SPARCS X12-837 INPUT DATA SPECIFICATIONS
CUE List

Clarifications / Updates / Edits
as of 12/29/2011

Loop / Segment ID / Code Qualifier / Value / Reference Designator	Data Element Name	Page	Description	Why Change?	System Change Date
N/A	N/A	ALL PAGES	X12-837 INPUT DATA SPECIFICATIONS Manual re-paginated	There was confusion with the original document when referring to a specific page because the typed page numbers were different than the page numbers displayed in the Adobe Reader PDF tool bar function. The pagination reference tool in the Adobe Reader software will now correspond to the typed page numbers from Microsoft WORD document that is used to create the PDF version.	12/29/11
2300 / CL1/　/　/02	Point of Origin (Previously called the Source of Admission)	152-153	Update: NUBC code change (This is only required for IP).	This edit change will accept a value of "7" for Point of Origin using dates of discharge until August 1, 2011. For discharge dates after and including August 2, 2011, the value of "7" will fail. Note: due to the timing of our system change,	11/16/2011

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				this effective date conflicts with the NUBC effective removal of this value on 7/1/10.	
2300 / HI / BE / 24 / (01 thru 12)-2	Value Code Amount for Medicaid Rate Code / value	206	Edit Change: Decimal acceptance for Medicaid Rate Code	This change is a result of edits accepted in the Medicare system when patients are dual eligible for Medicare and Medicaid; the Medicaid rate code is accepted with a decimal for the Medicare system. In turn, they were accepted in the NYS Medicaid system. For example, rate code 1400 is accepted as: 1400 1400.00 14.00 14.0 This will keep the claim from having an error when submitted to SPARCS if it is also being submitted to Medicare and Medicaid.	11/16/2011
2300 / HI / BG / / (01 thru 12)-2	Condition Code for Emergency	208-209	Edit Change: New Code from NUBC	NUBC introduced a new condition code value (P7) for public health reporting for a "patient that was admitted directly from this facilities emergency department/room"	11/16/2011

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				effective July 1, 2010. This value was not available until August 2, 2011 in SPARCS. Due to this difference, an edit was put in place for the addition of discharge date edit on the Condition Code value of "P7". For discharges prior to July 1, 2010, the value of "P7" must fail and have a message that states that "Point of Origin" should be used to report "emergency room admissions". For discharges, from July 1, 2010 - August 1, 2011, and after, the new edit allows the reporting of "P7".	
N/A	N/A - Ambulatory Surgery Definition	~~xi~~ ~~Introduction~~ repaginated to 12	Edit Change: Delete selected Revenue Codes used to define ambulatory surgery cases. Revenue Codes removed: 0321, 0322, 0323, 0361, 0480, 0489, 0710, 0719, 0760, 0761, 0769	Hospital also report non-ambulatory surgery records with these revenue codes. Removal of these revenue codes will allow records to be accepted due to the following edits for AS cases: Procedure Time, 72 hour edit, Method of Anesthesia and Operating Room Physician.	6/29/11
Header/ GS / GS08	Version Identifier Code	~~24~~ repaginated to 38	Adding all: 005010X225A2 005010X225A1	All approved and published version values will be accepted. (due to modifications and	6/29/2011

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			005010X225E1	errata)	
2010AA NM1 / NM101 /	Entity Identifier Code for Service Provider	~~49~~ repaginated to 63	Update: Code "85" added for Billing Provider AS, ED, IP, OP (required)	This code is used in the Institutional X12-837 and was not listed in the Data Reporting Version. This code is in addition to the "SJ" code for "Service Provider".	11/16/2011
2300 / DTP / DTP03	Admission/Start of Care Date and Hour	~~136~~ repaginated to 150	Clarification: The Admission Hour is not required for "OP" data. Due to the format of this data element (CCYYMMDDHHMM) you must enter "9999" in the hour/minute portion of this data field. The date is required.	Due to confusion over the hour portion of this data element for OP data submitters, the Data Specifications were updated to provide clarification for OP only.	July 2011
2300 / HI / HI01-2 /	Principal Diagnosis Code	~~161~~ repaginated to 175	Edit Change: Edit for range of 800-999 limited to AS, ED and IP only; OP removed.	This edit required an external cause of injury code to be reported for OP.	6/29/2011
2300 / HI / HI03-2 - HI12-2 (4050R) or HI01-2 - HI12-2 (5010R) /	External Cause of Injury	~~168~~ repaginated to 182	Edit Change: Edit removed for OP type of data	E-Code reporting for cause and place of injury is not recorded on all type outpatient visits.	6/29/2011

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2300 / HI / HI01-2 - HI12-2 /	Other Diagnosis Code 1-24	~~171~~ repaginated to 185	Edit Change: Edit for range of 800-999 limited to AS, ED and IP only; OP removed.	This edit required an external cause of injury code to be reported for OP.	6/29/2011
2400 / SV2 / SV201 /	Revenue Code	~~239~~ repaginated to 253	Edit Change: Delete selected Revenue Codes used to define ambulatory surgery cases. Revenue Codes removed: 0321, 0322, 0323, 0361, 0480, 0489, 0710, 0719, 0760, 0761, 0769	Hospital also report non-ambulatory surgery records with these revenue codes. Removal of these revenue codes will allow records to be accepted due to the following edits for AS cases: Procedure Time, 72 hour edit, Method of Anesthesia and Operating Room Physician.	6/29/11
2400 / SV2 / SV205 /	Service Unit Count	~~247~~ repaginated to 261	Clarification: Edit application #2, added after Service Rate -4050 only.	The Service Rate is only collected in the 4050R version. It is not collected in the 5010R.	July 2011