Maryland Hospital Outpatient Data Submission Elements and Format FY2014
(As referenced in COMAR 10.37.04.01)

Outpatient Data Elements

(1) Medicare Provider Number**.** Enter the 6-digit Medicare provider number assigned to the hospital. For example, enter 210099.

(2) Medical Record Number.

(a) Enter the unique number assigned by the hospital for the patient's medical record.

(b) For purposes of complying with Commission reporting requirements, this number may not change regardless of the number of visits for any particular patient during the patient's lifetime.

(c) This field is 11 characters in length, numeric only, right justified and padded with leading zeros.

(3) Patient Account Number.

(a) Enter the unique number assigned by the hospital for this patient encounter or visit.

(b) For Commission reporting requirements, this number is related to a single service encounter or visit. This number will change with each encounter or visit reported.

(c) This field is 18 characters in length, numeric only, right justified and padded with leading zeros.

(4) From Date of Service. Enter the month, day, and year for the first day of the specific patient encounter or visit. For example, for April 2, 2007, enter 04022007 (mmddyyyy).

(5) Through Date of Service. Enter the month, day, and year for the last day covering the specific patient encounter or visit. For example, for April 3, 2007, enter 04032007 (mmddyyyy).

(6) Record Type. Enter the record type in accordance with the instructions described in the Outpatient Data Format section.

(7) Surgery. Enter the nature of the patient's surgery using the following coding:

(a)	Emergency: The patient requires immediate surgery	01
(b)	Elective: The patient's condition permits adequate time to schedule the surgery	02
(c)	Delivery	03
(d)	Other	04
(e)	Unknown	09
(f)	Not applicable	00

(8) Source of Arrival. Enter the source of arrival. This is the location of the patient immediately before coming to the outpatient setting. Use the following codes:

(a)	Emergency room of another acute general hospital	01
(b)	Emergency room of same hospital	02
(c)	Admitted from a nursing home	03
(d)	Admitted from another health-related institution (domiciliary care, psychiatric hospital, mental retardation facility, halfway house, etc.)	04
(e)	Admitted from home, including physician's office or any other non-institutional source	05
(f)	Other	06
(g)	Clinic or another acute general hospital	07
(h)	Clinic of same hospital	08
(i)	Unknown	09
(j)	Chronic hospital	10
(k)	Not applicable	00

(9) Date of Birth. Enter the month, day, and four digit year of the patient's birth. For example, for April 24, 1925, enter 04241925 (mm/dd/yyyy). Enter 9s when the exact month, day, or year is unknown.

(10) Sex. Enter the sex of the patient using the following codes:

(a)	Male	1
(b)	Female	2
(c)	Unknown	9

(11) Reserved for future use. **For race variables, see items 24-31.**

(12) Ethnicity. Enter whether the patient-defined ethnicity is Hispanic using the following coding. Hispanic is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or lineage, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

(a)	Spanish or Hispanic lineage	1
(b)	Not of Spanish or Hispanic lineage	2
(c)	Declined to Answer	7
(d)	Unknown	9

(13) Marital Status. Enter the marital status of the patient using the following codes:

(a)	Single	1
(b)	Married	2
(c)	Separated	3
(d)	Divorced	4
(e)	Widow or widower	5
(f)	Unknown	9

(14) Area of Residence. Enter the residence of the patient using the following codes:

(a)	Allegany County	01
(b)	Anne Arundel County	02
(c)	Baltimore County	03
(d)	Calvert County	04
(e)	Caroline County	05
(f)	Carroll County	06
(g)	Cecil County	07
(h)	Charles County	08
(i)	Dorchester County	09
(j)	Frederick County	10
(k)	Garrett County	11
(l)	Harford County	12
(m)	Howard County	13
(n)	Kent County	14
(o)	Montgomery County	15
(p)	Prince George's County	16
(q)	Queen Anne's County	17
(r)	St. Mary's County	18
(s)	Somerset County	19
(t)	Talbot County	20
(u)	Washington County	21
(v)	Wicomico County	22
(w)	Worcester County	23
(x)	Unidentified Maryland	29
(y)	Baltimore City	30
(z)	Delaware	39
(aa)	Pennsylvania	49
(bb)	West Virginia	59
(cc)	Virginia	69
(dd)	District of Columbia	79
(ee)	Foreign	89
(ff)	Other states	98
(gg)	Unidentified or unknown	99

(15) Residence Zip Code. Enter the five digit zip code of the patient’s home address. For example, enter 21215.

(16) Primary Health Plan Payer. Enter the primary payer, such as the health maintenance organization (HMO), point of service plan (POS), Medicaid HMO, Medicare HMO, commercial, or similar payer, that corresponds to the primary payer for data item (19) using the following codes:

(a) Primary Adult Care (PAC)

(i)	Amerigroup	01
(ii)	Jai Medical Group	02
(iii)	Maryland Physicians Care	03
(iv)	Priority Partners	04
(v)	United HealthCare	05

(b) HMO or POS:

(i)	Aetna Health Plans	30
(ii)	CareFirst Blue Choice	31
(iii)	Cigna Healthcare of Mid-Atlantic	32
(iv)	Coventry Health Care of Delaware	33
(v)	Kaiser Permanente	34
(vi)	MAMSI	35
(vii)	United Healthcare	36
(viii)	Other HMO or POS	37

(c) Medicaid MCO or HMO:

(i)	Amerigroup Community Care	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	MedStar Family Choice, Inc.	44
(iv)	JAI Medical Systems	45
(v)	Value Options	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	UnitedHealthcare	49
(ix)	Other Medicaid MCO or HMO	50
(x)	Riverside Health	51

(d) Medicare HMO:

(i)	Aetna (Golden Choice)	55
(ii)	ElderHealth	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58
(v)	InforMed	59
(vi)	Bravo Health	60
(vii)	Kaiser Foundation Health Plan	61

(e) Commercial (Indemnity), PPO, PPN, or Third Party Administrators (TPAs):

(i)	Aetna	65
(ii)	CareFirst-CareFirst of Maryland, Inc (BC/BS Plan #190/690)	66
(iii)	CareFirst-Group Hospitalization and Medical Services Inc (NonHMO)(BC/BS Plan #080/580)(Federal Employee Program)	67
(iv)	CCN/First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76
(xiii)	Other commercial, PPO, PPN, or TPA	77
(xiv)	Anthem BC/BS	78

(f) Behavioral health:

(i)	American Psychiatric Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other behavioral health	92

(g) Other government programs:

(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare (such as Health Net)	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96
(v)	Other miscellaneous government programs	97

(h) Other:

(i)	Unknown	99
(ii)	Not applicable	00

(17) Secondary Health Plan Payer. Enter the secondary payer , such as the health maintenance organization (HMO), point of service (POS), Medicaid HMO, Medicare HMO, commercial, or similar payer, that corresponds to the secondary payer for data item (20) using the following codes:

(a) Primary Adult Care (PAC) MCO

(i)	Amerigroup	01
(ii)	Jai Medical Group	02
(iii)	Maryland Physicians Care	03
(iv)	Priority Partners	04
(v)	United HealthCare	05

(b) HMO or POS:

(i)	Aetna Health Plans	30
(ii)	CareFirst Blue Choice	31
(iii)	Cigna Healthcare Mid-Atlantic	32
(iv)	Coventry Health Plan of Delaware	33
(v)	Kaiser Permanente	34
(vi)	MAMSI	35
(vii)	United Healthcare	36
(viii)	Other HMO or POS	37

(c) Medicaid MCO or HMO:

(i)	Amerigroup Community Care	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	MedStar Family Choice, Inc.	44
(iv)	JAI Medical Systems	45
(v)	Value Options	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	UnitedHealthcare	49
(ix)	Other Medicaid MCO or HMO	50
(x)	Riverside Health	51

(d) Medicare HMO:

(i)	Aetna (Golden Choice)	55
(ii)	ElderHealth	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58
(v)	InforMed	59
(vi)	Bravo Health	60
(vii)	Kaiser Foundation Health Plan	61

(e) Commercial (Indemnity), PPO,PPN, or third party administrators (TPAs):

(i)	Aetna	65
(ii)	CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)	66
(iii)	CareFirst- Group Hospitalization and Medical Services, Inc (NonHMO) (BC/BS Plan #080/580) (Federal Employee Program)	67
(iv)	CCN/First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76
(xiii)	Other commercial, PPO, PPN, or TPA	77
(xiv)	Anthem BC/BS	78

(f) Behavioral Health:

(i)	American Psychiatric Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other behavioral health	92

(g) Other Government Programs:

(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare (such as Health Net)	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96
(v)	Other miscellaneous government programs	97

(h) Other:

(i)	Unknown	99
(ii)	Not applicable	00

(18) Disposition of Patient**.** Enter the disposition of the patient's encounter using the following coding. If the disposition is not available for this encounter please enter "00 not applicable."

