S P A R C S
EXPANDED OUTPATIENT

DATA COLLECTION

2011

Background:

On April 12, 2006, Section 2816 (2) (a) (iv) was amended to authorize the collection of outpatient clinic data from all licensed Article 28 general hospitals and diagnostic and treatment centers (D&TCs) operating in New York State. A primary purpose of the collection of the additional data is to aid in the development of new methodologies for calculating the upper payment limit for Medicaid reimbursement as requested by the federal government.

The collection of this new type of data will be phased in due to the large number of facilities that perform outpatient services. We expect that approximately 2,278 D&TCs not currently required to report to SPARCS will be added to the list of SPARC data reporters. Approximately 1,070 of these D&TCS are affiliated with a hospital that already reports data.

In addition, the 223 hospitals that currently submit data to SPARCS will be required to add outpatient department data to their current submissions for inpatient, ambulatory surgery, and emergency department services. Phase I of the expanded outpatient data reporting requirement will be limited to these 223 hospitals.

Below is a listing of those data elements to be provided as part of this additional reporting requirement. This listing is intended to be informational only. Detailed data specifications will be provided in a separate document.

EXPANDED OUTPATIENT (OP)
DATA SPECIFCATIONS

Segments	Loops	Element Names	Data Edit Specification
ISA	HEADER	Test/Production Indicator　　　　(for processing file)	R
BHT	HEADER	File Sequence and Serial Number (for processing file)	N
BHT	HEADER	Processing Date　　　　　　(for processing file)	N
NM1	1000A	Submitter Name　　　　　　(for processing file)	N
NM1	1000A	SPARCS Collector Code　　　　(for processing file)	R
NM1	2010AA	Billing National Provider Identification Number (NPI) (Previously Provider Identification Number)	R
REF	2010AA	Facility Identifier (Previously SPARCS Identification Number/ PFI + Check digit)	R
SBR	2000B, 2320	Claim filing Indicator (Previously Source of Payment Code)	R
N3	2010BA, 2010CA	**PATIENT RESIDENCE ADDRESS - ADDRESS LINE 1**	R
		ADDRESS LINE 2	C
N4	2010BA, 2010CA	Patient City	R
N4	2010BA, 2010CA	Patient State	R
N4	2010BA, 2010CA	Patient Postal Service Zip Code and **EXTENSION CODE**	R
N4	2010BA, 2010CA	Patient County Code	R
DMG	2010BA, 2010CA	**PATIENT BIRTH DATE**	R
DMG	2010BA, 2010CA	Patient Sex	R
DMG	2010BA, 2010CA	Patient Race	C
DMG	2010BA, 2010CA	Patient Ethnicity	C
REF	2010BA, 2010CA	**UNIQUE PERSONAL IDENTIFIER**	R
NM1, REF	2010BC, 2330B	Payer Identification Number	S
CLM	2300	**PATIENT CONTROL NUMBER**	R
CLM	2300	Total Charges	R
CLM	2300	Type of Bill	R
DTP	2300	**STATEMENT COVERS PERIOD - FROM DATE**	R
DTP	2300	**STATEMENT COVERS PERIOD - THRU DATE**	R
DTP	2300	**START OF CARE DATE**	R
REF	2300	**MEDICAL RECORD NUMBER**	R
NTE	2300	Source of Payment Typology I	R
NTE	2300	Source of Payment Typology II	C
NTE	2300	Source of Payment Typology III	C

KEY for Data Specifications	
C	**Collected. Edited if submitted.**
N	**Not collected for this type of data. If submitted, it will be ignored.**
R	**Required data element on all records.**
S	**Situationally required based on value of other data elements.**

OP Data Specifications Continued:

Segments	Loops	Element Names	Data Edit Specification
HI	2300	Principal/Primary Diagnosis Code	R
HI	2300	External Cause of Injury Code (External Cause of Injury and Place-of-Injury Code are combined into one distinct data element)	S
HI	2300	Other Diagnosis Code 1-14	C
HI	2300	Occurrence Codes and Dates (Previously Occurrence Information - **ACCIDENT RELATED** Codes and **DATES**	C
HI	2300** (new)	Value Code and Amount (Only Value code 24 = Medicaid Rate Code)	C
HI	2300	Condition Codes (only Homeless) (Previously Condition Information) - only code for Homeless Patients (17) for OP	C
REF	2310A	**ATTENDING PROVIDER/ STATE LICENSE NUMBER**	R
SV2	2400	Revenue Code (Previously Outpatient Ancillary Revenue Code)	R
SV2	2400	Procedure Code - CPT-4 / HCPCS & Modifier 1 and 2	R
DTP03	2400** (new)	Service Date (FL 45)	R
SV2	2400	Service Line Charges (Previously Outpatient Ancillary Total Charges)	R
SV2	2400**(new)	Service Units (Previously used only on the Inpatient file - called Accommodation Days)	R
SV2	2400	Service Line Non-Covered Charges (Previously Outpatient Ancillary Total Non-Covered Charges)	R

** = Only collected for outpatient visit

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