send Electronic files or Paper HCFA 1500 or UB-92 hard copies to:

Tom Phelps  
System13, Inc.  
1648 State Farm Boulevard  
Charlottesville, VA 22911-8609  
Phone: 434-977-0000, ext. 124  
Fax: 434-979-1047

Please indicate your choice for submission in the space provided. This form must be received within 30 days of any changes. If paper copies of UB-92 or HCFA-1500 forms are included, patient names and street addresses should be removed.

- The file that follows includes data for (calendar quarter) \_\_\_\_\_.  
A total of \_\_\_\_\_ records are included
- A total of \_\_\_\_\_ paper copies of UB-92s or HCFA 1500s for the calendar quarter  
\_\_\_\_\_ are included.

Indicate below the contact person for this submission:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Submittor Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person completing form: \_\_\_\_\_