(a)	Discharged to home or self-care, including discharge to prison or other nonmedical custodial care facility.	01
(b)	Discharged or transferred to another short-term general hospital for inpatient care	02
(c)	Discharged or transferred to skilled nursing facility	03
(d)	Discharged or transferred to an intermediate care facility	04
(e)	Discharged to another acute care (medical or surgical) hospital	05
(f)	Discharged to home under care of organized home health service organization	06
(g)	Left against medical advice or discontinued care	07
(h)	Discharged to another health care facility such as a chronic, psychiatric, chemical dependency, veterans, or hospice facility	08
(i)	Admitted as inpatient to this hospital	09
(j)	Discharged to rehabilitation facility	10
(k)	Discharged to rehabilitation unit of other acute care hospital	11
(l)	Discharged to on-site distinct rehabilitation unit	12
(m)	Expired	20
(n)	Hospice at home	50
(o)	Hospice at another medical facility	51
(p)	Discharged or transferred within this institution to a hospital-based, Medicare-approved swing bed	61
(q)	Discharged, transferred, or referred to another institution for outpatient services as specified by the discharge plan of care	71
(r)	Discharged, transferred, or referred to this institution for outpatient services as specified by the discharge plan of care	72

(s)	Unknown	99
(t)	Not applicable	00

(19) Expected Primary Payer. Enter the anticipated source of payment for the major portion of the patient's hospital expenses using the following coding:

(a)	Medicare – Only Fee for Service Medicare	01
(b)	Medicaid – Only Fee for Service Medicaid	02
(c)	Title V	03
(d)	Blue Cross of Maryland- Indemnity and NASCO. Do not include Blue Cross HMO Products. *Requires the selection of value 66 from data item (16)*	04
(e)	Commercial insurance or PPO *Requires additional payer definition from data item (16)*	05
(f)	Other government program *Requires additional payer definition from data item (16)*	06
(g)	Workers' compensation	07
(h)	Self-pay	08
(i)	Charity or no-charge. Charity care represents health care services that are provided but are never expected to result in cash flow.	09
(j)	Other	10
(k)	Donor	11
(l)	Managed care payer. Do not include Medicare and Medicaid managed care payers. *Requires additional payer definition from data item (16).*	12
(m)	Do not use	13
(n)	Medicaid managed care payer *Requires additional payer definition from data item (16)*	14
(o)	Medicare managed care payer *Requires additional payer definition from data item (16).*	15
(p)	Blue Cross – NCA–Indemnity only. *Requires the selection of value 67 from data item (16).*	16
(q)	Blue Cross – Other state	17
(r)	Unknown	99

(20) Expected Secondary Payer. Enter the other source of payment, if any, that is expected to be responsible for a portion of the patient's hospital expenses using the following coding:

(a)	Medicare – Only Fee for Service Medicare	01
(b)	Medicaid – Only Fee for Service Medicaid	02
(c)	Title V	03
(d)	Blue Cross of Maryland- Indemnity and NASCO. Do not include Blue Cross HMO Products. *Requires the selection of value 66 from data item (16)*	04
(e)	Commercial insurance or PPO *Requires additional payer definition from data item (16)*	05
(f)	Other government program *Requires additional payer definition from data item (16)*	06
(g)	Workers' compensation	07
(h)	Self-pay	08
(i)	Charity or no-charge. Charity care represents health care services that are provided but are never expected to result in cash flow.	09
(j)	Other	10
(k)	Donor	11
(l)	Managed care payer. Do not include Medicare and Medicaid managed care payers. *Requires additional payer definition from data item (16).*	12
(m)	Do not use	13
(n)	Medicaid managed care payer *Requires additional payer definition from data item (16)*	14
(o)	Medicare managed care payer *Requires additional payer definition from data item (16).*	15
(p)	Blue Cross – NCA–Indemnity only. *Requires the selection of value 67 from data item (16).*	16
(q)	Blue Cross – Other state	17
(r)	Not applicable. *Only applicable if primary payer is Medicaid (including Medicaid HMO) or Self Pay*	77
(s)	Unknown	99

(21) Operating Physician.

(a) Enter the unique physician MedChi number. For example, enter 123456.

(b) The operating physician is the physician who performed the principal procedure.

(i)	Physician MedChi number	nnnnnn
(ii)	Certified Registered Nurse Anesthetists (CRNAs)	555555
(iii)	Other Clinical Provider	777777
(iv)	Nurse Midwives	888888
(v)	Unknown	999999

(22) **ICD-9/ICD-10 Coding Flag:** Enter whether the principal and secondary diagnosis codes are coded in ICD-9 or ICD-10:

(a)	ICD-9 coding	9
(b)	ICD-10 coding	0

(23) Country of Origin. Enter the patient's self-identified ancestry or ethic/country of origin using the following codes:

1)	Afghanistan	0010
2)	Akrotiri	0020
3)	Albania	0030
4)	Algeria	0040
5)	American Samoa	0050
6)	Andorra	0060
7)	Angola	0070
8)	Anguilla	0080
9)	Antarctica	0090
10)	Antigua and Barbuda	0100
11)	Argentina	0110
12)	Armenia	0120
13)	Aruba	0130
14)	Ashmore and Cartier Islands	0140
15)	Australia	0150
16)	Austria	0160
17)	Azerbaijan	0170
18)	Bahamas, The	0180
19)	Bahrain	0190
20)	Baker Island	0200
21)	Bangladesh	0210
22)	Barbados	0220
23)	Belarus	0230
24)	Belgium	0240
25)	Belize	0250
26)	Benin	0260
27)	Bermuda	0270
28)	Bhutan	0280
29)	Bolivia	0290
30)	Bosnia and Herzegovina	0300
31)	Botswana	0310

32)	Bouvet Island	0320
33)	Brazil	0330
34)	British Indian Ocean Territory	0340
35)	Brunei	0350
36)	Bulgaria	0360
37)	Burkina Faso	0370
38)	Burma	0380
39)	Burundi	0390
40)	Cambodia	0400
41)	Cameroon	0410
42)	Canada	0420
43)	Cape Verde	0430
44)	Cayman Islands	0440
45)	Central African Republic	0450
46)	Chad	0460
47)	Chile	0470
48)	China	0480
49)	Christmas Island	0490
50)	Clipperton Island	0500
51)	Cocos (Keeling) Islands	0510
52)	Colombia	0520
53)	Comoros	0530
54)	Congo (Brazzaville)	0540
55)	Congo (Kinshasa)	0550
56)	Cook Islands	0560
57)	Coral Sea Islands	0570
58)	Costa Rica	0580
59)	Côte d'Ivoire	0590
60)	Croatia	0600
61)	Cuba	0610
62)	Curaçao	0620
63)	Cyprus	0630
64)	Czech Republic	0640
65)	Denmark	0650
66)	Dhekelia	0660
67)	Djibouti	0670
68)	Dominica	0680
69)	Dominican Republic	0690
70)	Ecuador	0700
71)	Egypt	0710
72)	El Salvador	0720
73)	Equatorial Guinea	0730
74)	Eritrea	0740
75)	Estonia	0750
76)	Ethiopia	0760
77)	Falkland Islands (Islas Malvinas)	0770
78)	Faroe Islands	0780
79)	Fiji	0790
80)	Finland	0800
81)	France	0810
82)	French Guiana	0820
83)	French Polynesia	0830

84)	French Southern and Antarctic Lands	0840
85)	Gabon	0850
86)	Gambia, The	0860
87)	Georgia	0870
88)	Germany	0880
89)	Ghana	0890
90)	Gibraltar	0900
91)	Greece	0910
92)	Greenland	0920
93)	Grenada	0930
94)	Guadeloupe	0940
95)	Guam	0950
96)	Guatemala	0960
97)	Guernsey	0970
98)	Guinea	0980
99)	Guinea-Bissau	0990
100)	Guyana	1000
101)	Haiti	1010
102)	Heard Island and McDonald Islands	1020
103)	Holy See	1030
104)	Honduras	1040
105)	Hong Kong	1050
106)	Howland Island	1060
107)	Hungary	1070
108)	Iceland	1080
109)	India	1090
110)	Indonesia	1100
111)	Iran	1110
112)	Iraq	1120
113)	Ireland	1130
114)	Isle of Man	1140
115)	Israel	1150
116)	Italy	1160
117)	Jamaica	1170
118)	Jan Mayen	1180
119)	Japan	1190
120)	Jarvis Island	1200
121)	Jersey	1210
122)	Johnston Atoll	1220
123)	Jordan	1230
124)	Kazakhstan	1240
125)	Kenya	1250
126)	Kingman Reef	1260
127)	Kiribati	1270
128)	Korea, North	1280
129)	Korea, South	1290
130)	Kosovo	1300
131)	Kuwait	1310
132)	Kyrgyzstan	1320
133)	Laos	1330
134)	Latvia	1340
135)	Lebanon	1350

136)	Lesotho	1360
137)	Liberia	1370
138)	Libya	1380
139)	Liechtenstein	1390
140)	Lithuania	1400
141)	Luxembourg	1410
142)	Macau	1420
143)	Macedonia	1430
144)	Madagascar	1440
145)	Malawi	1450
146)	Malaysia	1460
147)	Maldives	1470
148)	Mali	1480
149)	Malta	1490
150)	Marshall Islands	1500
151)	Martinique	1510
152)	Mauritania	1520
153)	Mauritius	1530
154)	Mayotte	1540
155)	Mexico	1550
156)	Micronesia, Federated States of	1560
157)	Midway Islands	1570
158)	Moldova	1580
159)	Monaco	1590
160)	Mongolia	1600
161)	Montenegro	1610
162)	Montserrat	1620
163)	Morocco	1630
164)	Mozambique	1640
165)	Namibia	1650
166)	Nauru	1660
167)	Navassa Island	1670
168)	Nepal	1680
169)	Netherlands	1690
170)	New Caledonia	1700
171)	New Zealand	1710
172)	Nicaragua	1720
173)	Niger	1730
174)	Nigeria	1740
175)	Niue	1750
176)	Norfolk Island	1760
177)	Northern Mariana Islands	1770
178)	Norway	1780
179)	Oman	1790
180)	Pakistan	1800
181)	Palau	1810
182)	Palmyra Atoll	1820
183)	Panama	1830
184)	Papua New Guinea	1840
185)	Paracel Islands	1850
186)	Paraguay	1860
187)	Peru	1870

188)	Philippines	1880
189)	Pitcairn Islands	1890
190)	Poland	1900
191)	Portugal	1910
192)	Puerto Rico	1920
193)	Qatar	1930
194)	Reunion	1940
195)	Romania	1950
196)	Russia	1960
197)	Rwanda	1970
198)	Saint Barthelemy	1980
199)	Saint Helena	1990
200)	Saint Kitts and Nevis	2000
201)	Saint Lucia	2010
202)	Saint Martin	2020
203)	Saint Pierre and Miquelon	2030
204)	Saint Vincent and the Grenadines	2040
205)	Samoa	2050
206)	San Marino	2060
207)	Sao Tome and Principe	2070
208)	Saudi Arabia	2080
209)	Senegal	2090
210)	Serbia	2100
211)	Seychelles	2110
212)	Sierra Leone	2120
213)	Singapore	2130
214)	Sint Maarten	2140
215)	Slovakia	2150
216)	Slovenia	2160
217)	Solomon Islands	2170
218)	Somalia	2180
219)	South Africa	2190
220)	South Georgia and the South Sandwich Islands	2200
221)	South Sudan	2210
222)	Spain	2220
223)	Spratly Islands	2230
224)	Sri Lanka	2240
225)	Sudan	2250
226)	Suriname	2260
227)	Svalbard	2270
228)	Swaziland	2280
229)	Sweden	2290
230)	Switzerland	2300
231)	Syria	2310
232)	Tajikistan	2320
233)	Tanzania	2330
234)	Thailand	2340
235)	Timor-Leste	2350
236)	Togo	2360
237)	Tokelau	2370
238)	Tonga	2380
239)	Trinidad and Tobago	2390

240)	Tunisia	2400
241)	Turkey	2410
242)	Turkmenistan	2420
243)	Turks and Caicos Islands	2430
244)	Tuvalu	2440
245)	Uganda	2450
246)	Ukraine	2460
247)	United Arab Emirates	2470
248)	United Kingdom	2480
249)	United States	2490
250)	Uruguay	2500
251)	Uzbekistan	2510
252)	Vanuatu	2520
253)	Venezuela	2530
254)	Vietnam	2540
255)	Virgin Islands, British	2550
256)	Virgin Islands, U.S.	2560
257)	Wake Island	2570
258)	Wallis and Futuna	2580
259)	Western Sahara	2590
260)	Yemen	2600
261)	Zambia	2610
262)	Zimbabwe	2620
263)	Other	7770
264)	Declined to answer	8880
265)	Unknown	9990

(24) Race Category White: Enter whether the patient's self-identified race is White or Caucasian using the following coding. White is defined as a person having lineage in any of the original peoples of Europe, the Middle East, or North Africa.

(a)	Yes	1
(b)	No	0

(25) Race Category Black or African American: Enter whether the patient's self-identified race is Black or African American using the following coding. Black or African American is defined as a person having lineage in any of the Black racial groups of Africa.

(a)	Yes	1
(b)	No	0

(26) Race Category American Indian or Alaska Native: Enter whether the patient's self-identified race is American Indian or an Alaska Native using the following coding. American Indian or Alaska Native is defined as a person having lineage in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

(a)	Yes	1
(b)	No	0

(27) Race Category Asian: Enter whether the patient's self-identified race is Asian using the following coding. Asian is defined as a person having lineage in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(a)	Yes	1
(b)	No	0

(28) Race Category Native Hawaiian or Other Pacific Islander: Enter whether the patient's self-identified race is Native Hawaiian or Other Pacific Islander using the following coding. Native Hawaiian or Other Pacific Islander is defined as a person having lineage in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(a)	Yes	1
(b)	No	0

(29) Race Category Other: Enter whether the patient's self-identified race is defined as other using the following coding.

(a)	Yes	1
(b)	No	0

(30) Race Category Declined to Answer. Enter whether the patient declined to disclose their race using the following coding.

(a)	Yes	1
(b)	No	0

(31) Race Category Unknown or Cannot be Determined. Enter whether the race of the patient is unknown or cannot be determined.

(a)	Yes	1
(b)	No	0

(32) Principal Diagnosis. Enter the ICD-9-CM or ICD-10-CM coding for the principal diagnosis.

(a) The principal diagnosis is the condition established, after study, to be chiefly responsible for the outpatient services performed during this visit.

(b) A working diagnosis is acceptable in the absence of a confirmed diagnosis.

(c) If only testing is done and the physician requesting the test does not furnish the diagnosis, use the ICD-9-CM/ICD-10-CM code for Persons Without Reported Diagnosis Encountered During Examination (see ICD-9-CM/ICD-10-CM codes V70-V82).

(d) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 0.

(33) Other Diagnosis 1.

(a) Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(b) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 0.

(34) Other Diagnosis 2. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(35) Other Diagnosis 3. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(36) Other Diagnosis 4. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(37) Other Diagnosis 5. Enter in each appropriate field the ICD-9-CM or CD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(38) Other Diagnosis 6. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(39) Other Diagnosis 7. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(40) Other Diagnosis 8. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(41) Other Diagnosis 9. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(42) Other Diagnosis 10. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(43) Other Diagnosis 11. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(44) Other Diagnosis 12. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(45) Other Diagnosis 13. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(46) Other Diagnosis 14. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(47) Other Diagnosis 15. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(48) External Cause of Injury Code (E-Code). Enter the ICD-9-CM or ICD-10-CM code for the external cause of injury, poisoning, or adverse reaction.

(a) The E-Code is required for emergency room cases only.

(b) The E-Code shall be reported whenever an injury is the principal diagnosis or directly related to the principal diagnosis.

(c) Additional E-Codes, including place of occurrence codes, may be recorded in the other diagnosis fields as space permits. Enter prefix letter E, left justify, and blank fill on right.

(d) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 0.

(49) Number of Encounters/Visits.

(a) Enter the number of visits associated with the record.

(b) If the record represents a "series account" where the claim remained open for recurring visits, enter the number of visits included in the record.

(c) For all other records, enter 1. Do not leave blank or enter 0.

(50) Admitting Diagnosis. Enter the ICD-9-CM or ICD-10-CM code for the admitting diagnosis of the outpatient. This is the presenting reason for the visit reported by the patient.

(51) Condition Codes (a-e). Enter the 2-digit alphanumeric code. Up to 5 condition codes are accepted.

(52) Occurrence Span Codes and Dates. Enter the 2-digit alphanumeric code along with the associated date in mmddyyyy (month, day, year) format.

(53) Value Code for Accident Hour and Appropriate Code for Time. Enter the 2-digit value code for accident and the 2-digit code for indicating the hour of the accident.

(54) Bill Type. Enter the 3-digit bill type that is reported on the UB04.

(55) Reserve Flag. Upper case letters should be used. Leave blank if not applicable.

(a)	Plastic Surgery with "revenue give-up"	P
(b)	Greenbaum Cancer Center	G
(c)	UMMS Shock Trauma	S
(d)	Visit includes hourly observation charges	O
(e)	Not Applicable (blank filled)	b

(56) Operating Physician NPI.

(a) Enter the operating physician's National Provider Identifier.

(b) The operating physician is the physician who performed the principal procedure.

(57) Medicaid ID Number. Enter the Medicaid Id number.

(a) The Medicaid ID is also commonly referred to as the Medical Assistance ID or Children's Health Insurance Program (CHIP) ID number. The Medicaid ID number is not the same as the Medicaid MCO ID number or the Member ID number.

(b) Medicaid ID Number field will be alphanumeric can contain letters and numbers) and left justified. Use the "Pending Authorization" code for patients who are waiting for approval of Medicaid eligibility at the time of discharge.

(c) The default values for Medicaid ID numbers are as follows:

(i)	Medicaid ID number (alphanumeric, left justified)	xxxxxxxxxxx
(ii)	Not applicable (all non-Medicaid patients only)	77777777777
(iii)	Unknown (for Medicaid patients only)	99999999999
(iv)	Pending Authorization (for Medicaid patients only)	88888888888

(58) Enterprise Master Patient Identifier (EMPI). Enter the enterprise number of the patient (the hospital system identifier).

(a) A hospital system enterprise identifier (EMPI), also known as the master patient identifier is a unique patient identification number that links a patient across system hospitals.

(b) Only system hospitals that are linked for the ARR program are required to submit this number.

(c) This field is 11 characters in length, numeric only, right justified and padded with leading zeros.

(59) Preferred Spoken Language. Enter the patient's preferred spoken language for a health-related encounter/visit.

(60) Ambulance Run Number.

(a) Arrival by Ambulance by a Maryland Emergency Medical Service Unit, Maryland Ambulance Information System (MAIS) Participant. MAIS participants may be any municipal, volunteer, or commercial based emergency medical service units, based in Maryland to include both air and ground means.

(b) A standardized MAIS form is used by most municipal and volunteer units in Maryland. All commercial units use a similar standardized form specific to commercial needs.

(c) If the method of arrival is by a MAIS participant, enter the 11-digit pre-stamped run-sheet number found in the upper right-hand portion of the form.

(d) The Ambulance Run-sheet Number should be numeric, right justified, and follow current rules as applicable.

(ii)	Patient arrived by ambulance	nnnnnnnnnnn
(iii)	Patient arrived by ambulance but run-sheet number is not available	77777777777
(iv)	Patient did not arrive by ambulance	00000000000

(61) Other Diagnosis 16.

(a) Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(b) If entering ICD-9 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 9. If entering ICD-10 codes, the ICD-9/ICD-10 Coding Flag (item 22) must equal 0.

(62) Other Diagnosis 17. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(63) Other Diagnosis 18. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(64) Other Diagnosis 19. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(65) Other Diagnosis 20. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(66) Other Diagnosis 21. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(67) Other Diagnosis 22. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(68) Other Diagnosis 23. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(69) Other Diagnosis 24. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(70) Other Diagnosis 25. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(71) Other Diagnosis 26. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(72) Other Diagnosis 27. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(73) Other Diagnosis 28. Enter in each appropriate field the ICD-9-CM or ICD-10-CM coding for the secondary diagnoses per the ICD-9-CM or ICD-10-CM coding guidelines.

(74) Visit, Daily Visit, or Encounter Type. The encounter type is defined by the type of rate center charge in the record. If there is more than one type of rate center charge in the record, the encounter type is based on the following priority:

(a)	Clinic Services = Clinic	01
(b)	Emergency Services = Emergency Room	02
(c)	Labor and Delivery	03
(d)	OR, OR Clinic, or SDS = Outpatient Surgery	04
(e)	All other outpatient	05

(75) Outpatient Service and Revenue Detail.

(a) Enter the revenue code, the rate center code associated with the revenue code, the units of service, the charges for services, the CPT or HCPCS associated with the revenue code, and up to 5 modifiers, if appropriate, related to the procedure codes using the UB04 claim form data. The charges should not include Part B physician charges or charges not regulated by the HSCRC.

(b) For each patient, there will be multiple occurrences of revenue data. The revenue code, rate center code, units of service, charges, CPT or HCPCS codes (follow UB04 guidelines for reporting multiple surgical procedure codes) and modifiers should be reported to the Medicare level of specificity.

(75.1-10a) Revenue Code (UB-04 Codes). A code which identifies a specific service or billing calculation. Enter “0001” for the UB code associated with the Total Charge.

(75.1-10b) Rate Center Code. This code identifies the HSCRC rate center to which the related Revenue Code and charges are mapped. **Rate center codes 81-88 are for UMM Shock Trauma (STC) only.**

1)	Medical Surgical Acute	(MSG)	01
2)	Pediatrics Acute	(PED)	02
3)	Psychiatric Acute	(PSY)	03
4)	Obstetrics Acute	(OBS)	04
5)	Definitive Observation	(DEF)	05
6)	Medical Surgical ICU	(MIS)	06
7)	Coronary Care	(CCU)	07

8)	Pediatric ICU	(PIC)	08
9)	Neonatal ICU	(NEO)	09
10)	Burn Care	(BUR)	10
11)	Psychiatric ICU	(PSI)	11
12)	Shock Trauma	(TRM)	12
13)	Oncology	(ONC)	13
14)	Newborn Nursery	(NUR)	14
15)	Premature Nursery	(PRE)	15
16)	Rehabilitation	(RHB)	16
17)	Intermediate Care	(ICC)	17
18)	Chronic Care	(CRH)	18
19)	Adult Psych	(PAD)	19
20)	Child Psych	(PCD)	20
21)	Psych Geriatric	(PSG)	21
22)	Normal Delivery	(ND)	22
23)	Normal Newborn	(NNB)	23
24)	Respiratory Dependent	(RDS)	24
25)	Adolescent Neuropsychiatry	(ADD)	25
26)	Pediatric Specialty	(PSP)	26
27)	Pediatric Step Down	(PSD)	27
28)	Emergency Services	(EMG)	28
29)	Clinic Services	(CL)	29
30)	Clinic Services Primary	(CLP)	30
31)	O/P Surg – Proc Based	(AMS)	31
32)	Psych. Day & Night Care Serv	(PDC)	32
33)	Same Day Surgery	(SDS)	33
34)	Free Standing Emergency Services	(FSE)	34
35)	Oncology Clinic	(OCL)	35
36)	Referred Ambulatory	(REF)	36
37)	Shock Trauma O/P	(TRO)	37
38)	Lithotripsy	(LIT)	38
39)	Labor & Delivery Services	(DEL)	39
40)	Operating Room	(OR)	40
41)	Anesthesiology	(ANS)	41
42)	Laboratory Services	(LAB)	42
43)	Electrocardiography	(EKG)	43
44)	Electroencephalography	(EEG)	44
45)	Radiology – Diagnostic	(RAD)	45
46)	Radiology – Therapeutic	(RAT)	46
47)	Nuclear Medicine	(NUC)	47
48)	CAT Scanner	(CAT)	48
49)	Respiratory Therapy	(RES)	49
50)	Pulmonary Function Testing	(PUL)	50
51)	Renal Dialysis	(RDL)	51
52)	Physical Therapy	(PTH)	52
53)	Occupational Therapy	(OTH)	53
54)	Speech Language Pathology	(STH)	54
55)	Organ Acquisition	(OA)	55
56)	Ambulatory Operating Room	(AOR)	56
57)	Leukopheresis	(LEU)	57
58)	Hyperbaric Chamber	(HYP)	58
59)	Audiology	(AUD)	59

60)	Other Physical Medicine	(OPM)	60
61)	Magnetic Resonance Imaging	(MRI)	61
62)	Ambulance Service Rebundled	(AMR)	62
63)	Transurethual MicW Thermometer	(TMT)	63
64)	Admission Services	(ADM)	64
65)	Medical Surgical Supplies	(MSS)	65
66)	Med/Surg Extraordinary	(MSE)	66
67)	Drugs	(CDS)	67
68)	Individual Therapy	(ITH)	68
69)	Group Therapies	(GTH)	69
70)	Activity Therapy	(ATH)	70
71)	Family Therapy	(FTH)	71
72)	Psych Testing	(PST)	72
73)	Education	(PSE)	73
74)	Recreational Therapy	(REC)	74
75)	Electroconvulsive Therapy	(ETH)	75
76)	Psych Therapy	(PSH)	76
77)	Transurethral Needle Ablation	(TNA)	77
78)	Cardiac Catheterization Lab	(IVC)	78
79)	Operating Room Clinic Services	(ORC)	79
80)	Observation	(OBV)	80
81)	**Clinic Services – STC**	**(STC-CL)**	**81**
82)	**Operating Room – STC**	**(STC-OR)**	**82**
83)	**Anesthesiology – STC**	**(STC-ANS)**	**83**
84)	**Laboratory – STC**	**(STC-LAB)**	**84**
85)	**Physical Therapy – STC**	**(STC-PTH)**	**85**
86)	**Respiratory Therapy – STC**	**(STC-PTH)**	**86**
87)	**Admissions – STC**	**(STC-ADM)**	**87**
88)	**Med Surg Supplies – STC**	**(STC-MSS)**	**88**
89)	Ungroupable		89
90)	Where UB = 00001	(Tot. Charge)	00

(75.1-10c) Units of Service. Enter the units of service (as defined in Appendix D of the HSCRC Accounting and Budget Manual) associated with the rate center.

(a) For the Medical Surgical Supplies and Organ Acquisition rate centers, enter 0.

(b) For the Drug rate center, enter the units as defined by the J-code description.

(75.1-10d) Total Charges. Enter the total charges associated with the related revenue code

(75.1-10e) CPT or HCPCS code. Enter the CPT or HCPCS code associated with the related revenue code. Follow UB04 guidelines for reporting multiple surgical procedure codes.

(75.1-10f) Modifier 1. Can be alpha or numeric characters;

(75.1-10g) Modifier 2. Can be alpha or numeric characters;

(75.1-10h) Modifier 3. Can be alpha or numeric characters;

(75.1-10i) Modifier 4. Can be alpha or numeric characters;

(75.1-10j) Modifier 5. Can be alpha or numeric characters; and

(75.l-10k) Date of service. Enter the date of services associated with the related CPT or HCPCS code in the month, day, and year format (mmddyyyy). For example, for April 3, 2007, enter 04032007.

(76) Filler (blank filled). Reserve for future use.

(77) Filler (blank filled). Reserve for future use.

(78) Filler (blank filled). Reserve for future use.

(79) Filler (blank filled). Reserve for future use.

Outpatient Data Submission Format

A. For each patient record, the data elements are arranged into one Type 1 record of 550 characters, and one or more Type 2 records of 550 characters each. The record type is always identified in the 54th character of the record.

B. The Type 1 record contains the patient's medical record information and the Type 2 record or records contain the patient's revenue data. Each Type 2 record can hold up to 10 occurrences of revenue data. The last occurrence of revenue data shall contain the total charges for the patient. Any unused occurrences between the last occurrence (total charges) and position 550 should be filled with blanks. For example, a patient record with:

(1) 3 occurrences will have one Type 1 record of 550 characters and one Type 2 record of 550 characters that has a total of 4 occurrences of revenue data consisting of 3 occurrences plus 1 for total charges; and

(2) 25 occurrences will have one Type 1 record of 550 characters, and three Type 2 records of 550 characters with the third Type 2 record holding 6 occurrences of revenue data. The first Type 2 record holds 10 occurrences, the second Type 2 record holds the next 10 occurrences, and the third Type 2 record holds 5 occurrences and the occurrence for total charges.

C. Alphabetic characters may only be used for the following data elements:

- Primary and secondary diagnosis codes
- Primary and secondary procedure codes
- Condition codes
- E Codes
- HCPCS and CPT codes
- Modifier codes
- Occurrence span codes
- Reserve flag fields,
- Medicaid ID numbers, and
- Preferred language

All other data elements (including the medical record and patient account number) must be numeric.

D. The following data elements are right justified:

- Medical record number
- Patient account number
- Enterprise Master Patient Identifier (EMPI)
- Physician NPI numbers
- Ambulance run number

All other data elements are left justified.

E. Decimal points may not be used with numeric data, such as diagnosis codes, procedure codes, and revenue data.

F. Delivery method shall be in electronic format, pushed to vendors web-based file repository using SSL encryption over a private point-to-point data circuit.

The logical record length shall be 550 characters. One file only shall be submitted for each hospital for each calendar quarter of data. The data file must be standard ASCII text file. The data can be compressed if necessary into .zip files that are compatible / readable natively by the MS Window Operating Systems (Windows 2000, Windows XP, Windows Vista, or Windows 7). No special programs should be necessary to decompress the data files. Each data submission must be accompanied by an approved submittal form. Electronic copies of the submittal form can be obtained by request from the HSCRC vendor.

All electronic methods *will require* users to utilize a system purchased by the HSCRC vendor known as "RepliWeb Managed File Transfer" as the front-end application used to move files back and forth. The system utilizes an nsProtect Advanced SSL certificate to fully encrypt the data being transferred.

Hospitals are recommended to use Internet browsers that are capable of using 256-bit AES encryption. The above methods simply revolve around the security and connectivity architecture between the hospital and the HSCRC vendor.

Record Type 1:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
1	1-6	6	Numeric	Medicare provider number nnnnnn
	7-8	2		Filler (blank filled). Reserve for future use.
2	8-19	11	Numeric	Medical record number nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	20-37	18	Numeric	Patient account number nnnnnnnnnnnnnnnnnn Right justified Fill on left with leading zeros
4	38-45	8	Date	From date of service: mmddyyyy Month, Day, Year
5	46-53	8	Date	Thru date of service: mmddyyyy Month, Day, Year
6	54	1	Numeric	Record type 1 Record type 1
7	55-56	2	Character	Nature of surgery: 01 Emergency 02 Elective 03 Delivery 04 Other 09 Unknown 00 Not applicable
8	57-58	2	Character	Source of admission: 01 ER of another acute hospital 02 ER of same hospital 03 Nursing home 04 Other health institution 05 Admitted from home 06 Other 07 Clinic of another acute hospital 08 Clinic of same hospital 09 Unknown 10 Chronic hospital 00 Not applicable

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
9	59-66	8	Date	Date of birth: mmddyyyy Month, Day, Year 99999999 Unknown
10	67	1	Numeric	Sex: 1 Male 2 Female 9 Unknown
11	68	1		Filler (blank filled). Reserve for future use. See items 24-31 for race categories
12	69	1	Numeric	Ethnicity: 1 Spanish or Hispanic origin 2 Not of Spanish or Hispanic origin 7 Declined to answer 9 Unknown
13	70	1	Numeric	Marital status: 1 Single 2 Married 3 Separated 4 Divorced 5 Widow or widower 9 Unknown
14	71-72	2	Character	Area of residence (county code): 01 Allegany County 02 Anne Arundel County 03 Baltimore County 04 Calvert County 05 Caroline County 06 Carroll County 07 Cecil County 08 Charles County 09 Dorchester County 10 Frederick County 11 Garrett County 12 Harford County 13 Howard County 14 Kent County 15 Montgomery County 16 Prince George's County

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
14	71-72	2	Character	Area of residence (county code): cont. 17 Queen Anne's County 18 St Mary's County 19 Somerset County 20 Talbot County 21 Washington County 22 Wicomico County 23 Worcester County 29 Unidentified Maryland 30 Baltimore City (independent city) 39 Delaware 49 Pennsylvania 59 West Virginia 69 Virginia 79 District of Columbia 89 Foreign 98 Other states 99 Unknown
15	73-77	5	Numeric	Residence zip code: nnnnn Residence zip code 77777 Foreign 99999 Unknown
16	78-79	2	Character	Primary Health Plan Payer: **(a) Primary Adult Care (PAC) MCO:** 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare **(b) HMO/POS** 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO or POS

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
16	78-79	2	Character	Primary Health Plan Payer: cont.
				(c) Medicaid MCO/HMO
				42 Amerigroup Community Care
				43 Coventry Health Plan of Delaware (Diamond Plan)
				44 MedStar Family Choice, Inc.
				45 JAI Medical Systems
				46 Value Options
				47 Maryland Physicians Care
				48 Priority Partners
				49 UnitedHealthcare
				50 Other Medicaid MCO/HMO
				51 Riverside Health
				(d) Medicare HMO
				55 Aetna (Golden Choice)
				56 ElderHealth
				57 United Healthcare (Evercare)
				58 Other Medicare HMO
				59 InforMed
				60 Bravo Health
				61 Kaiser Foundation Health Plan
				(e) Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)
				65 Aetna
				66 CareFirst-CareFirst of Maryland, Inc. (BC/BS Plan #190/690)
				67 CareFirst- Group Hospitalization & Medical Services Inc. (Non-HMO) (BC/BS Plan #080/580) (Federal Employee Program)
				68 CCN/First Health
				69 Cigna
				70 Employer Health Plan (EHP)
				71 Fidelity Benefits Administrator
				72 Great West One Plan
				73 Kaiser Permanente
				74 MAMSI (Alliance PPO and MAMSI Life and Health)
				75 National Capital PPO (NCPPO)
				76 Private Health Care Systems (PHCS)
				77 Other commercial, PPO, PPN, or TPA
				78 Anthem BC/BS

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
16	78-79	2	Character	Primary Health Plan Payer: cont. **(f) Behavioral Health** 85 American Psychiatric Systems (APS) 86 Cigna Behavioral Health 87 ComPsych 88 Magellan 89 Managed Health Network 90 United Behavioral Health 91 Value Options 92 Other behavioral health **(g) Other Government Programs** 93 MD Health Insurance Plan (MHIP) EPO 94 MD Health Insurance Plan (MHIP)PPO 95 Tricare (i.e..: Health Net) 96 Uniformed Services Family Health Plan (USFHP) 97 Other miscellaneous government programs **(h) Other** 99 Unknown 00 Not applicable
17	80-81	2	Character	Secondary Health Plan Payer **(a) Primary Adult Care (PAC) MCO** 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare **(b) HMO/POS** 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO or POS

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
17	80-81	2	Character	Secondary Health Plan Payer: cont.
				(c) Medicaid MCO/HMO
				42 Amerigroup Community Care
				43 Coventry Health Plan of Delaware (Diamond Plan)
				44 MedStar Family Choice, Inc.
				45 JAI Medical Systems
				46 Value Options
				47 Maryland Physicians Care
				48 Priority Partners
				49 UnitedHealthcare
				50 Other Medicaid MCO/HMO
				51 Riverside Health
				(d) Medicare HMO
				55 Aetna (Golden Choice)
				56 ElderHealth
				57 United Healthcare (Evercare)
				58 Other Medicare HMO
				59 InforMed
				60 Bravo Health
				61 Kaiser Foundation Health Plan
				(e) Commercial (Indemnity), PPO PPN/Third Party Administrators (TPAs)
				65 Aetna
				66 CareFirst-Carefirst of Maryland, Inc.(BC/BS Plan #190/690)
				67 CareFirst- Group Hospitalization & Medical Services Inc. (Non-HMO) (BC/BS Plan #080/580) (Federal Employee Program)
				68 CCN/First Health
				69 Cigna
				70 Employer Health Plan (EHP)
				71 Fidelity Benefits Administrator
				72 Great West One Plan
				73 Kaiser Permanente
				74 MAMSI (Alliance PPO and MAMSI Life and Health)
				75 National Capital PPO (NCPPO)
				76 Private Health Care Systems (PHCS)
				77 Other commercial, PPO, PPN, or TPA
				78 Anthem BC/BS

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
17	80-81	2	Character	Secondary Health Plan Payer: cont. **(f) Behavioral Health:** 85 American Psychiatric Systems (APS) 86 Cigna Behavioral Health 87 ComPsych 88 Magellan 89 Managed Health Network 90 United Behavioral Health 91 Value Options 92 Other behavioral health **(g) Other Government Programs:** 93 MD Health Insurance Plan (MHIP) EPO 94 MD Health Insurance Plan (MHIP)PPO 95 Tricare (i.e..: Health Net) 96 Uniformed Services Family Health Plan (USFHP) 97 Other miscellaneous government programs **(h) Other** 99 Unknown 00 Not applicable
18	82-83	2	Character	Disposition of the patient: 01 Home or self-care including to prison 02 Short-term general inpatient hospital 03 Transferred to SNF 04 Transferred to ICF 05 Discharged to another acute care facility 06 Discharged to home under care of home health service organization 07 Left against medical advice 08 Discharged to another healthcare facility 09 Admitted as an inpatient to this hospital 10 Discharged to rehabilitation facility 11 Discharged to rehabilitation unit of other acute care hospital 12 Discharged to on-site distinct rehabilitation unit 20 Expired 50 Hospice at home 51 Hospice at medical facility 61 Discharged within this hospital to a hospital-based Medicare-approved swing bed

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
18	82-83	2	Character	Disposition of the patient: cont. 71 Discharged to another institution for outpatient services as specified by discharge care plan 72 Discharged to this institution for outpatient services as specified by discharge care plan 99 Unknown 00 Not applicable
19	84-85	2	Character	Expected primary payer: 01 Medicare – Only fee for service 02 Medicaid – Only Fee for service 03 Title V 04 Blue Cross of Maryland 05 Commercial insurance or PPO 06 Other government program 07 Workers' compensation 08 Self-pay 09 Charity or no charge 10 Other 11 Donor 12 Managed care payer 13 Do not use 14 Medicaid managed care payer 15 Medicare managed care payer 16 Blue Cross - NCA 17 Blue Cross – other state 99 Unknown
20	86-87	2	Character	Expected secondary payer: 01 Medicare – Only fee for service 02 Medicaid – Only Fee for service 03 Title V 04 Blue Cross of Maryland 05 Commercial insurance or PPO 06 Other government program 07 Workers' Compensation 08 Self-pay 09 Charity or no charge 10 Other 11 Donor 12 Managed care payer 13 Do not use 14 Medicaid managed care payer 15 Medicare managed care payer

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
20	86-87	2	Character	Secondary payer: 16 Blue Cross- NCA 17 Blue Cross- other state 77 Not applicable 99 Unknown
21	88-93	6	Numeric	Operating Physician : nnnnnn Physician MedChi number 555555 CRNAs 777777 Other Clinical Provider 888888 Nurse Midwives 999999 Unknown
22	94	1	Numeric	ICD-9/ICD-10 Coding Flag 9 ICD-9 coding 0 ICD-10 coding
23	95-98	4	Character	Country of Origin 0010 Afghanistan 0020 Akrotiri 0030 Albania 0040 Algeria 0050 American Samoa 0060 Andorra 0070 Angola 0080 Anguilla 0090 Antarctica 0100 Antigua and Barbuda 0110 Argentina 0120 Armenia 0130 Aruba 0140 Ashmore and Cartier Islands 0150 Australia 0160 Austria 0170 Azerbaijan 0180 Bahamas, The 0190 Bahrain 0200 Baker Island 0210 Bangladesh 0220 Barbados 0230 Belarus 0240 Belgium 0250 Belize 0260 Benin 0270 Bermuda 0280 Bhutan 0290 Bolivia

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 0300 Bosnia and Herzegovina 0310 Botswana 0320 Bouvet Island 0330 Brazil 0340 British Indian Ocean Territory 0350 Brunei 0360 Bulgaria 0370 Burkina Faso 0380 Burma 0390 Burundi 0400 Cambodia 0410 Cameroon 0420 Canada 0430 Cape Verde 0440 Cayman Islands 0450 Central African Republic 0460 Chad 0470 Chile 0480 China 0490 Christmas Island 0500 Clipperton Island 0510 Cocos (Keeling) Islands 0520 Colombia 0530 Comoros 0540 Congo (Brazzaville) 0550 Congo (Kinshasa) 0560 Cook Islands 0570 Coral Sea Islands 0580 Costa Rica 0590 Côte d'Ivoire 0600 Croatia 0610 Cuba 0620 Curaçao 0630 Cyprus 0640 Czech Republic 0650 Denmark 0660 Dhekelia 0670 Djibouti 0680 Dominica 0690 Dominican Republic 0700 Ecuador 0710 Egypt 0720 El Salvador 0730 Equatorial Guinea 0740 Eritrea 0750 Estonia

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 0760 Ethiopia 0770 Falkland Islands (Islas Malvinas) 0780 Faroe Islands 0790 Fiji 0800 Finland 0810 France 0820 French Guiana 0830 French Polynesia 0840 French Southern and Antarctic Lands 0850 Gabon 0860 Gambia, The 0870 Georgia 0880 Germany 0890 Ghana 0900 Gibraltar 0910 Greece 0920 Greenland 0930 Grenada 0940 Guadeloupe 0950 Guam 0960 Guatemala 0970 Guernsey 0980 Guinea 0990 Guinea-Bissau 1000 Guyana 1010 Haiti 1020 Heard Island and McDonald Islands 1030 Holy See 1040 Honduras 1050 Hong Kong 1060 Howland Island 1070 Hungary 1080 Iceland 1090 India 1100 Indonesia 1110 Iran 1120 Iraq 1130 Ireland 1140 Isle of Man 1150 Israel 1160 Italy 1170 Jamaica 1180 Jan Mayen 1190 Japan 1200 Jarvis Island 1210 Jersey

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 1220 Johnston Atoll 1230 Jordan 1240 Kazakhstan 1250 Kenya 1260 Kingman Reef 1270 Kiribati 1280 Korea, North 1290 Korea, South 1300 Kosovo 1310 Kuwait 1320 Kyrgyzstan 1330 Laos 1340 Latvia 1350 Lebanon 1360 Lesotho 1370 Liberia 1380 Libya 1390 Liechtenstein 1400 Lithuania 1410 Luxembourg 1420 Macau 1430 Macedonia 1440 Madagascar 1450 Malawi 1460 Malaysia 1470 Maldives 1480 Mali 1490 Malta 1500 Marshall Islands 1510 Martinique 1520 Mauritania 1530 Mauritius 1540 Mayotte 1550 Mexico 1560 Micronesia, Federated States of 1570 Midway Islands 1580 Moldova 1590 Monaco 1600 Mongolia 1610 Montenegro 1620 Montserrat 1630 Morocco 1640 Mozambique 1650 Namibia 1660 Nauru 1670 Navassa Island

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 1680 Nepal 1690 Netherlands 1700 New Caledonia 1710 New Zealand 1720 Nicaragua 1730 Niger 1740 Nigeria 1750 Niue 1760 Norfolk Island 1770 Northern Mariana Islands 1780 Norway 1790 Oman 1800 Pakistan 1810 Palau 1820 Palmyra Atoll 1830 Panama 1840 Papua New Guinea 1850 Paracel Islands 1860 Paraguay 1870 Peru 1880 Philippines 1890 Pitcairn Islands 1900 Poland 1910 Portugal 1920 Puerto Rico 1930 Qatar 1940 Reunion 1950 Romania 1960 Russia 1970 Rwanda 1980 Saint Barthelemy 1990 Saint Helena 2000 Saint Kitts and Nevis 2010 Saint Lucia 2020 Saint Martin 2030 Saint Pierre and Miquelon 2040 Saint Vincent and the Grenadines 2050 Samoa 2060 San Marino 2070 Sao Tome and Principe 2080 Saudi Arabia 2090 Senegal 2100 Serbia 2110 Seychelles 2120 Sierra Leone 2130 Singapore

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 2140 Sint Maarten 2150 Slovakia 2160 Slovenia 2170 Solomon Islands 2180 Somalia 2190 South Africa 2200 South Georgia and the South Sandwich Islands 2210 South Sudan 2220 Spain 2230 Spratly Islands 2240 Sri Lanka 2250 Sudan 2260 Suriname 2270 Svalbard 2280 Swaziland 2290 Sweden 2300 Switzerland 2310 Syria 2320 Tajikistan 2330 Tanzania 2340 Thailand 2350 Timor-Leste 2360 Togo 2370 Tokelau 2380 Tonga 2390 Trinidad and Tobago 2400 Tunisia 2410 Turkey 2420 Turkmenistan 2430 Turks and Caicos Islands 2440 Tuvalu 2450 Uganda 2460 Ukraine 2470 United Arab Emirates 2480 United Kingdom 2490 United States 2500 Uruguay 2510 Uzbekistan 2520 Vanuatu 2530 Venezuela 2540 Vietnam 2550 Virgin Islands, British 2560 Virgin Islands, U.S. 2570 Wake Island

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
23	95-98	4	Character	Country of Origin: Cont. 2580 Wallis and Futuna 2590 Western Sahara 2600 Yemen 2610 Zambia 2620 Zimbabwe 7770 Other 8880 Declined to answer 9990 Unknown
24	99	1	Numeric	Race Category White 1 Yes 0 No
25	100	1	Numeric	Race Category Black or African American 1 Yes 0 No
26	101	1	Numeric	Race Category American Indian or Alaska Native 1 Yes 0 No
27	102	1	Numeric	Race Category Asian 1 Yes 0 No
28	103	1	Numeric	Race Category Native Hawaiian or Other Pacific Islander 1 Yes 0 No
29	104	1	Numeric	Race Category Other 1 Yes 0 No
30	105	1	Numeric	Race Category Declined to Answer 1 Yes 0 No
31	106	1	Numeric	Race Category Unknown or Cannot be Determined 1 Yes 0 No
	107-113	7		Filler (blank filled). Reserve for future use.

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
32	114-120	7	Character	Principal diagnosis xxxxxxx ICD-9-CM/ICD-10-CM code bbbbbbb Not applicable
33	121-127	7	Character	Other diagnosis 1 xxxxxxx ICD-9-CM/ICD-10-CM code bbbbbbb Not applicable
34	128-134	7	Character	Other diagnosis 2 Same as Other diagnosis 1
35	135-141	7	Character	Other diagnosis 3 Same as Other diagnosis 1
36	142-148	7	Character	Other diagnosis 4 Same as Other diagnosis 1
37	149-155	7	Character	Other diagnosis 5 Same as Other diagnosis 1
38	156-162	7	Character	Other diagnosis 6 Same as Other diagnosis 1
39	163-169	7	Character	Other diagnosis 7 Same as Other diagnosis 1
40	170-176	7	Character	Other diagnosis 8 Same as Principal diagnosis
41	177-183	7	Character	Other diagnosis 9 Same as Other diagnosis 1
42	184-190	7	Character	Other diagnosis 10 Same as Other diagnosis 1
43	191-197	7	Character	Other diagnosis 11 Same as Other diagnosis 1
44	198-204	7	Character	Other diagnosis 12 Same as Other diagnosis 1
45	205-211	7	Character	Other diagnosis 13 Same as Other diagnosis 1
46	212-218	7	Character	Other diagnosis 14 Same as Other diagnosis 1

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
47	219-225	7	Character	Other diagnosis 15 Same as Other diagnosis 1
48	226-232	7	Character	E-Code: xxxxxxx ICD-9-CM/ICD-10-CM code bbbbbbb Not applicable (spaces)
49	233-236	4	Numeric	Number of encounters/visits nnnn Right justified, Fill on left with leading zeros
50	237-243	7	Character	Admitting diagnosis xxxxxxx ICD-9-CM/ICD-10-CM code bbbbbbb Not applicable (spaces)
51a	244-245	2	Character	Condition Code 1 xx Condition code 1
51b	246-247	2	Character	Condition Code 2 xx Condition code 2
51c	248-249	2	Character	Condition Code 3 xx Condition code 3
51d	250-251	2	Character	Condition Code 4 xx Condition code 4
51e	252-253	2	Character	Condition Code 5 xx Condition code 5
52	254-263	10	Character	Occurrence span codes and dates xxmmddyyy xx 2-digit alphanumeric code mmddyyyy Occurrence date
53	264-267	4	Character	Accident code and hour code xxxx Accident code and hour code
54	268-270	3	Character	Bill type xxx Bill Type

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
55	271	1	Character	Reserve Flag P Plastic Surgery with Revenue Give-Up G Greenbaum Center S Shock Trauma O Hourly Observation Charges Included b Not applicable (blank filled)
56	272-281	10	Numeric	Operating Physician NPI nnnnnnnnnn Physician NPI 7777777777 Not Applicable 9999999999 Unknown
57	282-292	11	Character	Medicaid ID Number xxxxxxxxxxx Medicaid ID Number 77777777777 Not Applicable (non-Medicaid only) 99999999999 Unknown (Medicaid only) 88888888888 Pending Authorization (Medicaid only)
58	293-303	11	Numeric	Enterprise Master Patient Identifier (EMPI) nnnnnnnnnnn Right justified, Fill on left with leading zeros
59	304-328	25	Character	Preferred Language xxxxxxxxxxxxxxxxxxxxxxxxx Left justified
	329-408	80		Filler (blank filled). Reserve for future use.
60	409-419	11	Numeric	Ambulance run number: nnnnnnnnnnn Right justified 77777777777 Not available. Patient arrived by ambulance 00000000000 Not Applicable. Patient did not arrive by ambulance
61	420-426	7	Character	Other Diagnosis 16 xxxxxxx ICD-9-CM/ICD-10-CM code bbbbbbb Not applicable (spaces)
62	427-433	7	Character	Other Diagnosis 17 Same as Other diagnosis 16
63	434-440	7	Character	Other Diagnosis 18 Same as Other diagnosis 16

Record Type 1: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
64	441-447	7	Character	Other Diagnosis 19 Same as Other diagnosis 16
65	448-454	7	Character	Other Diagnosis 20 Same as Other diagnosis 16
66	455-461	7	Character	Other Diagnosis 21 Same as Other diagnosis 16
67	462-468	7	Character	Other Diagnosis 22 Same as Other diagnosis 16
68	469-475	7	Character	Other Diagnosis 23 Same as Other diagnosis 16
69	476-482	7	Character	Other Diagnosis 24 Same as Other diagnosis 16
\ 70	483-489	7	Character	Other Diagnosis 25 Same as Other diagnosis 16
71	490-496	7	Character	Other Diagnosis 26 Same as Other diagnosis 16
72	497-503	7	Character	Other Diagnosis 27 Same as Other diagnosis 16
73	504-510	7	Character	Other Diagnosis 28 Same as Other diagnosis 16
	511-541	31		Filler (blank filled). Reserve for future use.
74	542-543	2	Character	Visit, Daily Visit, or Encounter type: 01 Clinic 02 Emergency Room 03 Labor and Delivery 04 Outpatient Surgery 05 All other outpatient
	544-550	7		Filler (blank filled). Reserve for future use.

Record Type 2:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
1	1-6	6	Numeric	Medicare provider number: nnnnnn
	7-8	2		Filler (blank filled). Reserve for future use.
2	9-19	11	Numeric	Medical Record Number: nnnnnnnnnnn Right justified, Fill on left with leading zeros
3	20-37	18	Numeric	Patient account number: nnnnnnnnnnnnnnnnn Right justified Fill on left with leading zeros
4	38-45	8	Date	From date of service: mmddyyyy Month, Day, Year
5	46-53	8	Date	Thru date of service: mmddyyyy Month, Day, Year
6	54	1	Numeric	Record type 2 Record type 2
75.1a	55-58	4	Numeric	UB-04 Revenue Code 1 nnnn 0001 UB code associated with the total charge
75.1b	59-60	2	Character	Rate Center Code 1 01 Medical Surgical Acute (MSG) 02 Pediatrics Acute (PED) 03 Psychiatric Acute (PSY) 04 Obstetrics Acute (OBS) 05 Definitive Observation (DEF) 06 Medical Surgical ICU (MIS) 07 Coronary Care (CCU) 08 Pediatric ICU (PIC) 09 Neonatal ICU (NEO) 10 Burn Care (BUR) 11 Psychiatric ICU (PSI) 12 Shock Trauma (TRM) 13 Oncology (ONC) 14 Newborn Nursery (NUR) 15 Premature Nursery (PRE) 16 Rehabilitation (RHB) 17 Intermediate Care (ICC)

Record Type 2:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description		
75.1b	59-60	2	Character	Rate Center Code		
				18	Chronic Care	(CRH)
				19	Adult Psych	(PAD)
				20	Child Psych	(PCD)
				21	Psych Geriatric	(PSG)
				22	Normal Delivery	(ND)
				23	Normal Newborn	(NNB)
				24	Respiratory Dependent	(RDS)
				25	Adolescent Neuropsychiatry	(ADD)
				26	Pediatric Specialty	(PSP)
				27	Pediatric Step Down	(PSD)
				28	Emergency Services	(EMG)
				29	Clinic Services	(CL)
				30	Clinic Services Primary	(CLP)
				31	O/P Surg – Proc Based	(AMS)
				32	Psych. Day & Night Care Serv	(PDC)
				33	Same Day Surgery	(SDS)
				34	Free Standing Emergency Services	(FSE)
				35	Oncology Clinic	(OCL)
				36	Referred Ambulatory	(REF)
				37	Shock Trauma O/P	(TRO)
				38	Lithotripsy	(LIT)
				39	Labor & Delivery Services	(DEL)
				40	Operating Room	(OR)
				41	Anesthesiology	(ANS)
				42	Laboratory Services	(LAB)
				43	Electrocardiography	(EKG)
				44	Electroencephalography	(EEG)
				45	Radiology – Diagnostic	(RAD)
				46	Radiology – Therapeutic	(RAT)
				47	Nuclear Medicine	(NUC)
				48	CAT Scanner	(CAT)
				49	Respiratory Therapy	(RES)
				50	Pulmonary Function Testing	(PUL)
				51	Renal Dialysis	(RDL)
				52	Physical Therapy	(PTH)
				53	Occupational Therapy	(OTH)
				54	Speech Language Pathology	(STH)
				55	Organ Acquisition	(OA)
				56	Ambulatory Operating Room	(AOR)
				57	Leukopheresis	(LEU)
				58	Hyperbaric Chamber	(HYP)
				59	Audiology	(AUD)
				60	Other Physical Medicine	(OPM)
				61	Magnetic Resonance Imaging	(MRI)
				62	Ambulance Service Rebundled	(AMR)

Record Type 2:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
75.1b	59-60	2	Character	Rate Center Code 63 Transurethual MicW Thermometer (TMT) 64 Admission Services (ADM) 65 Medical Surgical Supplies (MSS) 66 Med/Surg Extraordinary (MSE) 67 Drugs (CDS) 68 Individual Therapy (ITH) 69 Group Therapies (GTH) 70 Activity Therapy (ATH) 71 Family Therapy (FTH) 72 Psych Testing (PST) 73 Education (PSE) 74 Recreational Therapy (REC) 75 Electroconvulsive Therapy (ETH) 76 Psych Therapy (PSH) 77 Transurethral Needle Ablation (TNA) 78 Cardiac Catheterization Lab (IVC) 79 Operating Room Clinic Services (ORC) 80 Observation (OBV) **81 Clinic Services – STC (STC-CL)** **82 Operating Room – STC (STC-OR)** **83 Anesthesiology – STC (STC-ANS)** **84 Laboratory – STC (STC-LAB)** **85 Physical Therapy – STC (STC-PTH)** **86 Respiratory Therapy – STC (STC-PTH)** **87 Admissions – STC (STC-ADM)** **88 Med Surg Supplies – STC (STC-MSS)** 89 Ungroupable 00 Where UB = 9999 (Tot. Charge)
75.1c	61-65	5	Numeric	Units of Service nnnnn Units of service
751d	66-74	9	Numeric	Total Charges nnnnnnnnn Detailed total charges in dollars and cents. Do not use decimal points.
75.1e	75-79	5	Character	CPT or HCPCS code xxxxx CPT or HCPCS code
75.1f	80-81	2	Character	Modifier 1 xx Can be alpha or numeric characters.
75.1g	82-83	2	Character	Modifier 2 xx Can be alpha or numeric characters.

Record Type 2:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
75.1h	84-85	2	Character	Modifier 3 xx Can be alpha or numeric characters.
75.1i	86-87	2	Character	Modifier 4 xx Can be alpha or numeric characters.
75.1j	88-89	2	Character	Modifier 5 xx Can be alpha or numeric characters.
75.lk	90-97	8	Date	Date of service: mmddyyyy Month, Day, Year
75.2a	98-101	4	Numeric	UB-04 Revenue Code
75.2b	102-103	2	Character	Rate Center Code
75.2c	104-108	5	Numeric	Units of Service
75.2d	109-117	9	Numeric	Total Charges
75.2e	118-122	5	Character	CPT or HCPCS code
75.2f	123-124	2	Character	Modifier 1
75.2g	125-126	2	Character	Modifier 2
75.2h	127-128	2	Character	Modifier 3
75.2i	129-130	2	Character	Modifier 4
75.2j	131-132	2	Character	Modifier 5
75.2k	133-140	8	Date	Date of service
75.3a	141-144	4	Numeric	UB-04 Revenue Code
75.3b	145-146	2	Character	Rate Center Code
75.3c	147-151	5	Numeric	Units of Service
75.3d	152-160	9	Numeric	Total Charges
75.3e	161-165	5	Character	CPT or HCPCS code
75.3f	166-167	2	Character	Modifier 1
75.3g	168-169	2	Character	Modifier 2
75.3h	170-171	2	Character	Modifier 3
75.3i	172-173	2	Character	Modifier 4
75.3j	174-175	2	Character	Modifier 5
75.3k	176-183	8	Date	Date of service
75.4a	184-187	4	Numeric	UB-04 Revenue Code
75.4b	188-189	2	Character	Rate Center Code
75.4c	190-194	5	Numeric	Units of Service
75.4d	195-203	9	Numeric	Charges
75.4e	204-208	5	Character	CPT or HCPCS code
75.4f	209-210	2	Character	Modifier 1
75.4g	211-212	2	Character	Modifier 2
75.4h	213-214	2	Character	Modifier 3
75.4i	215-216	2	Character	Modifier 4
75.4j	217-218	2	Character	Modifier 5

Record Type 2:

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
75.4k	219-226	8	Date	Date of service
75.5a	227-230	4	Numeric	UB-04 Revenue Code
75.5b	231-232	2	Character	Rate Center Code
75.5c	233-237	5	Numeric	Units of Service
75.5d	238-246	9	Numeric	Total Charges
75.5e	247-251	5	Character	CPT or HCPCS code
75.5f	252-253	2	Character	Modifier 1
75.5g	254-255	2	Character	Modifier 2
75.5h	256-257	2	Character	Modifier 3
75.5i	258-259	2	Character	Modifier 4
75.5j	260-261	2	Character	Modifier 5
75.5k	262-269	8	Date	Date of Service
75.6a	270-273	4	Numeric	UB-04 Revenue Code
75.6b	274-275	2	Character	Rate Center Code
75.6c	276-280	5	Numeric	Units of Service
75.6d	281-289	9	Numeric	Total Charges
75.6e	290-294	5	Character	CPT or HCPCS code
75.6f	295-296	2	Character	Modifier 1
75.6g	297-298	2	Character	Modifier 2
75.6h	299-300	2	Character	Modifier 3
75.6i	301-302	2	Character	Modifier 4
75.6j	303-304	2	Character	Modifier 5
75.6k	305-312	8	Date	Date of service
75.7a	313-316	4	Numeric	UB-04 Revenue Code
75.7b	317-318	2	Character	Rate Center Code
75.7c	319-323	5	Numeric	Units of Service
75.7d	324-332	9	Numeric	Total Charges
75.7e	333-337	5	Character	CPT or HCPCS code
75.7f	338-339	2	Character	Modifier 1
75.7g	340-341	2	Character	Modifier 2
75.7h	342-343	2	Character	Modifier 3
75.7i	344-345	2	Character	Modifier 4
75.7j	346-347	2	Character	Modifier 5
75.7k	348-355	8	Date	Date of service
75.8a	356-359	4	Numeric	UB-04 Revenue Code
75.8b	360-361	2	Character	Rate Center Code
75.8c	362-366	5	Numeric	Units of Service
75.8d	367-375	9	Numeric	Total Charges
75.8e	376-380	5	Character	CPT or HCPCS code
75.8f	381-382	2	Character	Modifier 1
75.8g	383-384	2	Character	Modifier 2
75.8h	385-386	2	Character	Modifier 3

Record Type 2: Cont.

Data Item	Record Position	Field Length	Data Type	Data Item and Code Description
75.8i	387-388	2	Character	Modifier 4
75.8j	389-390	2	Character	Modifier 5
75.9k	391-398	8	Date	Date of service
75.9a	399-402	4	Numeric	UB-04 Revenue Code
75.9b	403-404	2	Character	Rate Center Code
75.9c	405-409	5	Numeric	Units of Service
75.9d	410-418	9	Numeric	Total Charges
75.9e	419-423	5	Character	CPT or HCPCS code
75.9f	424-425	2	Character	Modifier 1
75.9g	426-427	2	Character	Modifier 2
75.9h	428-429	2	Character	Modifier 3
75.9i	430-431	2	Character	Modifier 4
75.9j	432-433	2	Character	Modifier 5
75.9k	434-441	8	Date	Date of service
75.10a	442-445	4	Numeric	UB-04 Revenue Code- the last
75.10b	446-447	2	Character	Rate Center Code
75.10c	448-452	5	Numeric	Units of Service
75.10d	453-461	9	Numeric	Total Charges
75.10e	462-466	5	Character	CPT or HCPCS code
75.10f	467-468	2	Character	Modifier 1
75.10g	469-470	2	Character	Modifier 2
75.10h	471-472	2	Character	Modifier 3
75.10i	473-474	2	Character	Modifier 4
75.10j	475-476	2	Character	Modifier 5
75.10k	477-484	8	Date	Date of service
	485-550	66		Filler (blank filled). Reserve for future use.